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DLN: 93493030002923

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number **B** Check if applicable THE MOUNT SINAI HOSPITAL 13-1624096 Address change Doing Business As E Telephone number (212)731-3149 ☐ Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 1,718,489,805 Terminated City or town, state or country, and ZIP + 4 NEW YORK, NY 100296574 Amended return Application pending Name and address of principal officer Is this a group return for DONALD SCANLON affiliates? 633 THIRD AVE 10TH FL NEW YORK, NY 10017 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► http://www.mountsinai.org K Form of organization Corporation Trust Association L Year of formation 1852 M State of legal domicile NY Summary Part I Briefly describe the organization's mission or most significant activities SEE attachment 1 Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 41 Number of independent voting members of the governing body (Part VI, line 1b) . 4 32 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 12,175 Total number of volunteers (estimate if necessary) 6 1,372 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 4,785,115 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 53,940,888 32,506,751 9 Program service revenue (Part VIII, line 2g) . 1,557,750,644 1,646,614,636 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 29,025,500 13,529,797 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40,880,525 25,838,621 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,681,597,557 1,718,489,805 26,055,542 27,230,030 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 785,094,744 828,576,524 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 Total fundraising expenses (Part IX, column (D), line 25) $\triangleright 2,576,242$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 725,576,609 754,610,537 1,536,726,895 1,610,417,091 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . . . 144,870,662 108,072,714 Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 1,826,801,611 2,240,196,653 21 1,313,753,523 Total liabilities (Part X, line 26) 1,005,324,012 Net assets or fund balances Subtract line 21 from line 20 821,477,599 926,443,130 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

	*****				13-01-30
Sign Here	Signature of officer DONALD SCANLON EXE Type or print name an			Dai	le .
Paid	Preparer's signature		Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶			
		111 MONUMENT CIRCLE STE 2600 INDIANAPOLIS, IN 46204 with the preparer shown above? (Phone no 🕨 (317) 681-7000		

Par		chedule O contains a response	Accomplishments to any question in this Part III		৮
1	Briefly describe	the organization's mission			
EXC ATM	ELLENCE THE CE	ENTRAL MISSION CONSISTS	VANCEMENT OF THE ART AND OF HIGH-QUALITY PATIENT CARLY INQUIRY INTO NATURE,	ARE AND TEACHING CONDU	CTED IN AN
2	the prior Form 99		rogram services during the year v		∕es 🗸 No
3	•	ion cease conducting, or make	significant changes in how it con-	ducts, any program	Yes ☑ No
	If "Yes," describe	e these changes on Schedule O			
4	expenses Section	on 501(c)(3) and 501(c)(4) org	complishments for each of its thre anizations and section 4947(a)(1 nses, and revenue, if any, for each	.) trusts are required to report t	
4a	for services rendere essential medical secare. For accounting provision of quality inpatient, ambulate schedule if they me information for unit used by the Hospita disclosure purposes payment of this diff 2011 and \$27 6 mill assistance are biller for all patient service.	espital provides quality medical healthe ed is critical to the operation and stability is critical to the operation and stability is critical to the operation and stability is gruposes, such uncompensated care health care to the community served by and emergency services provided the et certain income tests. Furthermore, insured or under-insured patients who all to determine whether to qualify patify, charity care is considered to be the ofference is not sought, charity care allowed at the Hospital's rates. Uncollected to desapproximated \$10.8 million in 2010 city. East Harlem is one of the poorest grams and services are currently proving the provinces and the control of the poorest grams and services are currently provinces.	tare regardless of race, creed, sex, nationally of the Mount Sinai Hospital, it is recognitive of the Mount Sinai Hospital, it is recognitive of the Mount Sinai Hospital provides of its treated either as charity care or bad dishill while carefully considering the ability of the uninsured and under-insured patients as part of its charity care and financial and all the second of the second of the requisite information in the second of	inized that not all individuals possess to ingrificant amounts of partially or totally ebt expense. The Hospital's charity can the patient to pay. The policy has sliding this who qualify. Patients are eligible food policy, the Hospital obtains and uses on to qualify for charity care. The addit in accordance with the Hospital's policitary charges and the sliding charity care. Hospital's estimated costs for charity did all uninsured inpatients who do not contain the debts. Total uncompensated in a bad debts. Total uncompensated in a hospital is the primary healthcare in, and has been designated as a mediperimary care. AIDS -Cardiovascular he	he ability to purchase y uncompensated patient re policy ensures the ng fee schedules for r the charity care fee s additional financial ional information obtained is es For accounting and e fee schedule rates Since care were \$31 8 million for qualify for Medicaid care as a result of bad debts provider for the East Harler cally underserved area A alth -Cancer treatment -
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program : (Expenses \$	services (Describe in Schedule 0 includin	e O) g grants of \$	0) (Revenue \$	0)
			1 389 424		,

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	<u> </u>
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	3		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	4	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	5		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	6		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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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	9		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	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	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.	11b		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.	11c		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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		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	17		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	18		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	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	_ _
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		Fo	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 482			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
-	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3	Did the organization have unrelated business gross income of \$1,000 or more during the			
•	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4-		
_	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Markler and the second section of the section of the second section of the section of the second section of the s			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
ט	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
2	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
		90		
)	Section 501(c)(7) organizations. Enter Instruction foce and capital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
ı.	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	13d		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
,	Enter the aggregate amount of reserves on hand			
_	13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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.

Se	ection A. Governing Body and Management			
			Yes	No
1_	Enter the number of voting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	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?	2	Yes	
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
ь	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			•
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- - Own website Another's website Vpon request
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MICHAEL PASTIER 633 THIRD AVENUE 10FL

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

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

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) non (do not check e than one box, es person is both n officer and a			eck x, oth		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for related organizations in Schedule	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Highest compensated employee	Former	HI3C)		I		
	See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organi	(D) portable pensation pm the zation (W- 99-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	on amount of other d compensation from the		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See	Additional Data Table						 							
												_		
												_		
												+		
	Sub-Total							┢┤				\perp		
	Total from continuation sheets				<u> </u>	<u>.</u>		•						
d	Total (add lines 1b and 1c) .							-		12,609,198	6,110,0	000		1,148,510
2	Total number of individuals (inc \$100,000 of reportable comper						above) who	o receiv	ed more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.											3	Yes	
4	For any individual listed on line organization and related organiz													
	individual			•	•	•	• •	•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									-	r individual for •	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation fron or within the organization's tax y	highest comper n the organizatio												
	-	(A) me and business ad	dress							Descr	(B)		(C Compe	
РО В	xo ınc affiliates ox 81049 URN, MA 018131049	me and business du	uress							managemen	•			5,388,230
VICT 1070	ORY ENERGY OPERATION 11 E 126TH STREET NORTH INSVILLE, OK 74021									CONTRACTO	R		5	5,030,031
STRU 770	JCTURE TONE INC BROADWAY 9TH FLOOR YORK, NY 10003									CONTRACTO	R		4	,268,075
HOLO 2450										MAINTENANC	CE		2	2,170,140
IBEX	CONTRUCTION COMP LLC BROADWAY 15 FLOOR									CONTRACTO	R		1	.,287,950

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►60

Part V	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$\$	1a	Federated campaigns 1a					
医黄	ь	Membership dues 1b					
ొ≝	c	Fundraising events 1c					
£ E=	d	Related organizations 1d	3,666,763				
$\overline{D}_{\frac{m}{n}}$			9,495,380				
2 E	e						
을 높	f	All other contributions, gifts, grants, and 1f similar amounts not included above	19,344,608				
ē€	g	Noncash contributions included in					
ŧĕ		lines 1a-1f \$ 682,313					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	. ▶	32,506,751			
			Business Code				
ΞE	2a	NET PATIENT SERVICE REVENUE	621110	1,642,038,688	1,642,038,688		
ē,	_				1,042,036,066	4 575 040	
22	b	LABORATORY SERVICES REVENUE	621500	4,575,948		4,575,948	
92 <u> </u>	C						
<u>2</u>	d						
⊆	e						
Program Serwce Revenue	f	All other program service revenue					
္နို							
<u> </u>	g	Total. Add lines 2a-2f		1,646,614,636			
	3	Investment income (including dividend	ls, interest				
		and other similar amounts)	<u> </u>	9,683,016		209,167	9,473,849
	4	Income from investment of tax-exempt bond p	oroceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
	c	expenses Rental income					
	_	or (loss)					
	d	Net rental income or (loss)					
	_	(I) Securities	(II) O ther				
	7a	Gross amount 3,846,781 from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss) 3,846,781					
	d	Net gain or (loss)		3,846,781			3,846,781
<u>•</u>	8a	Gross income from fundraising events (not including	-				
Other Revenue		\$ of contributions reported on line 1c)					
Š		See Part IV, line 18					
ά		a					
<u>ā</u>	Ь	Less direct expenses b					
₹	c	Net income or (loss) from fundraising e	events 🕨	0			
_	9a	Gross income from gaming activities	}				
		See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	rities	0			
	10a	Gross sales of inventory, less returns and allowances .					
	.	a					
	Ь	Less cost of goods sold b	entory ►				
	С	Net income or (loss) from sales of inve		0			
	-	Miscellaneous Revenue	Business Code 722320	0 722 670			8,723,678
	^{11a}	CAFETERIA		8,723,678			0,723,678
	b	GERIATRIC REVENUE	900099	3,894,420	3,894,420		
	c	PRIVATE ROOMS	621110	3,228,336	3,228,336		
	d	All other revenue		9,992,187			9,992,187
	e	Total. Add lines 11a-11d		25,838,621			
	12	Total revenue. See Instructions	. ▶	1,718,489,805	1,649,161,444	4,785,115	32,036,495

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

7b, 8b, 1 2 3 4 5 6	de include amounts reported on lines 6b, 19b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members	(A) Total expenses 27,230,030 0	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 (1) 3 (1) 4 (1) 5 (1)	on the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	27,230,030		
3 () () () () () () () () () (United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	27,230,030		
3 (4 5 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5 6 6 6 6					
5 (6 (0			
6	Compensation of current officers, directors, trustees, and key employees	10,649,777		9,962,233	687,544
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		-,,	,
	Other salaries and wages	628,451,186	552,892,563	74,800,995	757,628
8	Pension plan contributions (include section 401(k) and section	43,431,418	37,887,870	5,475,399	68,149
	403(b) employer contributions)	, ,			
	Other employee benefits	92,841,916	80,704,315	11,965,699	171,902
	Payroll taxes	53,202,227	46,080,205	7,013,706	108,316
	Fees for services (non-employees)				
	Management	15,756,067	13,674,562	2,081,505	
	Legal	1,967,504		1,962,555	4,949
C	Accounting	622,500		622,500	
d I	Lobbying	0			
e I	Professional fundraising See Part IV, line 17	0			
f i	Investment management fees	497,796	497,796		
g	Other	158,956,358	137,958,223	20,998,135	
12	Advertising and promotion	4,923,851	4,168,874	634,530	120,447
13	Office expenses	15,837,139	14,493,353	729,569	614,217
14	Information technology	11,653,332	10,095,292	1,536,569	21,471
15	Royalties	0			
16	Occupancy	56,843,760	49,334,699	7,509,061	_
17	Travel	756,065	640,624	97,507	17,934
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	495,536	430,076	65,460	
20	Interest	15,076,288	15,076,288		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	84,028,801	69,458,207	14,570,594	
23	Insurance	33,877,602	29,402,371	4,475,231	
1	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u> </u>	BAD DEBTS	8,804,027	8,804,027		
b	DIETARY	11,344,873	9,843,017	1,498,171	3,685
c	STAFF SUPPORT	3,421,694	2,969,688	452,006	
d]	MEDICAL SUPPLIES	329,747,344	329,747,344		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,610,417,091	1,441,389,424	166,451,425	2,576,242
9	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 990 (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 704,464 844,569 1 1 253, 203, 143 2 235.145.997 2 3 23, 194, 341 3 20,767,203 185.516.479 4 200.800.109 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 2,319,246 2,222,910 7 20.835.600 8 20.911.343 9 1,193,415 2.616.055 Prepaid expenses and deferred charges 1.300.186.083 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b b Less accumulated depreciation 822,743,971 406,445,111 **10c** 477,442,112 702,711,568 749,184,088 11 11 56,096,000 63,097,000 12 Investments—other securities See Part IV, line 11 12 13 49,669,404 13 62,500,371 Investments—program-related See Part IV, line 11 . . 14 14 125,009,176 15 404,568,560 15 1,826,801,611 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 2,240,196,653 202,400,133 17 212,814,957 17 Accounts payable and accrued expenses . 18 18 19 27, 103, 477 19 27,517,346 20 376.026.065 20 425.144.138 21 21 0 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 24.862.500 23 22,312,500 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 374,931,837 25 625,964,582 D 26 1,005,324,012 26 1,313,753,523 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 643,955,368 27 763,859,330 Unrestricted net assets 103,101,000 28 86,709,913 28 Temporarily restricted net assets Fund 29 74,421,231 29 75,873,887 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 821.477.599 33 926.443.130 Total net assets or fund balances 1,826,801,611 34 Total liabilities and net assets/fund balances 2.240.196.653 34

Ра	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,718,4	189,80	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,610,4		
3	Revenue less expenses Subtract line 2 from line 1	3		108,0	72,71	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		821,4	177,59	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,1	107,18	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		926,4	143,130	
Pai	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			୮	•	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	reched	20	163		
u	on a separate basis, consolidated basis, or both	issueu				
	Separate basis Consolidated basis Both consolidated and separated basis					
За						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes		

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As Filed Data -

DLN: 93493030002923

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization THE MOUNT SINAI HOSPITAL

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

Day	rt I	Peac	on for Pu	ıblic Charity Sta	tus (All or	nanizatione	must com	nlete this i	13-1624) nart) See i		ions		
				te foundation becaus						i i su uct	10113		
1				ion of churches, or a									
2	<u></u>			d in section 170(b)(1				,,(=,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3	<u>'</u>			perative hospital se				n 170(h)(1)(A)(iii)				
4	Ë			h organization opera						(1)(4)(i	iii) Ente	rtho	
•	'			ity, and state	tea in conjun	ction with a	nospital des	chibeu ili se	Ction 170(D)	(1)(A)(I	m). Lince	i tile	
5	Γ	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit	describe	– ed in	
_	_			(A)(iv). (Complete P	· ·								
6	<u> </u>			local government o									
7	ı	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governm	ental unit or f	rom the	general	public	2
8	\sqcap	A com	nunity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Cor	nplete Part II	I)					
9	\sqcap	An orga	anization th	at normally receives	(1) more th	an 331/3%	of its support	from contr	ıbutıons, men	nbership	fees, a	nd gro	SS
		receipt	s from activ	rities related to its e	xempt functi	ons—subjec	t to certain e	xceptions,	and (2) no mo	ore than	3 3 1/3%	of	
				oss investment inco									
				ganızatıon after June						,			
10	\Box			z ganızed and operate									
11	Γ	An orga one or the box	anızatıon or more public	ganized and operated ly supported organiz ibes the type of supp b Type I	d exclusively ations descr porting organ	for the ben bed in sect zation and o	efit of, to peri ion 509(a)(1	form the fun) or section es 11e throu	ctions of, or 1 509(a)(2) S igh 11h	ee sect i		a)(3).	Check
e f g	Γ	other the section If the ocheck to	han foundat n 509(a)(2) organization this box	ox, I certify that the ion managers and ot received a written d	her than one	or more pub	olicly support	ed organiza	tions describ	ed in se	ection 50	9 (a)(1) or
			ng persons?										
				rectly or indirectly o			_	persons de	scribed in (ii))		Yes	No
		•		governing body of th			ation?				11g(i)		<u> </u>
			-	er of a person descri							11g(ii)		<u> </u>
				lled entity of a perso							11g(iii)		<u> </u>
h		Provide	the follow	ng information about	the supporte	ed organızat	ion(s)						
(i) Name suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	on in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is th organizat col (i) org in the U	ne tion in ganized		A mo	/ii) unt of port?
				(see (nstructions))	Yes	No	Yes	No	Yes	No			
				.,									
Total										1			

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493030002923

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Nar	ne	of	the	org	janız	atıo	n
THE	MC	NUC	T SI	NAI	HOSE	TAL	

Employer identification number

Yes

Yes

13-1624096

Part I-A	Complete if ti	ne organization	ıs exempt under	section 501(c)) or is a section 52	/ organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

	art I-B	Complete if the org	ganization is exempt under section 501(c)(3).	
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- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

exempt funtion activities

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
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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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

632.797

632.797

No

Amount

Yes

Yes

Yes

1

2a

2b

2c

3

4

5

No

Nο

Nο

Nο

Nο Νo

Nο

Nο

Nο

Νo

3

chedule C (F		Page	
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
		(a)	(b)

- During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum. through the use of a Volunteers?
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- Media advertisements?
- Mailings to members, legislators, or the public?
- Publications, or published or broadcast statements?
- Grants to other organizations for lobbying purposes?
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- Other activities? If "Yes," describe in Part IV
- Total lines 1c through 1:
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a
- **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?

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

- Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1 2
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line I	O ther A ctivities	The Mount Sinai Hospital pays dues to various organizations that lobby federal and state legislators on behalf of health care facilities, including the Mount Sinai Hospital. The portion of these dues by entity are summarized below. American Health Association \$36,542 1199 sieu \$294,306 Greater New York Hospital Association \$17,748 Health Association of NYS (HANYS) \$64,201 MOUNT SINAI HOSPITAL EXECUTIVES \$220,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493030002923

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

tema	al Revenue Service				Inspection				
				Employer ident if i	cation numbe	r			
ιH	E MOUNT SINAL HOSP	TIAL		13-1624096					
Employer identification 13 - 16 24 096		ts. Complet	e if the						
	organiz	ation answered "Yes" to Form 99		(h) Funds and	l other accoun				
1	Total number at	end of year	(a) Donor advised funds	(b) Funds and	other accoun	its			
		•							
		· • · ·							
4	Aggregate value	e at end of year							
5	•			or advised	┌ Yes	┌ No			
6	used only for ch	narıtable purposes and not for the ben		•	┌ Yes	┌ No			
Pa	rt III Conser	vation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part	IV, line 7.				
	Preservation Preservation Preservation Complete lines	on of land for public use (e g , recreati of natural habitat on of open space 2a–2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a G	certified historic stru		a			
				Held at th	ne End of the	Year			
а	Total number of	f conservation easements		2a					
b	Total acreage r	estricted by conservation easements		2b					
c	Number of cons	ervation easements on a certified his	toric structure included in (a)	2c					
d	Number of cons	ervation easements included in (c) a	cquired after 8/17/06	2d					
	the taxable yea	r▶			n during				
	Does the organ	ization have a written policy regarding	g the periodic monitoring, inspection, hand		nd F Yes	┌ No			
6	Staff and volunt	eer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year	· ト				
7		nses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year					
8			2(d) above satisfy the requirements of sec	ction	☐ Yes	┌ No			
9	balance sheet,	and include, if applicable, the text of t	the footnote to the organization's financial						
Pai	t III Organi	zations Maintaining Collection	ons of Art, Historical Treasures,	or Other Simila	r Assets.				
1a	art, historical tr	reasures, or other similar assets held	for public exhibition, education or research	ch in furtherance of p		,			
Park Organization 13-1624096									
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		► \$					
	(ii) Assets incli	uded in Form 990, Part X		► \$					
2						_ _			
а	Revenues inclu	ded in Form 990, Part VIII, line 1		▶ \$					

b Assets included in Form 990, Part X

Par	Organizations Maintaining Colle	ections of Art, H	IST	OFIC	cai ireas	sures, or Ot	ner	Similar Ass	ets (co	<u>ntinuea)</u>
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of	the	foll	owing that	are a significan	nt us	e of its collection	n	
а	Public exhibition	d	ı	Г	Loan or ex	kchange progra	ms			
b	Scholarly research	e	•	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	now t	they	further the	e organızatıon's	ex	empt purpose ın		
5	During the year, did the organization solicit or								-	_
	assets to be sold to raise funds rather than to								Yes	│ No
Pal	t IV Escrow and Custodial Arranger Part IV, line 9, or reported an amo					on answered	YE	es" to Form 99	υ,	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					s or other asse	ts n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the foll	owin	ıg ta	ıble	_				
						_	_	Amo	unt	
c	Beginning balance						.c			
d	Additions during the year					<u> </u>	.d			
e	Distributions during the year					-	.e			
f	Ending balance					_ 1	.f			
2a	Did the organization include an amount on Forr	n 990, Part X, line 2:	1?					Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV				1 1157 11 1					
Pa	rt V Endowment Funds. Complete if		nsw (b)Pr			<u>o Form 990, F</u>)Two Years Back			(e) Four \	ears Back
1a	Beginning of year balance	177,522,231			021,859	149,259,087	_	150,601,021	(C)i oui	cars back
ь	Contributions	28,545,569		40,	480,116	42,703,335		32,755,660		
С	Investment earnings or losses				0	0		0		
d	Grants or scholarships				0	0		0		
e	Other expenditures for facilities and programs	43,484,000		23,	979,744	30,940,563		34,097,594		
f	Administrative expenses				0	0		0		
g	End of year balance	162,583,800		177,	522,231	161,021,859		149,259,087		
2	Provide the estimated percentage of the year e	end balance held as								
a	Board designated or quasi-endowment 🕨 5	3 000 %								
b	Permanent endowment ► 47 000 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the possess	ion of the organizatio	n th	at a	re held and	d administered	for t	:he		
	organization by (i) unrelated organizations							3a(i)	Yes	No No
	(ii) related organizations		•	•			•	3a(ii)		No
Ь	If "Yes" to 3a(II), are the related organizations							3b	1	
4	Describe in Part XIV the intended uses of the								<u> </u>	<u> </u>
Pai	rt VI Land, Buildings, and Equipmen	t. See Form 990,	Part	tΧ,	lıne 10.	_		_		
	Description of property				Cost or other (investment)		er	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land		\top			39,305,8	28		3	9,305,828
b	Buildings					266,009,9	87	195,554,283	7	0,455,704
С	Leasehold improvements									
d	Equipment					994,870,2	68	627,189,688	36	7,680,580
	Other									
Tota	I. Add lines 1a-1e (Column (d) should equal Forn	າ 990, Part X, column ເ	(B), I	Ine	10(c).) .				47	7,442,112

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)	(-,	Cost or end-of-yea	r market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Table (Calina (b) about a sual face 000 Bat V and (D) ban 12)	•		
		1.3	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-yea	
			- market raide
Table (Caluma (b) about agual Farra 000, Bart V, cal (B) (ra 12)	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li			
(a) Descri			(b) Book value
See Additional Data Table	peron		(b) Book value
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		404 E60 E60
			404,568,560
Part X Other Liabilities. See Form 990, Part 3			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
See Additional Data Table			
	+		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	625,964,582		
Total. (Column (b) should equal rollin 330, Falt A, col (b) line 23 /	0.23.304.3071		

Sexess or (deficit) for the year Subtract line 2 from line 1	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,718,489,805
Net unrealized gains (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,610,417,091
Donated services and use of facilities	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	108,072,714
Find Find	4	Net unrealized gains (losses) on investments	4	-9,634,699
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	5	Donated services and use of facilities	5	
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	6	Investment expenses	6	
Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	7	Prior period adjustments	7	
Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements	8	Other (Describe in Part XIV)	8	6,527,064
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	-3,107,635
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	10		10	104,965,079
A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	Par		er R	eturn
A Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	1,693,803,000
b Donated services and use of facilities	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d 40,060,156 e Add lines 2a through 2d	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 40,060,156 e Add lines 2a through 2d 2e 40,060,156 3 Subtract line 2e from line 1 3 1,653,742,84 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b 64,746,961 c Add lines 4a and 4b 4c 64,746,961	b	Donated services and use of facilities		
e Add lines 2a through 2d	c	Recoveries of prior year grants		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	40,060,156
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b 64,746,961 c Add lines 4a and 4b 4c 64,746,96	3		3	1,653,742,844
b Other (Describe in Part XIV) 4b 64,746,961 c Add lines 4a and 4b 4c 64,746,96	4			
c Add lines 4a and 4b	а			
	Ь		1	
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,718,489,80				64,746,961
Down With Description of Fundamental Audited Financial Chatemante With Fundamental Detum	_		_	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial 1,614,567,00			s per	1,614,567,000
statements	-		1	1,014,307,000
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	а	Donated services and use of facilities		
b Prior year adjustments	b	Prior year adjustments		
c Other losses	c	Other losses		
d Other (Describe in Part XIV)	d	Other (Describe in Part XIV)		
e Add lines 2a through 2d	e	Add lines 2a through 2d	2e	31,876,661
3 Subtract line 2e from line 1	3	Subtract line 2e from line 1	3	1,582,690,339
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	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	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)	b	Other (Describe in Part XIV)		
	c		4c	27,726,752
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,610,417,091

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Intended Uses of Organization's Endowment Funds	MOUNT SINAI HOSPITAL'S ENDOWMENT FUNDS ARE RESTRICTED TO INVESTMENT IN PERPETUITY WITH THE INCOME EXPENDABLE TO SUPPORT PROGRAM ACTIVITIES AS STIPULATED BY DONORS THE HOSPITAL FOLLOWS THE REQUIREMENTS OF THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UMIFA") AS THEY ARE RELATED TO ITS ENDOWMENT CONTRIBUTIONS THE HOSPITAL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER TO PROVIDE THAT SUFFICIENT ASSETS ARE AVAILABLE AS A SOURCE OF LIQUIDITY FOR THE INTENDED USE OF THE FUNDS, ACHIEVE THE OPTIMAL RETURN POSSIBLE WITH THE SPECIFIC PARAMETERS, PRUDENTLY INVEST ASSETS IN A HIGH-QUALITY DIVERSIFIED MANNER AND ADHERE TO ESTABLISHED GUIDELINES
Part XI, Line 8	Reconciliation of Change in Net Assets	Net Change in Captive Insurance Program \$6,301,789 Change in Postretirement Liability \$225,373 ROUNDING (\$98) TOTAL \$6,527,064
Part XII, Line #2d	Reconciliation of Revenue per AFS	Assets Released from Restrictions \$23,661,926 Diagnostic & Treatment Center \$16,398,230 TOTAL \$40,060,156
Part XII, Line #4B	Reconciliation of Revenue per AFS	All other Contributions \$28,546,000 Investment Fees \$497,796 Distribution from msmc residental realty, Ilc \$612,318 third parties reimbursement settlement \$34,812,866 medical residents fica refund \$277,663 rounding \$318 TOTAL \$64,746,961
Part XIII, Line #2d	Reconciliation of Expenses Per AFS	Diagnostic & Treatment Center \$31,876,661 TOTAL \$31,876,661
Part XIII, Line #4B	Reconciliation of Expenese per AFS	transfer to affilates \$11,138,305 Investment Fees \$497,796 Contribution to Mt Sinai DTC \$15,478,431 transfer to the mount sinai school of medicine \$612,318 Rounding (\$98) TOTAL \$27,726,752

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As Filed Data -

DLN: 93493030002923

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Internal Revenue Service

the organization					Employer identi	rication number			
UNI SINAI HUSPITAL					13-1624096				
			he United States. C	omplete	e if the organiza	ation answered			
or grantmakers. Does the	organızatıon r	maıntaın record	ds to substantiate the	amount	of the grants o	ir			
	= :	=							
e grants or assistance?						✓ Yes			
o r grantmakers. Describe in Pa nited States	art V the organi	zatıon's procedu	res for monitoring the us	e of grant	funds outside th	e			
Activites per Region (Use Part V if additional space is needed)									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	service, describe ecific type of	(f) Total expenditures for region/investments in region			
entral America and the aribbean	2	0	-			37,185,16			
entral America and the aribbean	0	0	Investments	INVEST	MENTS	211,037,000			
ib-total Ital from continuation sheets	2	. 0			+	248,222,163			
	General Informatio "Yes" to Form 990, Pa or grantmakers. Does the esistance, the grantees' elic e grants or assistance? or grantmakers. Describe in Pa nited States etivites per Region (Use Part (a) Region entral America and the entibbean entral America and the entibbean	General Information on Activit "Yes" to Form 990, Part IV, line 14th or grantmakers. Does the organization in its istance, the grantees' eligibility for the eigrants or assistance?	General Information on Activities Outside to "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain record is isstance, the grantees' eligibility for the grants or assiste grants or assistance? For grantmakers. Describe in Part V the organization's procedulated States Extivites per Region (Use Part V if additional space is needed (a) Region (b) Number of offices in the region integration and the intribbean entral America and the intribute intribu	General Information on Activities Outside the United States. Convest to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the issistance, the grantees' eligibility for the grants or assistance, and the select eight of the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the usual states of the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the usual states of the grants in region organization organization's procedures for monitoring the usual states. For grantmakers. Describe in Part V the organization's procedures for monitoring the usual states of the grants in region organization orga	General Information on Activities Outside the United States. Complete "Yes" to Form 990, Part IV, line 14b. In grantmakers. Does the organization maintain records to substantiate the amount insistance, the grantees' eligibility for the grants or assistance, and the selection crite in grants or assistance. In grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant states are critically assistance. In grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant states are critically assistance. In grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant states are critically assistance. In grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant states. The procedure of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or large to the program of employees. The program of employees or large to the program of employees or	General Information on Activities Outside the United States. Complete if the organization or grantmakers. 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 awa e grants or assistance? (a) Region (b) Number of offices in the region (c) Number of offices in the region of modepanders in region (by type) (e.g., fundrasing, program service, describe specific type of services) (a) Region (b) Number of offices in the region of modepanders in region of modepanders in region (by type) (e.g., fundrasing, program service, describe specific type of services) (c) Number of complete in the region of modepanders in region (by type) (e.g., fundrasing, program service, describe specific type of services) (c) Number of complete in the service in monitoring the use of grant funds outside the integration of the service in the region of the reg			

248,222,163

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	<u> </u>	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	▽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	V	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ি	No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information

<u>information.</u>		
Identifier	ReturnReference	Explanation
Part I, Line 2		The primary coverage of professional and general liability incidents has been provided through participation in a pooled program with certain other health care facilities (principally hospitals) affiliated with the Federation of Jewish Philanthropies of New York. This occurrence basis insurance coverage participation is with captive insurance companies and commercial insurance companies. The Captive Insurance companies have two offices in the Caribbean, specifically Bermuda and Barbados. The companies were incorporated in Bermuda and Barbados in 1982 and 1986 respectively and are licensed under the Insurance Act of both countries. Since the Hospital is a shareholder of the captive insurance companies, the Hospital follows the equity method of accounting for its interest in the insurance companies associated with its medical malpractice insurance program. Additionally, Form 5471, Information Return
		of U S Persons with Respect to Certain Foreign Corporations, has been filed with the Hospital's 990T
parts I & IV		PLEASE NOTE THAT THE INVESTMENT ACTIVITIES LISTED IN PART I ARE ALLOCATED TO AGREE TO THE AUDITED FINANCIAL STATEMENT REPORTING AS POOLED INVESTMENTS WHILE PART IV REPORTS ON FOREIGN FILINGS FILED BY THE RESPECTIVE ORGANIZATION
-		
		Schedule F (Form 990) 2011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

Hospitals

Name of the organization THE MOUNT SINAI HOSPITAL

Employer identification number

						1624096			
Pa	rt I Charity Care and	d Certain O	ther Comr	nunity Benefits a	t Cost				
-	Did the executation bear a	hapti are	diava TEUNI-	" ckin to sucction Co				Yes	No
1a	Did the organization have a c						1a	Yes	
	If "Yes," is it a written policy						1b	Yes	
2	If the organization had multip care policy to the various ho		indicate whic	h of the following best	describes application	of the charity			
	Applied uniformly to all h	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	vidual hospita	ls						
3	Answer the following based o organization's patients during			y criteria that applies	to the largest number (of the			
а	Did the organization use Fed If "Yes," indicate which of the					care?	3a	Yes	
	√	_	о% Г	Other	· %		Sa	165	
b	Did the organization use FPG	to determine	eliaibility foi	<u> </u>	rare? If				
_	"Yes," indicate which of the f		= :				Зь	Yes	
		_					30	165	
	200% 250%	. ▼ 30	о% Г	350%	00% Cother_	<u>%</u>			
С	If the organization did not us determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description w	hether the organization				
4	Did the organization's policy						4	Yes	
5 a	Did the organization budget a the tax year?	mounts for fre			_	nce policy during	5a	Yes	
b	If "Yes," did the organization	's charity care	e expenses e	exceed the budgeted a	mount?		5a 5b	Yes	
c	If "Yes" to line 5b, as a result care to a patient who was elig	lt of budget co	nsiderations	, was the organization	unable to provide free	or discounted		165	N.o.
6a	Did the organization prepare						5c 6a	Yes	No
	If "Yes," did the organization	•	•				6b	Yes	
	Complete the following table worksheets with the Schedule	using the work				ubmit these	OD.	165	
7	Charity Care and Certain (nity Benefits	at Cost					
-	Charity Care and Means-Tested	(a) Number of activities or programs	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero	
_	Government Programs	(optional)	(Spainial)						
	Charity care at cost (from Worksheet 1)			43,220,414	15,412,115	27,80	8,299	1	710 %
	Medicaid (from Worksheet 3, column a)			373,812,004	329,345,175	44,46	6,829	2	740 %
	Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		0		0 %
d ·	Fotal Charity Care and Means-Tested Government Programs			417,032,418	344,757,290	72,27	'5,128	4	450 %
	Other Benefits								
	Community health improvement services and community benefit operations (from			17 122 645		17.17	2.645		070.0/
	(Worksheet 4) Health professions education			17,133,645	0	17,13	3,645		070 %
	(from Worksheet 5) Subsidized health services			167,522,124	70,277,040	,	5,084		990 %
h	(from Worksheet 6) Research (from Worksheet 7)			29,913,879	14,434,473	 	'9,406 n	0	970 %
	Cash and in-kind contributions for community benefit (from						V NO 201		
i T	Worksheet 8) otal Other Benefits			303,391 214,873,039	0 84,711,513	130,16	3,391 1,526		020 % 050 %
-	otal. Add lines 7d and 71			631,905,457	429,468,803	· · · · · · · · · · · · · · · · · · ·			500 %

Pa	rt II Community Building	ng Activitie	s Complete t	this table if the o	organızat	ion co	nducte	ed any commur	nity l	ouildin	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense	, I , ,	rect offs	_	(e) Net communi building expense		(f) Percent total expen	
1	Physical improvements and housing								_		
2	Economic development										
3	Community support			145,9	936			145	,936	0	010 %
4				1.07-				110	,,,,,,		010 10
5	Environmental improvements Leadership development and training								_		
	for community members										
	Coalition building								_		
7	Community health improvement advocacy			193,8	329			193	,829	0	010 %
8	Workforce development										
9	Other										
10 Dec	Total ** IIII Bad Debt, Medicar	o & Callac	tion Droctic	339,7	765			339	,765	0	020 %
EGI	Bad Debt, Medicar	e, & conec	uon Pracuc	es							
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report ba				ınancıal M	anage	ment A	ssociation	1		No
2	Statement No 15? Enter the amount of the organ					2		 10,767,785	-		No
3	Enter the amount of the organ		•		le to			10,767,765			
_	patients eligible under the org	_		•		3					
4	Provide in Part VI the text of the In addition, describe the costinationale for including a portion	ng methodolog	gy used in dete	rmining the amoun							
Sect	ion B. Medicare										
5	Enter total revenue received f	rom Medicare	(including DSH	and IME)		5		405,621,597			
6	Enter Medicare allowable cost	s of care relat	ing to payment	s on line 5		6		387,368,313			
7	Subtract line 6 from line 5 Th	ıs ıs the surplu	ıs or (shortfall)			. 7		18,253,284			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method the method us	ology or source ed	e used to determin	e the amo						
	Cost accounting system	I Co	st to charge ra	itio I '	Other						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
Ь	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part	ection practice VI	s to be followe	d for patients who	are known • • •	to qua	lify for	financial	9b	Yes	
Pa	rt IV Management Com										
	(a) Name of entity	(E	 Description of p activity of entit 		(c) Organı profit % o ownersh	r stock	e	I) Officers, directors, trustees, or key employees' profit % r stock ownership%	pro	e) Physic ofit % or ownershi	stock
1											
2				T							
3				1							
4		1					\top		\dagger		
5											
6											
7							\top		+		
8									+		
9							\top		\dagger		
10											
11									+		
12											
13									\top		

Part	V Facility Information									
Section A. Hospital Facilities		Licens	Gener	Childre	Teach	Critica	Resea	ER-24 hours	ER-other	
(list in order of size from largest to smallest)		Licensed hospital	General medical	Children's hospital	Teaching hospital	acces.	Research facility	hours	her	
How many hospital facilities did the organization operate during the tax year?2		pital	cal & surgical	spital	pital	Critical access hospital	lity			
Namo	and address									
Name	and address									Other (Describe)
1	Mount Sinai Hospital One Gustave L Levy Place new york, NY 10029	×	х		×			х	х	
2	mount sinal hospital of queens 25-10 30th avenue long Island city, NY 11102	х	х					х	Х	
		_			ļ	<u> </u>				
						<u> </u>				
		+				<u> </u>				
						1				
						<u> </u>				
				<u> </u>		<u> </u>		-		
		+		_	-	-				
			-	 		 		-		
						<u> </u>				

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

Mount Sınaı Hospital

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a Γ A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	۱.		
5	other hospital facilities in Part VI	5		
,	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	-		
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
Ū	(check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 100%			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c 🔽 Medical indigency			
	d 🔽 Insurance status			
	e 🔽 Uninsured discount			
	f 🔽 Medicaid/Medicare			
	g 🔽 State regulation			
	h / Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	${f c}$ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e / Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			l
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)			ļ

If "Yes," explain in Part VI

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

mount sınaı hospital of queens

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	2

			Yes	No
Coı	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)	├		
	A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	c needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	f minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a			
	b A vailable upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care $\frac{100}{\%}$ If "No," explain in Part VI the criteria the hospital facility used			
	Schedule	U /Ear	m 000	2011

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c 🔽 Medical indigency			
	d 🔽 Insurance status			
	e 🔽 Uninsured discount			
	f ▼ Medicaid/Medicare			
	g 🔽 State regulation			
	h / Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	${f c}$ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
4-	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No_
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Cother similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)			

If "Yes," explain in Part VI

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

chedule H	(Form	990)	2011
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Page **7**

David V	Caailit	Information	(continued)
Part V	racility	information	i continuea)

Section C. Other 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 facilities did the organization operate during the tax year?				
Name and address	Type of Facility (Describe)			
	onal Data Table			
2				
3				
4				
5				
5				
7				
В				
9				
10				

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V. Section B
- 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
- 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.)
- 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
- 5 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SCHEDULE H SUPPLEMENTAL NFORMATION		Part I, Line 7 The Mount Sinai Hospital used the ratio of cost-to-charges methodology for costing purposes. The cost-to-charge ratio was derived utilizing Worksheet 2, Ratio of Patient Care Costs-to-Charges. Part I, Line 7G The Hospital reported its support for the Mount Sinai Diagnostic and Treatment. Center (MSDTC) under Part I, Line 7g Subsidized Health. Services. MSDTC is a separately licensed entity that operates a variety of diagnostic and treatment clinics in the Hospital's East Harlem service area. The Hospital provides sufficient funding for MSDTC so that it can meet its annual operating requirements. In 2011, the Hospital funded the MSDTC's operating loss of \$15.5 million. Part III, Line 4 The Mount Sinai Hospital used the ratio of cost-to-charges methodology as derived from Worksheet 2, Ratio of Patient Care Costs-to-Charges to determine its bad debt expense at cost. Any discounts or other allowances are recorded as reductions to revenue and, therefore, excluded from bad debt expense. Similarly, charity care allowances that are determined based of a patient's ability to pay are excluded from bad debt expense. The Hospital's footnote disclosure on bad debt expense. Includes the following. "Patients who do not qualify for Medicaid assistance are billed at the Hospital's rates. Uncollected balances for these patients are categorized as badebts." Part III, Line 8 Schedule H, Part III, Section B. Medicare Line 6 (Medicare Allowable Cost) were obtained from the Medicare cost report. The cost report utilizes a step-down methodology to allocate an institution's allowable costs by service and program. In addition, the Hospital's million in order to provide a more accurate reflection of the Hospital's Medicare financial results. Part III, Line 9 The Hospital's collection practices do not apply to charity care balances. Once an account or a portion thereof is deemed to be charity care, it is written off as such. As a result, there is no further collection effort on the account balance. Part V, Line 19d In accor

Identifier	ReturnReference	Explanation
2 Needs Assessment		A continuous community needs assessment process occurs in
		Manhattan and Western Queens thr ough active membership/participation of administrative leaders, staff and
		faculty in over 20 community committees, coalitions and board,
		and through service and educational partner ships with community health, social service, civic organization and
		schools The Departmen t of Community and Government
		Affairs acts as a liaison for the Medical Center to health, social service and civic organizations, schools, coalition and
		community leaders in East a nd Central Harlem, the Upper West
		Side and in boroughs outside of Manhattan and Western Qu
		eens Community and Government Affairs work closely with the Mount Sinai School of Medicin e, Mount Sinai's Center for
		Multicultural and Community Affairs and the Department of
		Comm unity and Preventive Medicine to assist other Medical Center departments that seek to impl ement community
		programs and research projects The Mount Sinai Medical
		Center actively se eks the views of community residents, hospital consumers, health care providers, religious groups,
		community boards, elected officials, supports groups, and
		community health and hu man service professionals in identifying the need for services and public health prioritie s
		The Mount Sinai Medical Center's public participation includes
		the following *Mount Si nai's Board of Trustees has established
		a Community Affairs committee whose members includ e senior management, health providers, and Trustees A Trustee serves
		as a Community Advis ory Board member to ensure board to
		board communications The Board of Trustees meets quar terly to evaluate services and community needs *Mount Sinai's
		Community Advisory Board (C AB) members represent diverse
		socioeconomic and ethnic constituencies and representatives from the Medical Center leadership and departments. The
		CAB's goal is to ensure that the m edical center is responsive
		to health care needs of consumers, with particular emphasis on
		the needs of East Harlem The CAB meets monthly to evaluate services and community needs *The Tisch Cancer Institute
		has established a CAB to work in partnership with East and Ce
		ntral Harlem community residents and organizations to reduce the excess burden of cancer a mong its majority African-
		A merican and Hispanic residents to find ways to overcome
		cancer disparities The CAB meets monthly to discuss community resources, strengths and interventions to improve
		the quality of cancer prevention, treatment and care *Mount
		Sinai has est ablished and hosts a monthly Community Roundtable to keep its pulse on the needs of East H arlem and
		Central Harlem communities Approximately 80 community
		leaders, educators, elect ed officials, and CAB members are in
		attendance at the monthly meetings *The Mount Sinai Medical Center representatives participate actively in monthly/quarterly
		meetings with the following organizations in its continuing
		efforts to discuss health care needs of the com munity * A byssinian Development Corporation * Boriken Neighborhood
		Health Center * Bron x Aids Services * Children's Aids
		Society * Community Board No 11 - Manhattan, Health & Human Services Committee * East Harlem Chamber of
		Commerce * East Harlem HIV Care Network * East Harlem
		Partnership for Cancer * Greater Harlem Chamber of Commerce * Little Si sters of the Assumption Family Health
		Services * New York Academy of Medicine * New York City
		Housing Authority - Carver Houses Tenants Association & Johnson Tenants Association * Jewish Home and Hospital *
		Settlement Health Association * Union Settlement Associatio
		n * Yorkville Common Pantry The Mount Sinai Hospital of
		Q ueens' public participation incl udes the following *Mount Sinai Hospital of Queens recently formed a CAB and serves the
		n eeds of a culturally diverse population with representatives
		from social and human service organizations, civic associations, public housing authority, and health care
		providers T he CAB meets quarterly to evaluate services and
		community needs *Mount Sinai Hospital of Queens conducts an annual Community Roundtable to inform and update
		participants on new pr ograms and projects and facility
		Improvements at the Hospital The focus is also on engagi ng participants in a discussion of ways in which the Hospital can
		improve and better serve the needs of the community *The
		annual Pastoral Care Forum for clergy and other religious
		leaders in the community featured an educational session as well as an information-shari ng component of services available
		in the community *Mount Sinai representatives particip ate
		actively in monthly/quarterly meetings with the following organizations in its continu ing efforts to discuss health care
		needs of the community * American Cancer Society * As toria
		Civic Association * Catholic Charities of Brooklyn and Queens * Community Boards N o 1 & 2 - Queens * Gateway to Health
		Sciences Secondary School * Greek Orthodox Archdioc esan
<u> </u>		of America Hellenic Cultural Center * HANAC
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
2 Needs Assessment		* Jacob Riis Neighborhood Settlement House * Queens Chamber of Commerce * New York City Housing Authority - Ravenswood Tenants Association * SHAREing and CAREing * United Community Civic Association * Visiting Nurse of New York The Mount Sinai Medical Center discuisses and analyzes the following demographic and socio-economic data with community partners as part of the community needs assessment process 1 Utilization - Identify which services/programs have met or exceeded projected utilization 2 Patient satisfaction surveys - Analyze the hospitals' patient surveys to determine areas of needs identified by patients and their families 3 Local demand for services - Identify the services/programs with waiting lists, which demonstrate that the local demand for services exceeds capacity 4 Community need data - Determine the health of the community by examining the health statistics on the NYCDOHMH and NYSDOH websites, and determine the areas in which the target goals of Take Care New York are not met Additionally, in assessing the communities' needs in conjunction with community partners, consumers, community boards, community leaders, and community health and human service professionals, the following questions are considered 1 Is the cause of the illness, disease or health behavior preventable? 2 Does the hospital have existing resources, capacity, and processes to conduct outreach, provide screenings and t reatment, measure, and evaluate set goals? 3 Was the health focus also identified by, dis cussed with, and determined as a priority in the health of the community by community part ners, consumers, community health and human service professionals, NYCDOHMH, and the hospital's Community Advisory Board? Based on the information gathering process described above, the Hospital develops a community service plan that focuses on the health priorities for the surrounding community
		Schedule H (Form 990) 2011

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Identifier	ReturnReference	Explanation
3 Patient education and eligibility for assistance		All patients that do not have insurance are notified that financial assistance may be available for them. Prominently placed signs notify patients of the financial assistance policy and flyers summarizing the process are available in registration areas. The Hospital provides assistance with enrollment in Federal and State insurance programs including Medicare, Medicaid, Child Health Plus and Family Health Plus. If patients do not qualify for these programs they may qualify for financial assistance through the Hospital's Charity Care and Self Pay Discount Policy. Patient bills also provide information as to where a patient or the person responsible for the Hospital bill can call to receive financial assistance if they are not able to pay the Hospital's bill. Patients are provided with assistance through the Hospital's Financial Counseling Department (Mount Sinai patients only) or through its Resource Entitlement and Advocacy Program (REAP) Office. The REAP Office assists both Hospital patients and community members to obtain financial assistance for their medical expenses.

Identifier	ReturnReference	Explanation
4 Community Information		The Mount Sinai Medical Center serves patients in all five
		boroughs of New York City, Long Island, Westchester and Rockland counties, New Jersey and Connecticut Mount Sinai is
		a regional and national referral center. The hospital defines
		New York County as the area use d for community/local health
		planning for the purposes of the Community Service Plan Cens us data were used to determine the service area of The Mount
		Sinai Medical Center The tot al population of New York County
		In 2010 was 1,585,873 (increase of 3 2 percent from the 2 000 Census) Approximately 52% of the New York County
		population in 2010 was of a minority population (18 5%
		African-American, 11 8% Asian and 21 7% "other" minority group members including individuals of 2+ races) There were
		405,983 (25 6%) Hispanics, who can be of any race New York
		County has eight federally-designated medically underserved
		areas There are 20 hospitals, including specialty hospitals, serving this area. The U.S. Census identi fied that 282,285
		members (17.8%) of the population were living at or below the
		Federal Po verty Level in 2010 It has been documented that individuals of minority and/or low-income status experience
		difficulties in accessing healthcare in some places Mount Sinai
		serves residents of its service area without regard to any personal characteristics, including r ace/ethnicity or payer
		source It is important to note the large minority population that
		Mount Sinai serves as most minority groups have been documented to suffer from cardiovascu lar disease at rates in
		excess of those of the White population The Mount Sinai
		Medical C enter has a strong history of serving traditionally underserved individuals throughout its service area, including
		Harlem and East Harlem communities surrounding the hospital
		Mount Sinai provides the following health services to its
		community * 67% of clinic visits are minority patients * 53% of inpatient discharges are minority patients * 85% of
		Emergen cy Department visits are minority patients * More
		than 30% of inpatients reside in upper Manhattan * Nearly 50% of outpatients reside in upper Manhattan * More than
		50% of Emerg ency Department patients reside in upper
		Manhattan Reflective of the Hospitals location in the East Harlem neighborhood of New York County, approximately
		45 5% and 53 5% of the ho spital's inpatient discharges and
		outpatient visits, respectively, were from Medicaid patients. In many of the hospital's programs, over 60% of the patients have
		historically belon ged to a minority group. The total number and
		percentage of individuals in the 45 and olde rage group in New York County is projected to grow dramatically from 2000 to
		2015 The to tal number of individuals in this group is projected
		to increase from 534,263 individuals in 2000 to 694,295 individuals in 2015, representing a growth of 30 0% over this
		time peri od This age group is projected to grow at a rate over
		seven times that of New York County from 2000 to 2015, and is at greater risk for cardiac problems than the general
		population There were 217,265 individuals older than age 65
		(comprising 13 7% of the population) r esiding within the service area in 2010. This population is projected to continue
		to grow to 242,281 individuals (comprising 15 1% of the
		population) by 2015, per the New York Stat istical Information System from Cornell University This age group is at greater
		risk for cancer than the general population. According to data
		from the New York State Department o f Health (NYSDOH),
		Infectious diseases, such as HIV, are more prevalent in the hospital's service area of New York County than in New York
		City and New York State overall The HIV case rate from 2005
		to 2007 in New York County was 72 9 individuals per 100,000, which was significantly higher than that of New York City (46 0
		persons per 100,000) and the State (24 3 persons per
		100,000) The Mount Sinai Hospital of Queens defines its primary service area as the following zip codes that comprise
		Northwestern Queens 11101, 11102, 11103, 1 1104, 11105
		and 11106 known as Long Island City/Astoria The secondary service area consis ts of zip codes that comprise Western
		Queens 11368,11369,11370,11372,11373,11377 and
		11378 Those zip codes define the areas used for community/local health planning for the purposes of the
		Community Service Plan The population of the primary service
		area of Nort hwestern Queens in 2008 was 231,440 while the
		population of the secondary service area of Western Queens was 464,497 for a total of 695,937 residents. Over half (51%)
		of the popula tion (representing more than 100 cultural and
		ethnic groups) is foreign-born compared to o nly 36% for New York City as a whole In Northwestern Queens, roughly one in
		five persons lives in poverty, one in five adults smoke and is
		less likely to quit than smokers in New York City overall, women are less likely to get a regular Pap test for cervical
		cancer than women in New York City as a whole, and the servi
-		Schedule H (Form 990) 2011

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Identifier	ReturnReference	Explanation
4 Community Information		ce area has the second highest proportion of uninsured adults among all New York City neighborhoods, with foreign-born residents more likely to be without health insurance than tho se born in the United States. The heart disease hospitalization rate in the primary service area has increased by more than 10% in the past 10 years. The poverty and language barriers in Western Queens inhibit access to inpatient care. Per the New York City Department of City Planning, Mount Sinai Hospital of Queens is located in Queens Community Board No 1 - Queens In 2007, 24.2% of the residents lived below the poverty level. This percentage is much greater than the percentage of residents below the poverty level (12.2%) for the entire county. Overall, greater than 50% of the residents in Community Board No 1 - Queens do not speak English "very well", according to the US Census Bureau. Staff members at Mount Sinai Hospital of Queens speak approximately 50 languages, a statistic that is growing each year. This is reflective of the cultural diversity of the service area, which includes residents comprising greater than 100 cultural and ethnic groups.

I do atre a a	D atum D afaran a -	Evalaration
Identifier	ReturnReference	Explanation
5 Promotion of Community Health		As mentioned in the description of the Needs Assessment in Part VI 2, the Hospital has for med a Community Board to
		ensure that the Medical Center is able to work closely with the s
		urrounding community to identify and respond to the healthcare needs of the community. The Mount Sinai Medical Center
		Community Advisory Board was formed as a committee of the
		Boar d of Trustees to review and comment on the Medical
		Center's service, educational and resea rch programs The Board's goal is to ensure that the medical center is responsive
		to the h ealth care needs of consumers, with particular
		emphasis on the needs of East Harlem The C ommunity Advisory Board is a forum for articulating patient care and
		community health conc erns and for evaluating the
		effectiveness of services on the community's health status, pa
		tients' rights, and the quality of services provided to consumers. Community Advisory Boar d members represent
		diverse socioeconomic and ethnic constituencies and
		representatives of Medical Center leadership and departments A majority are consumers A Trustee serves as a Community
		Advisory Board member to ensure board-to-board
		communications Based on the nee ds assessment and feedback
		the Hospital receives from groups like the Community Advisory B oard, the Mount Sinai Hospital conducts a number of services
		and activities that are desig ned to promote and improve the
		health of individuals residing in the surrounding community These services and activities help to inform people of healthy
		living habits and provide access to valuable health care
		services, including diagnostic screening services for at risk people. A brief description of each of these services and
		activities is provided below * HouseCall is a newsletter
		developed and designed to introduce the Harlem community to
		the doctors, nurses, social workers, and other health professionals who serve the community. The publication
		includes extensive outpatient service information *
		Prescriptions for H ealthy Living is a campaign launched in 2007 in which banners that stress the importance of taking
		control of health care and adopting a healthy lifestyle are placed
		throughout the community * Good Health Is Precious brings
		health education and screening to community o rganizations, responding to a need for early detection. Mini health talks about
		asthma, ca ncer, cardiovascular health, chronic kidney disease,
		diabetes, mental health, nutrition an d fitness, orthopedic care, palliative care, and women's health are available in English a nd
		Spanish * The Greenmarket is a partnership between the
		Medical Center and the Council on the Environment of New York
		City that sells fresh fruit and vegetables in East Harlem e ach week. It also offers free medical screenings as well as
		demonstrations of healthy cook ing * Free Community Health
		Screenings In the past year Mount Sinai faculty and staff sp onsored and/or participated in thirty-six community health fairs
		and health screening prog rams, street festivals, children's
		festivals, health expos and information fairs, reaching over
		25,000 people Screening have been conducted to test blood pressure, glucose, choles terol, vision, bone density, body mass
		ındex, kıdney dısease, and Hepatıtıs C at health fa ırs year-
		round There are nearly 7000 screenings annually * Support Groups are offered to patients and their families so that they
		can share their stories with others who have had similar
		experiences * Workshops and seminars are important
		components of Mount Sinai's commitment to the community Topics covered have included areas such as Power of Attorney,
		Living Wills and Advanced Directives What You Need to Know,
		Men's Health Seminars, Women's Cardiovascular Health * Exercise and Education classes are offered weekly or bi-
		monthly * Resource Entitlement Advocacy Program (REAP)
		serves uninsured and underinsured community members and hospital patients who need assistance with entitlement issues
		REAP enables them to get health insurance and gain access to
		health care In addition, it helps them o btain income, home
		care, and nutrition support by working with community agencies REAP all so provides technical assistance regarding changes to
		entitlement programs such as welfare , Medicaid, Medicare,
		Family Health Plus, child health insurance, and other programs * Ea st Harlem Free Clinic, created and operated by the
		students of the Mount Sinai School of M edicine, provides free
		medical care to East Harlem residents * The Medical Center
		provide s HEART (Heart Failure Education and Rehabilitation Training), a congestive heart failure nurse-management
		program to improve patient self management and physician-
		Initiated servic es for patients with heart failure in East and Central Harlem Additionally, Mount Sinai o ffers a wide variety
		of community outreach programs that provide screening,
		educational an d patient care These programs are funded
		through operating revenues of the Hospital Some of the programs provided by the Medical Center in
	1	Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
5 Promotion of Community Health	Trestarinite le l'elle	clude * The Jack Martin Fund Clinic is a New York State
		Department of Health Designated A IDS Center that provides
		primary and specialty care, urgent care, social services, and
		cou nseling to those who are infected, and preventive services
		to those at risk * Mount Sinai Adolescent Health Center was
		the first primary care facility in New York City specificall y designed to meet the health care needs of adolescents Today,
		it is the largest, most co mprehensive adolescent center in the
		United States, with a mission to help adolescents gro w up
		happy, healthy, and well educated by preventing disease and
		promoting health The Ado lescent Health Center offers
		comprehensive medical, nutritional, exercise, and mental heal
		th services to teenagers concerned with eating disorders,
		becoming overweight or obese, an d high cholesterol * The Mount Sinai Diabetes Center provides inpatient and outpatient
		tr eatment and education to adults with type I or type II
		diabetes The Diabetes Center works closely with Mount Sinai
		Internal Medicine Associates, whose patient population
		includes many patients from East and Central Harlem The
		Diabetes Center sponsors community diabete s screenings in
		English and Spanish * The Mount Sinal Emergency Department provides state -of-the-art emergency care for the residents of
		East Harlem and Northern Manhattan 24 hour s/day 7
		days/week and is a receiving hospital for the 911 ambulance
		system It is organize d into five treatment areas Emergency
		Psychiatric Care, Adult Urgent Care, Chest Pain Uni t, Adult
		Emergency Services, and Pediatric Emergency Services On-
		site bilingual staff and social work services are available around
		the clock Many initiatives have been introduce d in response to community needs and concerns * Martha Stewart Center for
		Living at Mount Sinai was established in 2007 as a state-of-
		the-art medical practice for the outpatient c are of seniors, and
		will surely become a benchmark in geriatric patient care. The
		Center p rovides care for patients and training for physicians,
		and coordinates healthy-aging resea rch and practices * The
		Dubin Breast Center opened at the The Tisch Cancer Institute, pro viding patients with a multidisciplinary, comprehensive
		approach to breast cancer screening, treatment and
		survivorship in a serene setting Dubin Breast Center offers
		state-of-the -art diagnostics, including 3-D mammography, and
		minimally invasive diagnostic procedures. Our highly skilled
		physicians are some of the most sought-after breast cancer
		experts in the country Patients at the Dubin Breast Center have access to the latest approaches and techniques, such as
		seed localization A team of breast cancer experts are
		specialized in the diagnosis and treatment of breast cancer
		patients and offer the most advanced services in breast cancer
		prevention, diagnosis, and treatment * The Breast Health
		Resource Progr am (BHRP) is dedicated to meeting the emotional and practical needs of women and men with breast
		cancer The program offers information, guidance, and critical
		support to patients from diagnosis through survivorship. Our
		clinical social workers offer highly individualiz ed counseling to
		help manage the complex demands of a breast cancer
		diagnosis The Breast Health Resource Program offers
		counseling, seminars, support groups, and a library of info rmation about the latest breast cancer treatments * The
		Visiting Doctors Program at Mount Sinai provides hands-on,
		high quality medical care and social support to men and women
		wit h complex and serious illnesses who have difficulty leaving
		their homes The program aims to help patients maximize their
		health and independence. The homebound population has trad
		itionally been underserved by the medical community, but the
		Visiting Doctors Program work s to fill that gap by providing ongoing primary medical care Today, Visiting Doctors serv es
		over 1,000 patients throughout Manhattan and is a national
		model for the care of this m ost vulnerable group * The Mount
		Sınaı
,		Schedule H (Form 990) 2011

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Identifier	ReturnReference	Explanation
6 Part of an Affiliated Health Care		Not Applicable 7 Community Benefit Report Mount Sinai files a
System		community service plan in New York State

Software ID: Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other 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 facilities did the organization operate during the tax year? 18	
Names and address	Type of Facility (Describe)
Name and address	· · · · · · · · · · · · · · · · · · ·
CENTER FOR ADVANCE MEDICINE 5 E 102ND STREET NEW YORK,NY 10029	CLINIC
CENTER FOR ADVANCE MEDICINE 5 E 102ND STREET	CLINIC
NEW YORK, NY 10029	
CENTER FOR ADVANCE MEDICINE 5 E 102ND STREET	CLINIC
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NEW YORK, NY 10029	
CENTER FOR ADVANCE MEDICINE 5 E 102ND STREET NEW YORK NY 10020	CLINIC
NEW YORK, NY 10029	I

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493030002923

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE MOUNT SINAI HOSPITAL

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

Employer identification number

13-1624096

Part I General Inform 1 Does the organization mai			ne grants or accustance	the grantees' eligibil	ity for the grants or acc	istance and	
the selection criteria used	to award the grants	orassistance?					✓ Yes 🗀 I
<u> </u>	<u> </u>	o Governments and			. Complete if the ord	ganization answered	"Yes" to
Form 990, Part I	V, line 21 for any	recipient that received 0) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MOUNT SINAI DIAG & TREATMENT CTRONE GUSTAVE L LEVY PL New York, NY 10029	45-0537391	501(C)(3)	15,479,407				fund operating loss
(2) MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PL NEW YORK,NY 10029	13-6171197	501(C)(3)	612,318				fund strategic project
(3) MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PL NEW YORK,NY 10029	13-6171197	501(c)(3)	11,138,305				FUND PHYSICIAN PRACTICES LOSS
2 Enter total number of sect3 Enter total number of othe							2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	_
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Info	rmation. Complete this	part to provide the info	ormation required in Pai	rt I, line 2, and any other a	addıtıonal ınformatıon.
Identifier Return Ret		planation	<u>,</u>	· · · · · · · · · · · · · · · · · · ·	
Down I Line 1	T.		. 6 6		annual annual bha antitur ia a nalatad ban

Part I, Line 1

The grant is to fund the net deficit of its related organization's and no monitoring is required since the entity is a related tax exempt organization Part I, Line 2 The grant is to fund various strategic programs to promote common mission of the Hospital and School of Medicine PART I, LINE 3 The grant is to fund the operating loss of various off-site physician practices owned by the Mount Sinai School of Medicine

Compensation Information

DLN: 93493030002923

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THE	MOUNT SINAI HOSPITAL						
	13-1624096						
Pa	rt I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization						
а	Receive a severance payment or change-of-control payment?	4a		No			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a		No			
b	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a	Yes				
b	Any related organization?	6b	Yes				
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No			
9	If "Yes" to line 8 did the organization also follow the rehuttable presumption procedure described in Regulations						

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	A llowance	Schedule J, Part I, line 1a Dr Kenneth Davis receives a taxable housing allowance from the Mount Sinai Hospital and Mount Sinai School of Medicine as it is expected that he live in close proximity to the institution given his role as the Chief Executive Form 990, Part VII, Section A & Schedule J compensation footnotes Officers of the Board of Trustees hours reflect service to either/or, or all, the Mount Sinai Hospital, Mount Sinai School of Medicine, The Mount Sinai Medical Center, Inc. and all related entities. (1) Employee has an outstanding loan reflected in Schedule L, Part II of Mount Sinai School of Medicine's Form 990. (2) A portion of this compensation and benefits is attributed to current services as a Non-Officer. (4) A portion of this compensation and benefits is attributable to his services provided to The Mount Sinai Hospital Schedule J, Part I, Lines 6A & 6B The Hospital answered yes to questions 6A and 6B in Schedule J as the institution utilizes an incentive based bonus program for certain employees, including several of those employees listed in Schedule J. Net earnings is one of several metrics utilized by the institution in the annual bonus calculation. Other metrics utilized in the incentive compensation model include the organization's performance on the JCAHO Hospital Core Measures, patient satisfaction scores, and other organizational goals such as length of stay initiatives. Individuals that have responsibilities in related organizations to the Hospital may have incentives based on the performance of these organizations as well as that of the Hospital.

Software ID: Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC		C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
Kenneth L Davis MD	(I) (II)	522,500 522,500	630,175 630,175	125,347 125,347	12,250 12,250	14,885 14,885	1,305,157 1,305,157	0 0	
Wayne Keathley	(ı) (ıı)	694,000 0	420,116 0	120,329 0	24,500 0	21,952 0	1,280,897 0	0	
Burton Drayer 134	(I) (II)	0 212,097	0	0 793,820	0 21,210	0 15,386	0 1,042,513	0	
Mıchael Macdonald ESQ	(ı) (ıı)	290,500 290,500	45,000 45,000	118,665 118,665	9,800 9,800	18,612 18,612	482,577 482,577	0	
deborah Marın md 3	(ı) (ıı)	227,500 97,500	0	28,353 64,803	17,150 7,350	7,645 3,277	280,648 172,930	0	
donald t scanlon	(ı) (ıı)	306,000 306,000	303,417 303,417	36,933 36,933	12,250 12,250	12,568 12,568	671,168 671,168	0	
jeffrey silberstein	(ı) (ıı)	312,000 312,000	128,369 128,369	38,556 38,556	12,250 12,250	8,385 8,385	499,560 499,560	0	
connie c klepper	(ı) (ıı)	173,417 173,417	121,367 121,367	15,842 15,842	9,800 9,800	4,528 4,528	324,954 324,954	0	
mark kostegan fahp	(ı) (ıı)	150,000 350,000	63,006 147,013	35,234 82,213	7,350 17,150	5,376 12,544	260,966 608,920	0 0	
jane maksoud	(ı) (ıı)	216,670 244,330	76,788 86,591	27,824 31,376	11,515 12,985	14,594 16,456	347,391 391,738	0	
mıchael mccarry	(1) (11)	290,000	88,177 0	5,963 0	19,600 0	12,524 0	416,264 0	0	
ıra s nash md	(ı) (ıı)	400,000 0	46,467 0	99,587 0	24,500 0	21,573 0	592,127 0	0	
mıchael pastıer	(ı) (ıı)	421,000 0	163,379 0	36,937 0	19,600 0	40,852 0	681,768 0	0	
carol porter	(ı) (ıı)	305,000 0	95,045 0	51,813 0	24,500 0	17,426 0	493,784 0	0	
caryn schwab	(ı) (ıı)	406,000 0	32,676 0	50,374 0	19,600 0	29,044 0	537,694 0	0	
helen ırvıng	(1) (11)	158,918 0	0	3,452 0	13,072 0	6,429 0	181,871 0	0	
margaret pastuszko	(ı) (ıı)	195,500 195,500	99,099 99,099	6,710 6,710	9,800 9,800	13,944 13,944	325,053 325,053	0	
maureen van benthuysen	(ı) (ıı)	325,000 0	82,000	76,114 0	19,600 0	10,598 0	513,312 0	0	

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
jane whitney	(1) (11)	125,667 116,000	43,968 40,586	3,368 3,109	10,054 9,280	9,464 8,736		0 0	
daryl Wilkerson 1	(I) (II)	217,600 54,400	37,440 9,360	3,621 905	15,680 3,920	'		0	
elana abraham 2	(I) (II)		0	1,599 0	19,499 0	29,264 0	277,203 0	0	
David nierman md	(I) (II)		23,340 0	51,891 0	24,500 0	28,331 0	528,062 0	0	
ajoy sınha md	(I) (II)	190,000	25,000 0	462,535 0	13,933 0	15,169 0	706,637 0	0	
jack nelson	(I) (II)	290,000 43,333	34,800 5,200	162,078 24,219	4,833 722	13,668 2,042		0	
frank cino MS CPA	(I) (II)	153,966 94,367	57,882 35,477	1,667 1,021	12,152 7,448	15,883 9,734		0	
KUMAR CHATANI	(I) (II)	74,285 11,100		21,802 3,258	0	2,131 319		0	
KRISTEN MYERS	(I) (II)	261,000 39,000		1,633 244	17,052 2,548	7,468 1,116		0	
ROBERT CHASSIN	(I) (II)	284,808 0	86,000 0	13,260	19,600 0	12,280	415,948 0	0	
BERNARD BIVIANO MD	(I) (II)		8,581 0	45,167 0	19,600 0	23,620 0	399,446 0	0	

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

DLN: 93493030002923

2011

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

THE MOUNT SINAI HOSPITAL

Employer identification number 13-1624096

Р	art I Bond Issues									I						
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pr	ıce	(f)	Description	of Purpose	(g) Defeased		Beh) On alf of suer		Pool incing	
										Yes	No	Yes	No	Yes	No	
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649905Q58	06-10-2010	348,374,			NANCE OUT 5/18/00	STANDING		Х		х		х	
В	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906MB7	10-27-2011	60,064	2081		STRuct OF A E RESCH	LLOCABLE		Х		х		х	
Pa	art III Proceeds	l														
					Α			ı	В		С			D		
1	A mount of bonds retired						0		0							
_2	A mount of bonds defeased						0		0							
3	Total proceeds of issue	34	8,374,	,400 66,086,084												
4	Gross proceeds in reserve fur	3	2,949,	,850		4,248,750										
5	Capitalized interest from proc			0		0										
6	Proceeds in refunding escrow						0		0							
7	Issuance costs from proceed	S				950,	,618		1,074,778							
8	Credit enhancement from pro	ceeds				0 0										
9	Working capital expenditures	from proceeds			0 0											
10	Capital expenditures from pro	ceeds					0		0							
11	Other spent proceeds				34	7,454,	,121		1,233,211							
12	Other unspent proceeds						0		0							
13	Year of substantial completio	n						ı								
					Yes	No	,	Yes	No	Yes	- 1	No	Yes		No	
14	Were the bonds issued as par	t of a current refund	dıng ıssue?		Х				Х							
15	Were the bonds issued as par	t of an advance ref	unding issue?			Х			Х							
16	Has the final allocation of pro	ceeds been made?			Х				х							
17	Does the organization mainta allocation of proceeds?	ın adequate books	and records to sup	port the final	х			Х								
Pa	rt IIII Private Business l	Jse									•					
					A				В	<u> </u>			D			
ĺ					Yes	No	•	Yes	No	Yes		No	Yes	_	No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Par	Private Business Use (Continued)									
				A		В		<u>C</u>		<u>D</u>
За	Are there any management or service contracts that may result in private	husiness	Yes	No	Yes	No	Yes	No	Yes	No
	use?					Х				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fin property?									
c	Are there any research agreements that may result in private business us financed property?	se of bond-				х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local governmen			0 %		0 %				
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities?	nsure the			X					
Pai	t IV Arbitrage					1				
		А			В		С		D	
		Yes	No	Yes	No	Ye	es No		Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×					
	Is the bond issue a variable rate issue?		X		X					
 3a	Has the organization or the governmental issuer entered									
-	into a hedge with respect to the bond issue?		x		×					
	Name of provider	0		0	<u> </u>					
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?		X		X					
b	Name of provider	0	•	0	•		•		•	
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		×		х					
6	Did the bond issue qualify for an exception to rebate?	X			Х					
Р	Procedures To Undertake Corrective Action Check the box if the organization established written procedures	to ensure that	violations o	f federal tax	requirement	s are timely i	identified a	nd corrected	t through the	voluntary

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SEE SCHEDULE O	0	

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Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

THE MOUNT SINAI HOSPITAL						Employer identification number						
THE HOOM SHIVE HOSE IN E							1	3-16240	96			
Part I Excess Benefit Tran Complete of the organizat										ine 40h		
Complete if the organizat	ion ans	wereu	Tes on Forms	790,1	ait IV, iiile 25a t	n 23b,	or Form	990- LZ,	rait v,i	1116 4 0 0	(c)	
1 (a) Name of disqualified person					(b) Description of transaction					Cor	Corrected?	
1 (a) Name of disqualified person					(6) 5030	inpuon	or crans	action		Yes	No	
										- 1.33		
			+									
2 Enter the amount of tax impos	ed on t	_	_									
section 4958									* \$ —			
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimbursed	by th	ie organization .			🕨	• \$ <u></u>			
Part II Loans to and/or I	rom	Intere	sted Person	ne								
Complete if the organiz). Part IV. line 26	. or For	m 990-E	Z. Part V	/ . line 38	a		
								(f)				
(a) Name of interested person and		oan to om the	(c)0 rigina	اد		(e)		Appro		(g)Writ		
purpose	organization?		principal amo		(d)Balance due	default?		by board or committee?		agreement?		
	To	From				Yes No		No Yes		Yes	No	
	 ' 	1110111				163	110	163	No	163	140	
							+					
							+				1	
							+					
_							1					
otal	'	'	▶	\$	l		1				1	
Part IIII Grants or Assistar					Persons.							
Complete if the orga						, line	27.					
(a) Name of interested ners	o n	(1	b) Relationship	betwe	een interested per	son	(a) ^ n	sount of a	rant ar ti	pe of assi	ctanca	
(a) Name of interested pers	011		and t	he or	ganızatıon		(C)AII	iount or g	Talle of t	ype or assi	Stallce	
		1										

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
See Addıtıonal Data Table					

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Schedule L, Part IV, Column D	Business Transactions involving interested parties	Name of Interested Person US Foodservice Mount Sinai purchases a portion of its food from US Foodservice All such purchases a re made under a group purchasing organization (GPO) arrangement that has been negotiated with US Foodservice. These GPO prices are available to Mount Sinai and all other members of the local healthcare association. Mr. Gogel is the CEO of a firm that is indirectly a greater-than-35% owner of US Foodservice. Name of Interested Person. Hess Corporation Following an objective, competitive multi-party bidding process, the organization purchased natural gas and fue oil from Hess Corporation. Mr. Hess is Chairman of the Board and Chief Executive Officer of, and has a financial interest in, Hess Corporation. Name of Interested Person. XO. Communication Following an extensive RFP and a multi-party competitive bidding process, as well as a review by a special board committee (which did not include Mr. Icahn) of the engagement process, the organization purchased communications services from XO Communications. Mr. Icahn is a greater-than-35% owner of XO Communications. Name of Interested Person. OCH Ziff Capital Management Mr. Windreich is a Director of Och Ziff Capital Management Mr. Windreich has no involvement with Och Ziff Capital Management ("Och Ziff"), which manages investment capital for the organization Mr. Windreich has no involvement with Och Ziff The fees charged by Och Ziff to the organization are in line with industry standards and are the same as the fees charged to other investors in the same fund Name of Interested Person Dr. Carolyn Sicher Trustee Susan Cullman's daughter (who is also Trustee Edgar Cullman, Sr's granddaughter) is employed by Mount Sinai School of Medicine Nether Ms. Cullman nor Mr. Cullman has any involvement in decisions related to her employment. Name of Interested Person Dr. Elissa Gretz Firedman Trustee Robert Friedman's wife is employment Name of Interested Person Kinserly Harrison Trustee Clifford Goldsmith's granddaughter'is employment Name of Interested Pe

Additional Data

Software ID: Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organi	aring of zation's nues?
	organization			Yes	No
Hess Corporation	John Hess, Trustee	15,522,255	See part v		No
XO Communications	Carl Icahn, Trustee	796,435	See part v		No
ASAF RABINOVITZ	JOSEPH SHENKER, TRUSTEE	30,804	See part v		No
dr Carolyn sıcher	SUSAN CULLMAN/EDGAR, TRST	82,311	See part v		No
Dr Elissa Gretz Friedman	Robert Friedman, trustee	71,943	See part v		No
Dr Irwin Gribetz	Judah Gribetz, trustee	72,459	See part v		No
kımberly harrıson	clifford goldsmith,truste	105,307	See part v		No
us foodservice	donald gogel, trustee	130,435	See part v		No
karen kostegan	mark kostegan, officer	63,300	See part v		No
ethylin wane jabs	douglas jabs, OFFICER	212,576	See part v		No
francesco ramırez	margaret pastuszko,O FFICE	254,802	See part v		No
och ziff capital management	david windreich, trustee	1,057,095	See part v		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
BRIAN SCANLON	DONALD SCANLON, OFFICER	51,772	See part v		No
GARY B DAVIS	DR KENNETH DAVIS,OFFICER	29,218	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization THE MOUNT SINAI HOSPITAL

Employer identification number

Pai	Types of Property				13-1624096			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	- etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		18,888	resale value			
5	Cars and other vehicles							
7	Boats and planes							
3	Intellectual property							
9	Securities—Publicly traded .	Х	14	168,495	FMV			
0	Securities—Closely held stock $. $							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
1	Qualified conservation contribution—Other							
5	Real estate—Residential .							
5	Real estate—Commercial							
7	Real estate—O ther							
3	Collectibles							
•	Food inventory							
)	Drugs and medical supplies .							
L	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	O ther ► (<u>wine</u>)	Χ	496	494,930	auction			
5	O ther ▶()							
7	O ther ► ()							
В	O ther ▶ ()							
9	Number of Forms 8283 received for which the organization compl				29			
				-			Yes	No
0a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ent in Part 1	I					
1	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Return Reference	Explanation
Securities - Publicly traded	18 SHARES OF APPLE STOCKS VALUED AT \$6,451 20 RECEIVED ON 2/11/11 22 SHARES OF GOLDMAN SACH'S STOCKS VALUED AT \$3,692 70 RECEIVED ON 2/17/11 2,930 SHARES OF DOMINOS PIZZA STOCKS VALUED AT \$50,425 20 RECEIVED ON 3/1/11 600 SHARES OF CBI STOCKS VALUED AT \$23,532 RECEIVED ON 5/12/11 9 SHARES OF GOLDMAN SACHS STOCKS VALUED AT \$1,215 27 RECIEVED ON 6/6/11 700 SHARES OF BP AMOCO STOCKS VALUED AT \$29,526 00 RECEIVED ON 6/24/11 1,600 SHARES OF GENERAL ELECTRIC STOCKS VALUED AT \$29,120 RECEIVED ON 6/24/11 60 SHARES OF VIACOM STOCKS VALUED AT \$2,524 20 RECEIVED ON 5/23/11 17 SHARES OF PROCTOR & GAMBLE STOCKS VALUED AT \$1,044 82 RECEIVED ON 9/13/11 20 SHARES OF AMAZON STOCKS VALUED AT \$3,560 00 RECEIVED ON 12/21/11 8 SHARES OF GOOGLE STOCKS VALUED AT \$5,003 12 RECEIVED ON 12/21/11 108 SHARES OF TIME WARNER CABLE STOCKS VALUED AT \$6,778 08 RECEIVED ON 12/21/11 77 SHARES OF PROCTOR AND GAMBLE STOCKS VALUED AT \$5,065 75 RECEIVED ON 12/21/11 8 SHARES OF COCA COLA STOCKS VALUED AT \$556 72 RECEIVED ON 12/23/11

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2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization THE MOUNT SINAI HOSPITAL **Employer identification number**

13-1624096

ldentifier	Return Reference	Explanation
1 ''	Part I, Line 5	NUMBER OF EMPLOYEES All employees of The Hospital and Mount Sinai School of Medicine, including those who provide services at Emhurst Hospital Center and Queens Hospital Center, utilize a common paymaster under the Hospital's tax identification number. The total number of employees reported under the Hospital tax identification number is 21,220. The number of direct Hospital employees is 12,175. Part VI, Section A., Line 2 Family/Business Relationships Trustees Leon Black and Joshua Harris are managing partners of the same firm Trustees James Crystal and Jean Crystal are married to each other. Trustees Edgar Cullman, Jr. and Susan Cullman, Jr. and Edgar Cullman, Jr. and Edgar Cullman, Jr. both had ownership interests in the same firm Trustee Bonnie Davis, M.D. is married to Kenneth Davis, M.D., who is President and Chief Executive Officer of the Mount Sinai Medical Center. Trustees Sonia Gardner and Marc Lasry are siblings and are also co-owners of the same firm Trustees Michael Gross and Vicki Gross are married to each other. Trustee Marc Lipschultz is a member of a firm of which Trustee Henry Kraviz is co-CEO. Trustees Judith Rubin and Hon. Robert Rubin are married to each other. Trustees Peter Cohen and Tom Strauss are officers of the same firm. Part VI, Section B, Line 11b Form 990. Provided to governing body. The Finance Department gathered the relevant information and prepared the tax returns. *Our outside auditors, Ernst & Young, participated in the preparation of, and reviewed, all tax returns. *A questionnaire was circulated to all trustees (i.e., directors), officers and key employees in order to elicit the information required to be reported on the tax returns. *The Trustee Conflicts of Interest Review Committee reviewed the responses provided by trustees and certain officers in the questionnaires and assessed additional pertinent facts gathered by the institution in order to evaluate the applicability of IRS reporting requirements. The Review Committee then determined the appropriate trustee (and ce

ldentifier	Return Reference	Explanation
Part VI, Section B, Line 12C	Monitoring & enforcing compliance with the policy	Compliance with the Organization's Business Conflicts of Interest Policy (the "Policy") is required of trustees, employees, medical staff and non-employee members of institutional committees and includes an ongoing duty to disclose potential conflicts. Compliance with the Policy is monitored and enforced regularly and consistently. All disclosures with the potential for conflict are reviewed by an appropriate committee where they are carefully evaluated. When appropriate, a plan, which may involve measures including, but not limited to, recusal from participating in affected transactions, is developed to manage the potential conflict. Part VI, Section B, Lines 15A & 15 B Process for determination of compensation. The Compensation, Employee Benefits and Employee Relations. Committee of the Boards of Trustees (the "Compensation Committee") determines the compensation for the CEO and reviews and modifies or approves the CEO's recommendations for compensation for other officers and key employees, including physician leaders, who are or may be "disqualified persons" as that term is defined in IRC Section 4958. The Compensation Committees' operating procedures are designed to ensure that the compensation of all such officers and key employees is reasonable (i.e. the value of services is the amount that would ordinarily be paid for like services by like enterprises under like circumstances), and to follow the specific steps outlined in the IRC regulations for establishing the presumption of reasonableness. The Compensation Committee consists exclusively of independent trustees without any conflict of interest (as defined in the applicable IRC regulations) with regard to the compensation arrangements being reviewed or approved. The Compensation Committee selects and engages an independent, qualified compensation consultant which performs such valuations on a regular basis to provide appropriate comparability data. Compensation to such particums and actual written offers from similar institutions competing for the servi

ldentifier	Return Reference	Explanation
PART VII, SECTION A	Average Hours Devoted to Related Organizations	*Burton P Drayer, M D - 1 hour with MSMC and 55 hours with MSSM *Connie C Klepper - 27 5 hours with MSSM *Deborah Marin, M D - 16 5 hours with MSSM *Donald T Scanlon - 27 5 hours with MSSM, 1 hour with MSMC Realty, 1 hour with MSMC RES REALTY, and 1 hour with MSMC *Frank Cino - 20 9 hours with MSSM and 1 hour with MSMC *Jack Nelson - 7 2 hours with MSSM and 1 hour with MSMC *Jane Maksoud - 29 1 hours with MSSM and 1 hour with MSMC *Jane Whitney - 26 4 hours with MSSM and 1 hour with MSMC *Jeffrey Silberstein, MBA - 27 5 hours with MSSM and 1 hour with MSMC *Kenneth L Davis, M D - 27 5 hours with MSSM, 1 hour with MSMC Realty, and 1 hour with MSMC *Kristen Myers - 7 2 hours with MSSM *Kumar Chatani - 7 2 hours with MSSM and 1 hour with MSMC *Mark Kostegan FAHP - 38 5 hours with MSSM, 1 hour with MSMC, and 1 hour with Mtral Foundation *Maureen Van Benthuysen - 27 hours with MSDTC *Michael Macdonald - 27 5 hours with MSSM and 1 hour with MSMC *Margaret Pastuszko - 27 5 hours with MSSM and 1 hour with MSMC *Elana Abraham - 14 hours with MSSM and 1 hour with MSMC *Wayne Keathley - 1 hour with Mtral Foundation and 1 hour with MSMC *Ira Nash, MD - 5 hours with MSDTC and 1 hour with MSMC *Daryl Wilkerson - 10 5 hours with MSSM *David Nierman - 0 hours to related party

ldentifier	Return Reference	Explanation
PART XI, LINE 5		UNREALIZED GAIN (9,634,699) NET CHANGE IN INVESTMENT IN CAPTIVE INS PROGRAM 6,301,789 CHANGE IN POST RETIREMENT LIABILITY 225,373 ROUNDING 354 TOTAL (3,107,183)

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION		PART II, LINE 3 ISSUE A TOTAL PROCEEDS PER TAX CERTIFICATE 348,374,400 PLUS INVETMENT EARNINGS 30,339 = 348,404,739 PART II, LINE 3 ISSUE B TOTAL PROCEEDS PER TAX CERTIFICATE 66,064,208 PLUS INVESTMENT EARNINGS 21,876 = 66,086,084

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493030002923

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

(Form 990)

Department of the Treasury Internal Revenue Service						Open to Pu Inspection	ıblic on				
Name of the organization HE MOUNT SINAI HOSPITAL					Employer identification number 13-1624096						
Part I Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes'	' on Form 990,	•							
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct contro entity	lling					
(1) mount sinai proton holding company llc one gustave I levy place new york, NY 10029 27-4281194	investment	NY	0	975,000	MSH						
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the second se		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)	(f) atus Direct con	trolling Section	(g) 512(b)(13) htrolled				
See Additional Data Table						Yes	No				
see Auditional Data Table											
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 50	0135Y		Sche	dule R (Form 99	0) 2011				

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	, ·	(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) Disproprtionate allocations?		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No					
												i				

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) Рптагу 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

Par	t V	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Pai	rt IV, line 34, 35, 3	5A, or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	iring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Part	s II-IV?			
а	Recei	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	b Gift, grant, or capital contribution to related organization(s)						
c	Gıft, g	ant, or capital contribution from related organization(s)			1c	Yes	
d	Loans	or loan guarantees to or for related organization(s)			1d	Yes	
e	Loans	or loan guarantees by related organization(s)			1e		No
f	Sale o	assets to related organization(s)			1f		No
g	Purch	se of assets from related organization(s)			1 g		No
h	Excha	nge of assets with related organization(s)			1h		No
i	Lease	of facilities, equipment, or other assets to related organization(s)			1 i	Yes	
j	Lease	of facilities, equipment, or other assets from related organization(s)			1 j	Yes	
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
I	Perfor	nance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharın	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes	
n	Sharır	g of paid employees with related organization(s)			1n	Yes	
o	Reimb	ursement paid to related organization(s) for expenses			10	Yes	
р	Reımb	ursement paid by related organization(s) for expenses			1p	Yes	
q	Other	transfer of cash or property to related organization(s)			1 q	Yes	
r		ransfer of cash or property from related organization(s)			1r		No
2	Ifthe	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	ionships and transact	ion thresholds		
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
	e Addıtıc	nal Data Table					
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
3, column F	controlling entity	the mount sinal school of medicine, the mount sinal hospital, and the mount sinal medical center are all members of this entity. Part II, Line 4, column F direct controlling entity the mount sinal school of medicine, the mount sinal hospital, the msmc realty corporation, and the msmc residential realty manager lic are all members of this entity. Part II, Line 6, column F direct controlling entity the mount sinal school of medicine, the mount sinal hospital, and the msmc realty corporation are all members of this entity.

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

			exempt or ge				
(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 501(c) (3))	(f) Direct Controlling Entity	Section (b)(g on 512 (13) rolled ızatıon
The Mount Sinai School of Medicine							Τ
one Gustave L Levy Place new york, NY 10029 13-6171197	school	NY	501(C) (3)	2	na		No
Mount Sınaı Medical Center							
one Gustave L Levy Place new york, NY 10029 13-6271888	support	NY	501(C) (3)	11 type II	na		No
MSMC Realty Corp							
one Gustave L Levy Place new york, NY 10029 13-3852596	real estate	NY	501(C) (3)	11 type I	see part vii	Yes	
MSMC Residential Realty LLC							
1425 madison avenue new york, NY 10029 20-0244426	real estate	NY	501(C) (3)	11 type I	see part vii	Yes	
Mount Sınaı Dıagnostıc & Treatment Ctr							
one Gustave L Levy Place new york, NY 10029 45-0537391	op clinics	NY	501(C) (3)	3	MSH	Yes	
msmc residential realty managers inc							
1425 madison avenue new york, NY 10029 20-1289396	management	NY	501(C) (3)	11 type I	see part vii	Yes	
Mitral Foundation							
555 Fifth AVenue 11th Floor New York, NY 10029 80-0468600	support	NY	501(C) (3)	11 type I	MSSM	Yes	
the mount sinal children's center fnd							
one gustave l levy place new york, NY 10029 20-1289396	fundraising	NY	501(C) (3)	11 type I	MSSM		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	Mount Sinai Diagnostic & Treatment Center	b	15,479,407	cost
(2)	Mount Sinai School of Medicine	b	11,138,305	cost
(3)	MSMC Realty Corp	С	3,054,445	cost
(4)	mount sinal school of medicine	d	1,079,671	cost
(5)	mount sınaı diagnostic & treatment center	1	2,428,066	COST
(6)	mount sinal school of medicine	J	8,051,106	COST
(7)	mount sinal school of medicine	р	839,263,414	cost
(8)	msmc realty corp	J	4,881,011	cost
(9)	mount sinal school of medicine	0	142,812,916	cost
(10)	8 east 102nd street llc	R	3,210,516	cost
(11)	msmc realty corp	q	520,000	cost
(12)	mount sinal school of medicine	n	20,629,991	cost
(13)	mount sinal school of medicine	m	19,040,232	cost
(14)	msmc residential realty corp	С	612,318	cost
(15)	msmc residential realty corp	0	4,421,496	cost
(16)	mount sınaı dıagnostıc & treament center	р	27,485,813	cost
(17)	mount sinal school of medicine	В	612,318	cost

Software ID: Software Version:

EIN: 13-1624096

Name: THE MOUNT SINAI HOSPITAL

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, and I	1	ent Co			ors					
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
peter w may chairman of board of trustees	10 0	Х		х						
frederick a klingenstein honorary chairman/trustee	10 0	Х		х						
alfred r stern honorary chairman/trustee	10 0	Х		х						
donald j gogel senior vice chairman/trustee	10 0	Х		x						
michael minikes senior vice chairman/trustee	10 0	Х		х						
robert e rubin senior vice chairman/trustee	10 0	Х		×						
james s tisch senior vice chairman/trustee	10 0	Х		×						
joel s ehrenkranz vice chairman/trustee	10 0	Х		×						
ellen katz vice chair/secretary/trustee	10 0	Х		×						
henry r kravis vice chairman/trustee	10 0	Х		X						
john a levin vice chairman/trustee eric mindich	10 0	Х		×						
vice chairman/trustee andrew m saul	10 0	Х		X						
vice chairman/trustee thomas w strauss	10 0	Х		X						
vice chairman/trustee edgar m cullman deceased 82811	10 0			×						
honorary vice chairman/trustee	10 0			×						
treasurer/trustee	10 0			X						
trustee henry calderon	5 0									
trustee peter a cohen	5 0	X								
trustee edgar m cullman jr	5 0	X								
trustee susan r cullman	5 0									
trustee blaine v fogg	5 0	X								
trustee davıd s gottesman	5 0	X								
trustee Judah gribetz	5 0	×								
trustee andrew d heineman	5 0									
trustee	<u> </u>	^			<u> </u>					

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
john b hess trustee	5 0	Х									
carl c ıcahn trustee	5 0	х									
lewis p jones	5 0	×									
trustee jo carole lauder											
trustee	5 0	Х									
patricia s levinson trustee	5 0	Х									
tony martell trustee	5 0	х									
bernard w nussbaum trustee	5 0	Х									
judith o rubin trustee	5 0	Х									
eric m ruttenberg trustee	5 0	Х									
stephen I schwartz trustee	5 0	Х									
john s winkleman trustee	5 0	Х									
dr steven b weinfeld trustee (ex-officio)	5 0	Х									
dr jephtha tausig-edwards trustee (ex-officio)	5 0	Х									
Dr Michael T Harris Trustee (Ex-Officio)	5 0	Х									
Richard Ravitch VICE CHAIRMAN/Trustee	10 0	Х		х							
JAMES W CRYSTAL VICE CHAIRMAN/TRUSTEE	10 0	Х		х							
GLENN DUBIN VICE CHAIRMAN/TRUSTEE	10 0	Х		х							
Kenneth L Davis MD CHIEF EXECUTIVE OFFICER	27 5			х				1,278,022	1,278,022	54,270	
Wayne Keathley President/COO	55 0			х				1,234,445	0	46,452	
Michael Macdonald ESQ Executive VP/General counsel	27 5			х				454,165	454,165	56,824	
donald t scanlon Executive VP & CFO	27 5			х				646,350	646,350	49,636	
jeffrey silberstein exec vp/chief admin officer	27 5			х				478,925	478,925	41,270	
connie c klepper Sr VP, Bus Dev & Managed Care	27 5			х				310,626	310,626	28,656	
mark kostegan fahp Sr VP, Development	16 5			Х				248,240	579,226	42,420	
jane maksoud Sr VP, HR & Labor Relations	25 9			х				321,282	362,297	55,550	

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
michael mccarry Sr VP, Periop Services	55 0			х				384,140	0	32,124
ira s nash md senior vp/chief med officer	55 0			х				546,054	0	46,073
michael pastier Sr VP, Finance/CFO	550			х				621,316	0	60,452
carol porter senior vp/chief nurse officer	55 0			Х				451,858	0	41,926
caryn schwab Sr VP/Exec Dır, MSHQ	55 0			Х				489,050	0	48,644
helen ırvıng vp, core services	55 0			Х				162,370	0	19,501
margaret pastuszko vp, business planning	27 5			х				301,309	301,309	47,488
maureen van benthuysen sr vp, card ınst & hosp op	55 0			х				483,114	0	30,198
jane whitney vp/chief compliance officer	28 6			х				173,003	159,695	37,534
daryl Wilkerson 1 vp, support services	44 5			Х				258,661	64,665	34,562
elana abraham 2 corporate treasurer	410			х				228,440	0	48,763
jack nelson senior vp/chief info officer	47 8				х			486,878	72,752	21,265
frank cino MS CPA vp, chief audit exec	34 1				х			213,515	130,865	45,217
KUMAR CHATANI SENIOR VP, IT, & CIO	47 8				х			230,139	34,389	2,450
David nierman md VP, Med Affairs/CMO, MSHQ	55 0					Х		475,231	0	52,831
ajoy sınha md chief, dept of orth sur & pres	55 0					Х		677,535	0	29,102
KRISTEN MYERS VP, MSMC-EPIC PROJECTS	48 0					х		458,383	68,494	28,184
ROBERT CHASSIN SR DIRECTOR - BUS DEV NET OPS	55 0					Х		384,068	0	31,880
BERNARD BIVIANO MD dr surg critical care & periop	55 0					Х		356,226	0	43,220
Burton Drayer 134 former officer	5 0						х	0	1,005,917	36,596
deborah Marın md 3 former officer	38 5						х	255,853	162,303	35,422

Additional Data

Software ID: Software Version:

EIN: 13-1624096

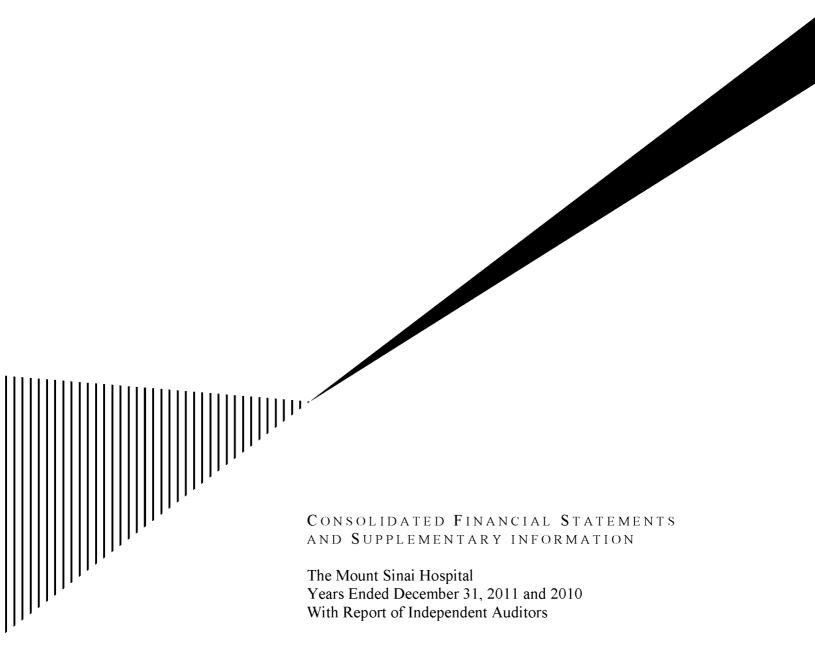
Name: THE MOUNT SINAI HOSPITAL

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DUE TO/FROM RELATED ORGS	110,569,547
DEFERRED FINANCING FEES	9,558,322
457B PLAN	4,021,639
DIAGNOSTIC & TREATMENT CTR	261,913
ROTATING RESIDENTS	1,772,962
TENANT SECURITY DEPOSITS	344,201
DEPOSITS HELD BY THIRD PARTIES	25,873
THIRD PARTIES REC POOL RELATED	27,064,638
OTHER RECEIVABLES	2,002,262
FICA RECEIVABLE	13,361,965
PROF BILLING RECEIVABLE	2,842,346
MEDICAID RETRO RECEIVABLE	14,472,492
PROF LIAB INS REC	218,270,400

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

1 (a) Description of Liability	(b) A mount
POST RETIREMENT BENEFITS	18,966,973
THIRD PARTY LIABILITIES	326,948,835
RENT SECURITY DEPOSIT	344,201
AR CREDIT BALANCES	10,795,408
MALPRACTICE INSURANCE	28,180,596
PLANNED GIFT LIABILITY	785,444
RECRUITMENT LIABILITY	10,000,000
MULTISPECIALITY LIABILITY	78,326
NOTES PAYABLE TO FFH	7,554,099
PROMISSORY NOTES PAYABLE	976,334
457B PLAN LIABILITY	4,021,639
PROFESSIONAL LIABILITIES	218,270,400
DTC	-957,673



Ernst & Young LLP



Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2011 and 2010

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Report of Independent Auditors

Board of Trustees The Mount Sinai Hospital

We have audited the accompanying consolidated statements of financial position of The Mount Sinai Hospital (the "Hospital") as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Mount Sinai Hospital at December 31, 2011 and 2010, and the consolidated results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

As discussed in Notes 1 and 6 to the accompanying consolidated financial statements, in 2011 the Hospital changed its method of accounting for estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*

Ernst + Young LLP

March 30, 2012

Consolidated Statements of Financial Position

	December 31			
		2011		2010
		(In The	อนรด	nds)
Assets				
Current assets				
Cash and cash equivalents	\$	235,991	\$	253,908
Short-term investments		228,757		220,928
Total cash and cash equivalents and short-term investments		464,748		474,836
Patient accounts receivable, less allowances for				
uncollectibles (2011 – \$42,599, 2010 – \$39,187)		202,020		186,513
Professional liabilities insurance recoveries receivable		32,741		_
Assets limited as to use		16,635		16,959
Due from related organizations, net		110,570		69,213
Inventories		20,911		20,836
Other current assets		52,719		32,494
Total current assets		900,344		800,851
Marketable securities, other investments				
and alternative investments		516,160		504,265
Assets limited as to use		113,230		65,436
Other assets		38,892		42,213
Deferred financing costs		9,558		8,225
Professional liabilities insurance recoveries receivables		185,530		_
Property, plant and equipment – net		477,442		406,445
Total assets	\$	2,241,156	\$	1,827,435

	December 31						
	2011	2010					
	(In Thousands)						
Liabilities and net assets		(In Thousands)					
Current liabilities							
Accounts payable and accrued expenses	\$ 121,06	3 \$	118,233				
Accrued salaries and related liabilities	76,00	6	66,250				
Accrued interest payable	8,85	3	9,388				
Accrued construction and capital asset liabilities	6,89	3	8,530				
Current portion of long-term debt	19,77	2	17,803				
Professional liabilities	32, 74	1	_				
Other current liabilities	17,43	57	15,228				
Total current liabilities	282,76	55	235,432				
Long-term debt, less current portion	427,68	5	383,086				
Accrued postretirement benefits	17,58	2	17,848				
Deferred gain on transfer of real estate	27,05	55	27,055				
Professional liabilities, less estimated current portion	185,53	0	_				
Other liabilities	374,09	5	342,535				
Total liabilities	1,314,71	2	1,005,956				
Commitments and contingencies							
Net assets							
Unrestricted	763,86	0	643,957				
Temporarily restricted	86,71	0	103,101				
Permanently restricted	75,87	4	74,421				
Total net assets	926,44	4	821,479				
Total liabilities and net assets	\$ 2,241,15	66 \$	1,827,435				

See accompanying notes.

Consolidated Statements of Operations

	Year Ended December 31					
		2011		2010		
	(In Thousands)					
Operating revenue						
Net patient service revenue	\$	1,628,200	\$	1,549,675		
Investment income and net realized gains on sales						
of securities		16,086		23,595		
Contributions		294		393		
Other revenue		25,561		27,797		
Net assets released from restrictions for operations		23,662		23,979		
Total operating revenue before other items		1,693,803		1,625,439		
Operating expenses						
Salaries and wages		649,748		617,859		
Employee benefits		193,287		182,424		
Supplies and other		661,660		621,145		
Depreciation		84,028		74,162		
Interest and amortization		15,076		19,924		
Bad debts		10,768		22,535		
Total operating expenses before other items		1,614,567		1,538,049		
Excess of operating revenue over operating expenses before other items		79,236		87,390		

Continued on following page.

Consolidated Statements of Operations (continued)

	Y	ear Ended Dec 2011	cember 31 2010		
	(In Thousands)				
Excess of operating revenue over operating expenses					
before other items (from previous page)	\$	79,236 \$	87,390		
Other items					
Net change in unrealized gains and losses on investments					
and change in value of alternative investments		(9,635)	27,044		
Gain on sale of interest in managed long-term care organization		_	7,709		
Third-party reimbursement settlements		34,813	22,687		
Loss on refunding and refinancing of debt		_	(9,470)		
Net change in participation in captive insurance program		6,302	11,965		
Medical residents FICA tax refund		278	13,084		
Excess of revenue over expenses		110,994	160,409		
Other changes in unrestricted net assets					
Transfers to affiliates		(11,138)	(8,013)		
Distributions from MSMC Residential Realty, LLC		612	1,116		
Transfers to the Mount Sinai School of Medicine		(612)	(1,116)		
Net assets released from restrictions for capital					
asset acquisitions		19,822	8,822		
Change in postretirement liability to be recognized					
in future periods		225	(2,282)		
Total other changes in unrestricted net assets		8,909	(1,473)		
Net increase in unrestricted net assets	\$	119,903 \$	158,936		

See accompanying notes.

The Mount Sinai Hospital

Consolidated Statements of Changes in Net Assets

	Year Ended December 31, 2011 Year Ende					Ended December 31, 2010									
			T	emporarily	Pe	rmanently				Temporarily Permanently					
	Ur	nrestricted]	Restricted	R	Restricted	Total	U	nrestricted	I	Restricted	R	Restricted		Total
							(In Th	ous	ands)						
Net assets at beginning of year	\$	643,957	\$	103,101	\$	74,421	\$ 821,479	\$	485,021	\$	87,181	\$	73,841	\$	646,043
Net increase in unrestricted net assets		119,903		_		-	119,903		158,936		_		-		158,936
Donor restricted contributions, net		_		27,093		1,453	28,546		_		48,721		580		49,301
Net assets released from restrictions															
for operations		_		(23,662)		_	(23,662)		_		(23,979)		_		(23.979)
Net assets released from restrictions															
for capital asset acquisitions		_		(19,822)		_	(19,822)		_		(8,822)		_		(8.822)
Total changes in net assets		119,903		(16,391)		1,453	104,965		158,936		15,920		580		175,436
Net assets at end of year	\$	763,860	\$	86,710	\$	75,874	\$ 926,444	\$	643,957	\$	103,101	\$	74,421	\$	821,479

See accompanying notes

Consolidated Statements of Cash Flows

	Y	Year Ended December 31 2011 2010				
		(In Thousands)				
Cash flows from operating activities		155 104				
Change in net assets	\$	104,965	\$	175,436		
Adjustments to reconcile change in net assets to net cash provided by						
operating activities		04.020		71162		
Depreciation		84,028		74,162		
Amortization of deferred financing fees, bond premium and discount		(777)		(112)		
Gain on sale of interest in managed long-term care organization		(777)		(112) (7,709)		
Net change in unrealized gains and losses on investments		_		(7.709)		
and change in value of alternative investments		9,635		(27,044)		
Loss on refunding and refinancing of debt		7,055		9,470		
Changes in				2.170		
Patient accounts receivable		(15,507)		(17,793)		
Other operating assets		(33,206)		(25,422)		
Accounts payable and accrued expenses		2,830		4,470		
Accrued salaries and related liabilities		9,756		2,270		
Accrued interest payable		(535)		(2.982)		
Due from related organizations		(41,357)		(11,788)		
Other operating liabilities		42,466		24,154		
Net cash provided by operating activities		162,298		197,112		
Cash flows from investing activities						
Acquisitions of property, plant and equipment, net		(155,025)		(96,857)		
Increase in investments – net		(23,057)		(217,732)		
(Increase) decrease in assets limited as to use		(47,470)		20,247		
Net cash used in investing activities		(225,552)		(294,342)		
Cash flows from financing activities						
Refunding of long-term debt		_		(402,895)		
Proceeds of issuance of long-term debt		65,390		376,869		
Payment of financing fees		(2,250)		(8,683)		
Principal payments on long-term debt		(17,803)		(637)		
Net cash provided by (used in) financing activities		45,337		(35,346)		
Net decrease in cash and cash equivalents		(17,917)		(132,576)		
Cash and cash equivalents at beginning of year		253,908		386,484		
Cash and cash equivalents at end of year	\$	235,991	\$	253,908		

See accompanying notes

Notes to Consolidated Financial Statements

December 31, 2011

1. Organization and Summary of Significant Accounting Policies

Organization

The Mount Sinai Hospital (the "Hospital") is a tertiary care teaching hospital located in upper Manhattan with a division in Queens, New York As a leading academic medical center, the Hospital provides a full range of ambulatory and inpatient general and specialty services to patients from the surrounding communities, across the country and around the world and operates one of the largest graduate medical education programs in the country The Mount Sinai Diagnostic & Treatment Center ("MSDTC") consists of various outpatient diagnostic and treatment clinics that provide comprehensive primary and preventive care and specialty care to its patients MSDTC is located on the Hospital's campus and commenced operations in 2004 The Hospital is the sole member of MSDTC In the accompanying consolidated financial statements, the Hospital and MSDTC are referred to collectively as the Hospital

The Hospital is closely affiliated with the Mount Sinai School of Medicine (the "School of Medicine") and its affiliates The School of Medicine is a separate legal entity and, along with the Hospital, shares a four block area campus on the upper east side of Manhattan

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Hospital and MSDTC All significant intercompany balances and transactions have been eliminated. The accompanying consolidated financial statements do not include the accounts of organizations that are related to the Hospital through common management and/or Board of Trustees, principally the School of Medicine, the Mount Sinai Medical Center, Inc ("Medical Center"), the Mount Sinai Auxiliary Board ("Auxiliary Board"), MSMC Realty Corporation ("Realty Corp"), MSMC Residential Realty, LLC ("MSMCRRC"), 8 East 102nd Street LLC, and Mount Sinai Proton Holding Company, LLC

Related Organizations

Transactions among the Hospital and the related organizations relate principally to the sharing of certain services, facilities, equipment and personnel and are accounted for on the basis of allocated cost, as agreed among the parties Amounts due from or to related organizations for these activities are currently receivable or payable and do not bear interest, except for amounts advanced by the Hospital to the School of Medicine for certain capital expenditures. The nature of the Hospital's transactions with various related organizations is described more fully in Note 10

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

The Hospital considers highly liquid financial instruments purchased with a maturity of three months or less, excluding those held in its investment portfolio and assets limited as to use, to be cash equivalents

The Hospital has balances in financial institutions that exceed federal depository insurance limits Management does not believe the credit risk related to these deposits to be significant

Patient Accounts Receivable/Allowance for Uncollectibles

Patient accounts receivable result from the health care services provided by the Hospital Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs

Investments

A substantial portion of the Hospital's investments are pooled for management purposes with those held by related entities. Investments consist of cash and cash equivalents, U.S. government and corporate bonds, money market funds, equity securities and interests in alternative investments. Debt securities and equity securities with readily determinable values are carried at fair value based on independent published sources (quoted market prices)

Alternative investments (nontraditional, not readily marketable securities) may consist of equity, debt and derivatives both within and outside the US in multi-strategy hedge funds, event-driven strategies, global investment mandates, distressed securities and private funds. Alternative investment interests generally are structured such that the investment pool holds a limited partnership interest or an interest in an investment management company. The investment pool's ownership structure does not provide for control over the related investees and the investment pool's financial risk is limited to the carrying amount reported for each investee, in addition to any unfunded capital commitment. Future funding commitments by members of the investment pool for alternative investments aggregated approximately \$80.2 million at December 31, 2011

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Individual investment holdings within the alternative investments include non-marketable and market-traded debt and equity securities and interests in other alternative investments. The Hospital may be exposed indirectly to securities lending, short sales of securities and trading in futures and forward contracts, options and other derivative products. Alternative investments often have liquidity restrictions under which the pooled investment capital may be divested only at specified times. The liquidity restrictions range from several months to ten years for certain private equity investments. Liquidity restrictions may apply to all or portions of a particular invested amount.

Alternative investments are stated in the accompanying consolidated statements of financial position based upon net asset values derived from the application of the equity method of accounting Financial information used by the Hospital to evaluate its alternative investments is provided by the respective investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee, and estimates that require varying degrees of judgment The financial statements of the investee companies are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Hospital's annual financial statement reporting

There is uncertainty in determining values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings and time lags associated with reporting by the investee companies. As a result, there is at least a reasonable possibility that estimates will change

Investment Income

Investment income is allocated to investment pool participants using the market-value unit method. The annual spending rate for pooled funds is approved by the Board of Trustees annually (see Note 8) Realized gains and losses from the sale of securities are computed using the average cost method.

In the absence of donor restrictions, investment income, including realized gains and losses, is reflected in the accompanying consolidated statements of operations as operating revenue, with net unrealized gains and losses and the change in value of alternative investments reported as other items. See Notes 3, 6 and 12 for additional information relative to investments

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Inventories

The Hospital values its inventories at the lower of cost or market using the FIFO (first-in, first-out) method

Assets Limited as to Use

Assets so classified represent assets whose use is restricted or internally designated for specific purposes under terms of agreements related to the Hospital's long-term debt and internally designated for funded depreciation requirements (see Notes 3, 4, 5 and 12) These assets consist primarily of U S Treasury obligations held in the trustee's accounts and money market funds

Deferred Financing Costs

Deferred financing costs represent costs incurred to obtain long-term financing Amortization of these costs is provided using the effective interest method. See Note 5 for additional information relative to debt-related matters

Property, Plant and Equipment

Property, plant and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at appraised or fair value established at the date of contribution. The carrying amounts of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations. Annual provisions for depreciation are made based upon the straight-line method using a half-year convention over the estimated useful lives of the assets ranging from 3 to 40 years. See Note 4 for additional information relative to property, plant and equipment

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity See Note 8 for additional information relative to temporarily and permanently restricted net assets

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Contributions

Contributions, including unconditional promises to give cash and other assets (pledges), are reported at fair value on the date received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected in temporarily restricted net assets and net assets released from restrictions in the accompanying consolidated financial statements

Unconditional Promises to Give

Unconditional promises to give are recorded when the gift is made known A receivable is established and net assets are increased by the discounted value of the promises Irrevocable trusts are recorded at the point of notification and are recorded as temporarily or permanently restricted as determined by the trust instruments Estates are estimated and recorded at the conclusion of probate

The Hospital is aware of numerous unconditional promises to give and estimates the year of receipt to the extent possible. The anticipated realizable value of the receivable, net of a present value discount of approximately \$0.2 million is reported within other assets in the accompanying consolidated statements of financial position as follows (in thousands)

2012	\$ 5,170
2013	3,626
2014	2,496
2015	1,184
2016	396
2017 and thereafter	 55
	\$ 12,927

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Performance Indicator

The consolidated statements of operations include excess of revenue over expense as the performance indicator Changes in unrestricted net assets which are excluded from excess of revenue over expenses include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and change in postretirement liability to be recognized in future periods

Use of Estimates

The preparation of financial statements in conformity with U S generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates. In the accompanying consolidated financial statements, estimates principally relate to the valuation of net accounts receivable, amounts due from and to third-party payors, the net carrying value of the Hospital's interest in the captive insurance program, estimated professional liabilities and related insurance recoveries receivable and the carrying value of alternative investments Management believes that the amounts recorded based on estimates and assumptions are reasonable and any differences between estimates and actual should not have a material effect on the Hospital's consolidated financial position. In 2011 and 2010, management realized revenue of approximately \$34.8 million and \$22.7 million, respectively, which was a result of settlements of prior years' third-party reimbursements and is reflected in the consolidated statements of operations as other items

Reclassifications

Certain reclassifications have been made to 2010 balances previously reported in order to conform with the 2011 presentation

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Tax Status

The Mount Sinai Hospital and MSDTC are Section 501(c)(3) organizations exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code They also are exempt from New York State and New York City income taxes

New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-23, *Measuring Charity Care for Disclosure* The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Hospital on January 1, 2011 and are included in the accompanying consolidated financial statements for all periods presented (see Note 2)

In September 2011, the FASB issued ASU 2011-09, *Disclosures about an Employer's Participation in a Multiemployer Plan*, that requires employers to provide additional quantitative and qualitative disclosures about an employer's involvement in multiemployer pension plans. The new disclosure requirements are included in the accompanying consolidated financial statements (see Note 15)

In July 2011, the FASB issued ASU 2011-07, Presentation and Disclosure of Patient Service Revenue Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. The new guidance requires the Hospital to change the presentation of its statement of operations by reclassifying the provision for bad debts associated with patient service revenue (net of contractual allowances and discounts) Additionally, the Hospital is required to provide enhanced disclosures about its policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The new guidance is required to be adopted by the Hospital as of January 1, 2012. The adoption of this guidance is not expected to affect the Hospital's financial condition, net result of operations or cash flows.

Notes to Consolidated Financial Statements (continued)

1. Organization and Summary of Significant Accounting Policies (continued)

Change in Accounting Principle

In August 2010, the FASB issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the new guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The new guidance became effective for the Hospital as of January 1, 2011. The change resulted in an increase to current assets and liabilities of approximately \$32.7 million and an increase to long-term assets and liabilities of approximately \$185.5 million as of December 31, 2011. As permitted, the Hospital's statement of financial position for 2010 has not been restated to reflect this accounting change, which had no effect on the Hospital's net assets or its statement of operations.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations

Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are provided and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations

Non-Medicare Reimbursement

In New York State, hospitals and all non-Medicare payors, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates If negotiated rates are not established, payors are billed at the hospitals' established charges Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State Department of Health Effective December 1, 2009, the New York State payment methodology was updated such that payments to hospitals for Medicaid, workers' compensation

Notes to Consolidated Financial Statements (continued)

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

and no fault inpatient services are based on a statewide prospective payment system, without retroactive adjustments except for the capital component of the rate, prior to December 1, 2009, the payment system provided for retroactive adjustments to payment rates, using a prospective payment formula Outpatient services also are paid based on a statewide prospective system Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services ("CMS"), which may routinely request information about such methodologies prior to approval Revenue related to specific rate components that have not been approved by CMS is not recognized until the Hospital is reasonably assured that such amounts are realizable

Adjustments to the current and prior years' payment rates for those payors will continue to be made in future years

Medicare Reimbursement

Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data. In the accompanying consolidated financial statements, such estimates are included in other current and noncurrent assets and liabilities. The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2002. Other years remain open for audit and settlement as are New York State Medicaid cost reports for prior years. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled and additional information is obtained. Additionally, noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs. The Hospital is not aware of any allegations of noncompliance that could have a material adverse effect on the consolidated financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations

Notes to Consolidated Financial Statements (continued)

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

There are various proposals at the Federal and State levels, including health care reform enacted at the Federal level, that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Hospital.

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party agreements. The significant concentrations of accounts receivable for services to patients include 19% from Medicare, 21% from Medicaid, 30% from managed care companies and 30% from commercial insurance carriers and others at December 31, 2011 (18%, 23%, 30% and 29%, respectively, in 2010)

In 2011, approximately 29% and 18% of the Hospital's net patient service revenue was from Medicare and Medicaid programs, respectively (approximately 30% and 19%, respectively, in 2010)

Uncompensated Care

As a matter of policy, the Hospital provides significant amounts of partially or totally uncompensated patient care For accounting purposes, such uncompensated care is treated either as charity care or bad debt expense The Hospital's charity care policy ensures the provision of quality health care to the community served while carefully considering the ability of the patient to pay The policy has sliding fee schedules for inpatient, ambulatory and emergency services provided to the uninsured and under-insured patients who qualify Patients are eligible for the charity care fee schedule if they meet certain income tests Furthermore, as part of its charity care and financial aid policy, the Hospital obtains and uses additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care The additional information obtained is used by the Hospital to determine whether to qualify patients for charity care and/or financial aid in accordance with the Hospital's policies For accounting and disclosure purposes, charity care is considered to be the difference between the Hospital's customary charges and the sliding charity care fee schedule rates Since payment of this difference is not sought, charity care allowances are not reported as revenue

Notes to Consolidated Financial Statements (continued)

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

The Hospital's estimated costs for charity care were \$31 8 million for 2011 and \$27 6 million for 2010. The cost of charity includes the direct and indirect cost of providing charity care services. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care. Funds received from the New York State Indigent Care Pool to offset charity services provided totaled approximately \$14.9 million and \$11.6 million for the years ended December 31, 2011 and 2010, respectively. The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement and excludes amounts designated for teaching programs.

Additionally, patients who do not qualify for sliding scale fees and all uninsured inpatients who do not qualify for Medicaid assistance are billed at the Hospital's rates Uncollected balances for these patients are categorized as bad debts Total uncompensated care as a result of bad debts for all patient services approximated \$10 8 million in 2011 and \$22 5 million in 2010

3. Investments and Assets Limited as to Use

Investments are maintained as follows

	December 31					
	 2011		2010			
	(In Thousands)					
Pooled investments	\$ 467,929	\$	468,230			
Non-pooled investments (Note 6)	 276,988		256,963			
	\$ 744,917	\$	725,193			

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use (continued)

The following table summarizes the composition of the total investment pool at carrying value, the Hospital's interests in the pooled investment components are proportionate based on the ratio of its pooled investment balance to the total of the pool

	December 31					
		2011		2010		
	(In Thousands)					
Cash and cash equivalents	\$	52,225	\$	44,204		
Fixed income						
Corporate bonds		38,817		58,219		
U S government		224		343		
Equities						
U S equities		50,708		48,826		
Non-U S equities		25,629		26,806		
Alternative investments						
Hedge funds						
Long only equity		37,249		55,233		
Hedged equity ^(a)		210,823		243,912		
Long/short credit ^(b)		83,570		86,114		
Multi-strategy ^(c)		100,921		103,682		
Open mandate ^(d)		206,232		182,808		
Macro ^(e)		96,443		76,196		
Real assets ^(f)		33,858		38,019		
Private investments						
Equity ^(g)		48,371		48,043		
Credit/distressed ^(h)		73,571		57,400		
Real assets ⁽¹⁾		24,051		25,817		
Total	\$	1,082,692	\$	1,095,622		

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use (continued)

The following table summarizes the composition of the Hospital's share of the total investment pool at carrying value

		December 31							
		2011		2010					
		(In Thousands)							
Cash and cash equivalents	\$	22,571	\$	18,891					
Fixed income									
Corporate bonds		16,776		24,881					
US government		97		147					
Equities									
U S equities		21,915		20,866					
Non-U S equities		11,077		11,456					
Alternative investments									
Hedge funds									
Long only equity		16,099		23,605					
Hedged equity ^(a)		91,116		104,239					
Long/short credit ^(b)		36,118		36,802					
Multi-strategy ^(c)		43,617		44,310					
Open mandate ^(d)		89,131		78,126					
Macro ^(e)		41,682		32,563					
Real assets ^(f)		14,633		16,248					
Private investments									
Equity ^(g)		20,905		20,532					
Credit/distressed ^(h)		31,797		24,531					
Real assets(1)	_	10,395		11,033					
Total	\$	467,929	\$	468,230					

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use (continued)

- (a) Investments consisting primarily of publicly traded equity holdings with both long and short positions
- (b) Investments consisting primarily of publicly traded credit holdings with both long and short positions
- (c) Investments with lower correlations to stock and bond markets with a balanced mix of assets and strategies Underlying exposures primarily include publicly traded equity and credit positions in event-driven, relative value and various arbitrage strategies
- (d) Investments with lower correlations to stock and bond markets Underlying exposures primarily include publicly traded equity and credit positions with a fundamental value bias Portfolios may reflect a tilt towards equity or credit positions, involve portfolio level-hedging and hold large cash positions if value opportunities are not found
- (e) Investments focused on global macro dislocations rather than micro driven opportunities Holdings are both long and short in equity, fixed income, currency and futures markets
- (f) Investments in publicly traded commodity linked exposures
- (g) Investments targeting buyout and growth equity opportunities that require time to reach realization
- (h) Investments in structured credit, claims, distressed positions of either a minority or controlling interest that require time to reach realization
- (i) Real estate and natural resources investments that require time to reach realization

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use (continued)

The return on pooled investments comprises the following for the years ended December 31

	 2011	2010					
	(In Thousands)						
Interest and dividend income Net realized gains Change in net unrealized gains and losses and	\$ 898 \$ 30,858	915 46,628					
change in value of alternative investments	(34,722)	71,579					
Total	\$ (2,966) \$	119,122					

The Hospital was allocated a total investment (loss) return from the pool based on agreements among the pool participants and donor stipulations of approximately \$(5.6) million and \$43.0 million in 2011 and 2010, respectively

Investment income and net realized gains on sales of securities comprise the following for the years ended December 31

	 2011		2010		
	(In Thousands)				
Interest, dividend and other income Net realized gain on sales of securities	\$ 12,239 3,847	\$	8,953 14,642		
•	\$ 16,086	\$	23,595		

Assets Limited as to Use

Assets limited as to use consist of the following at December 31

		2011		2010	
	(In Thousands)				
Assets held under long-term debt agreements					
Construction fund	\$	59,526	\$	_	
Debt service fund		8,377		9,332	
Debt service reserve fund		37,217		32,973	
Internally designated for debt service		8,258		7,627	
Funded depreciation		16,487		32,463	
-	\$	129,865	\$	82,395	

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use (continued)

The Medical Center has a bank letter of credit for \$10 million for the benefit of a captive insurance company in which the Hospital participates (see Note 6) The letter of credit is collateralized by \$10 million of marketable securities held by the Hospital

4. Property, Plant and Equipment

A summary of property, plant and equipment is as follows at December 31

		2011		2010
	(In Thousands)			
Land and improvements	\$	39,306	\$	14,221
Buildings and improvements	~	334,156	*	330,796
Fixed equipment		465,964		448,308
Movable equipment		498,901		414,797
		1,338,327		1,208,122
Less leasehold interest of the School of Medicine		68,146		68,146
		1,270,181		1,139,976
Less accumulated depreciation and amortization		822,744		776,294
		447,437		363,682
Capital projects in progress		30,005		42,763
	\$	477,442	\$	406,445

The Hospital capitalizes costs incurred in connection with the development of internal use software or purchased software modified for internal use In 2011 and 2010, approximately \$6 1 million and \$6 4 million were capitalized, respectively

In 2011 and 2010, the Hospital wrote off approximately \$37.6 million and \$171.5 million, respectively, of fully depreciated assets that were no longer in use In 2011, the entire adjustment of \$37.6 million was movable equipment In 2010, fixed equipment and movable equipment were adjusted by approximately \$89.1 million and \$82.4 million, respectively

Notes to Consolidated Financial Statements (continued)

4. Property, Plant and Equipment (continued)

The School of Medicine has entered into a long-term lease with the Hospital relating to a portion of the Hospital-owned Annenberg Building, which is used by the School of Medicine Accordingly, the Hospital reflects the School of Medicine's leasehold interest as a reduction of total property, plant and equipment Under the terms of the lease, the School of Medicine makes payments for its share of the building's operating expenses

At December 31, 2011 and 2010, approximately \$11.8 million is included in buildings and improvements representing amounts paid by the Hospital to the School of Medicine relating to a portion of a multipurpose building owned by the School of Medicine that is leased and used by the Hospital Under the terms of a lease agreement relative to this space, the Hospital made payments of approximately \$5.3 million in each of 2011 and 2010 for its share of the operating costs

The Hospital entered into a lease agreement with the School of Medicine for a portion of the Center for Advanced Medicine building that is used by the Hospital At December 31, 2011 and 2010, approximately \$4 7 million is included in the accompanying consolidated statements of operations representing amounts paid by the Hospital to the School of Medicine relating to the portion of the building used by the Hospital In each of 2011 and 2010, under the terms of this lease, the Hospital paid the School of Medicine approximately \$2 8 million in rent, based on the operating costs of the related portion of the building

Future minimum rental commitments under various leases with the School of Medicine are approximately \$7 8 million in 2012, \$7 6 million in 2013, \$7 4 million in 2014, \$7 2 million in 2015, \$7 0 in 2016 and \$79 9 million thereafter

Substantially all property, plant and equipment have been pledged as collateral under various debt agreements

Notes to Consolidated Financial Statements (continued)

5. Long-term Debt

A summary of long-term debt is as follows at December 31

	2011		2010
	 (In Thousands)		
Series 2010 bonds, interest rates ranging from 1 8% to 5 0% ^(a)	\$ 344,437	\$	359,690
Series 2011A bonds, interest rates ranging from 3 0% to 5 0% ^(b)	65,390		_
Accounts receivable financing(c)	22,313		24,863
	 432,140		384,553
Add net bond premium	15,317		16,336
Less current portion	19,772		17,803
	\$ 427,685	\$	383,086

- (a) In June 2010, the Hospital refunded and refinanced its outstanding Series 2000 bonds that had been issued through the Dormitory Authority of the State of New York ("DASNY"), partially at par and partially at 101% In connection with the refunding and refinancing, the Hospital recognized a loss in 2010 of approximately \$9 5 million principally related to the write off of deferred financing costs and the payment of the call premiums The new bonds (Series 2010) were issued as both taxable and tax-exempt series (approximately \$28 5 million par amount of taxable bonds and approximately \$331 2 million par amount of tax-exempt bonds issued through DASNY) The bonds mature serially through July 1, 2026
- (b) In October 2011, DASNY issued \$65.4 million of tax-exempt bonds (Series 2011A) on behalf of the Hospital The bonds were issued to finance the Hospital's share of the costs of construction of a cancer treatment center in the Center for Science and Medicine The bonds mature serially through July 1, 2041
- (c) The Hospital has a revolving, amortizing loan with a commercial bank that is scheduled to expire on October 21, 2013 Interest is payable at the 30-day London Interbank Offered Rate plus 0.5% (0.78% at December 31, 2011) on a quarterly basis, principal also is payable quarterly Under the terms of the agreement, the Hospital is required to maintain certain financial ratios and was in compliance with these ratios at December 31, 2011 and 2010

Notes to Consolidated Financial Statements (continued)

5. Long-term Debt (continued)

As security for its obligations under the Series 2010 and Series 2011A, the Hospital provided a gross revenue pledge and executed a mortgage on its patient care property. Furthermore, the Hospital agreed to limitations on its ability to transfer assets, borrow additional funds as well as other limitations. The Hospital agreed to maintain certain financial ratios, including a debt service coverage ratio, days cash-on-hand ratio and to maintain certain debt service and other reserve funds (included in assets limited as to use). The ratios are calculated semiannually. At December 31, 2011 and 2010, the Hospital was in compliance with the required financial ratios.

Principal payments on long-term debt subsequent to December 31, 2011 are as follows (in thousands)

2012	\$ 19,772
2013	37,803
2014	18,850
2015	19,720
2016	20,635

Interest paid for each of the years ended December 31, 2011 and 2010 aggregated approximately \$18 6 million and \$26 7 million, respectively In 2011, the Hospital capitalized net interest of approximately \$1 8 million relating to construction activity in progress (\$2 2 million in 2010)

Future minimum lease payments under noncancellable operating leases, excluding leases with related parties (see Notes 4 and 10), with initial or remaining terms of one year or more at December 31, 2011 consisted of the following (in thousands)

2012	\$ 2,471
2013	3,089
2014	746
2015	746
2016	 746
Total minimum lease payments	\$ 7,798

Rental expense to unrelated parties approximated \$13.9 million in 2011 and \$14.2 million in 2010

Notes to Consolidated Financial Statements (continued)

6. Professional Liabilities Insurance Program

Beginning in April 1977, primary coverage of professional and general liability incidents has been provided through participation in a pooled program with certain other health care facilities (principally hospitals) affiliated with the Federation of Jewish Philanthropies of New York This occurrence basis insurance coverage participation is with captive insurance companies and commercial insurance companies The Hospital follows the equity method of accounting for its investment in the captive insurance company associated with its medical malpractice insurance program Additionally, in connection with the pooled insurance program, the Hospital has recognized the present value of its allocated share of a portion of the program's accumulated surplus

In 2011, certain member hospitals of the captive insurance companies purchased the interest of another of its members under an agreement that requires payments to be made over the next three years. This resulted in a change of ownership percentage for each of the remaining members. As a result, the Hospital's equity in the captive insurance companies increased by approximately \$8.7 million and its liabilities increased by \$8.4 million. These amounts are included in other investments and other liabilities, respectively, in the accompanying consolidated statement of financial position at December 31, 2011.

The aggregate net carrying value of the Hospital's interests in the insurance program was approximately \$62.5 million and \$48.8 million at December 31, 2011 and 2010, respectively, which is included in other investments in the accompanying consolidated statements of financial position

The Hospital, as part owner of its malpractice captive, guarantees a certain level of investment return As a result of market losses in 2011, the Hospital and the School of Medicine are required to fund their share of market losses which totaled approximately \$17.6 million, with \$10.6 million allocated to the Hospital The liability is to be paid over a period of four years beginning in 2012 and is included in other current and other liabilities in the accompanying consolidated statements of financial position At December 31, 2011, approximately \$2.1 million of accrued interest remains from prior market losses and is included in other current liabilities in the accompanying consolidated statements of financial position

Notes to Consolidated Financial Statements (continued)

6. Professional Liabilities Insurance Program (continued)

As discussed in Note 1, in 2011, the Hospital changed the presentation of its statement of financial position to present on a gross basis its professional liabilities and insurance recoveries receivable. The undiscounted estimate of professional liabilities and the estimate for incidents that have been incurred but not reported is included in professional liabilities in the accompanying consolidated statement of financial position at the actuarially determined present value of approximately \$218.3 million based on a discount rate of 3.0% at December 31, 2011. The Hospital has recorded related insurance recoveries receivable of approximately \$218.3 million at December 31, 2011, in consideration of the expected insurance recoveries. The current portion of professional liabilities and the related insurance recoveries receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

The Hospital's estimates of professional liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

7. Pension and Similar Plans and Other Postretirement Benefits

The Hospital provides pension and similar benefits to its employees through several defined benefit multiemployer union plans and tax sheltered annuity plans Payments to the tax sheltered annuity plans are generally based on percentages of annual salaries. It is the Hospital's policy to fund accrued costs under these plans on a current basis. The Hospital's pension expense under all plans for the years ended December 31, 2011 and 2010 aggregated approximately \$44.5 million and \$37.0 million, respectively

Additionally, the Hospital and the School of Medicine jointly offer a 457(b) plan to certain of their respective employees Contributions, through payroll deductions, are made solely by the employees The contributions are maintained in individual accounts held by a custodian and remain an asset and liability of the employer until the participant terminates employment At December 31, 2011 and 2010, approximately \$4.0 million and \$3.6 million, respectively, is included in other assets and other liabilities in the accompanying consolidated statements of financial position related to the 457(b) plan

Notes to Consolidated Financial Statements (continued)

7. Pension and Similar Plans and Other Postretirement Benefits (continued)

In addition to the Hospital's pension plans, the Hospital provides health care benefits, including prescription drug benefits and life insurance benefits to its retired employees if they reach normal retirement age while still working for the Hospital

Prior to 2004, the Hospital-sponsored plan provided postretirement medical and life insurance benefits to full-time employees who had worked ten years and attained the age of 62 while in service with the Hospital During 2004, the Hospital curtailed the plan to include the requirement that employees have 20 years of consecutive service, or have attained the age of 50 with ten or more years of service by January 1, 2004 to be eligible for benefits

The postretirement plan contains cost-sharing features such as deductibles and coinsurance The postretirement plan is unfunded and the Hospital does not sponsor any other postretirement benefit plans

The Hospital recognizes the funded status (i e, the difference between the fair value of plan assets and the projected benefit obligations) of its retiree benefits plan, with a corresponding adjustment to unrestricted net assets for the portion of the unfunded liability that has not been recognized as cost. The adjustment to unrestricted net assets represents the net unrecognized actuarial losses and unrecognized prior service cost, which will be subsequently recognized as a component of net periodic pension cost through amortization

The following tables provide a reconciliation of the changes in the postretirement plan's benefit obligation and a statement of the funded status of the plan as of December 31

		2011		2010
	(In Thousands)			nds)
Reconciliation of the benefit obligation				
Obligation at January 1	\$	19,329	\$	17,527
Service cost		213		186
Interest cost		935		1,076
Actuarial net loss		18		2,471
Benefit payments		(1,528)	١	(1,931)
Obligation at December 31	\$	18,967	\$	19,329
Funded status				
Net amount recognized – current portion	\$	1,385	\$	1,481
Net amount recognized – long-term portion		17,582		17,848
Total	\$	18,967	\$	19,329

Notes to Consolidated Financial Statements (continued)

7. Pension and Similar Plans and Other Postretirement Benefits (continued)

Included in other changes in unrestricted net assets at December 31 are the following amounts that have not yet been recognized in postretirement cost

	 2011	2010
	(In Thousa	nds)
Postretirement benefits		
Unrecognized prior service cost	\$ (42) \$	(42)
Unrecognized actuarial (gain) loss	 (183)	2,324
Total	\$ (225) \$	2,282

The prior service cost and actuarial loss included in unrestricted net assets at December 31 and expected to be recognized in postretirement cost in the future are as follows

	2	011	2010
		(In Thousan	ds)
Postretirement benefits			
Unrecognized prior service (credit) cost	\$	(9) \$	33
Unrecognized actuarial loss		4,948	5,131
	\$	4,939 \$	5,164

The estimated amount to be recognized in 2012 is \$334,000

The Hospital expects to pay the following future plan benefit payments, which reflect expected future service (in thousands)

2012	\$ 1,470
2013	1,527
2014	1,544
2015	1,561
2016	1,555
2017 to 2021	7,428

Notes to Consolidated Financial Statements (continued)

7. Pension and Similar Plans and Other Postretirement Benefits (continued)

The following table provides the components of the net periodic benefit cost for the plan for the years ended December 31

	 2011		2010
	(In The	วนรสเ	nds)
Service cost	\$ 213	\$	186
Interest cost on projected benefit obligation	935		1,076
Net amortization	 244		188
Total net periodic benefit cost	\$ 1,392	\$	1,450

The weighted-average discount rate used in the measurement of the Hospital's benefit obligation was 4 40% and 5 33% for 2011 and 2010, respectively The weighted-average discount rate used in the measurement of net periodic benefit cost was 5 33% for 2011 and 6 17% for 2010

For measurement purposes relative to 2011, an annual rate of increase in the per capita cost of covered health care benefits was assumed to be initially 8 0%, grading down to an ultimate rate of 5 0% in 2014 A 5 0% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2011 The measurement date is December 31, 2011

Assumed health care cost trend rates have a significant effect on the amounts reported A 1% change in assumed health care cost trend rates would have the following effects

	2011		2010					
		1%		1%		1%		1%
	Inc	crease	D	ecrease	I	ncrease	D	ecrease
				(In The	usc	ınds)		
Effect on total of service and interest cost components of net periodic								
benefit cost	\$	13	\$	(12)	\$	37	\$	(33)
Effect on the health care component of the accumulated benefit obligation		297		(271)		689		(615)

Notes to Consolidated Financial Statements (continued)

8. Temporarily and Permanently Restricted Net Assets

Permanently restricted net assets represent endowments that have been restricted by donors to be maintained in perpetuity and invested by the Hospital The Hospital follows the requirements of the New York Prudent Management of Institutional Funds Act ("NYPMIFA") as they relate to its permanently restricted contributions and net assets, effective upon New York State's enactment of the legislation in September 2010

The Hospital has interpreted NYPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently restricted net assets the original value of the gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment Accumulations to the permanent endowment are used in accordance with the direction of the applicable donor gift The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until the amounts are appropriated for expenditure in accordance with a manner consistent with the standard of prudence prescribed by NYPMIFA In accordance with NYPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donorrestricted endowment funds (1) the duration and preservation of the fund, (2) the purposes of the Hospital and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) where appropriate and circumstances would otherwise warrant, alternatives to expenditure of the endowment fund, giving due consideration to the effect that such alternatives may have on the institution, (6) the expected total return from income and the appreciation of investments, (7) other resources of the Hospital, and (8) the investment and spending policies of the Hospital The Hospital's policies provide the guidelines for setting the annual spending rate (5%) and the treatment of any investment returns in excess of the annual spending rate. The endowment spend rate is calculated on the average three-year rolling market value of each endowed fund. Any excess investment returns beyond the spending rate, to the extent available, are added to the endowed fund and classified as temporarily restricted net assets, unless also appropriated for expenditure. The Hospital expends the income distributed from certain restricted assets on an annual basis in support of health care services (2011 distributions totaled approximately \$2 8 million)

Notes to Consolidated Financial Statements (continued)

8. Temporarily and Permanently Restricted Net Assets (continued)

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment Endowment assets are invested in a manner to provide that sufficient assets are available as a source of liquidity for the intended use of the funds, achieve the optimal return possible within the specified risk parameters, prudently invest assets in a high-quality diversified manner and adhere to the established guidelines

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

Temporarily restricted net assets are available to support program activities as stipulated by donors. Permanently restricted net assets are restricted to investment in perpetuity with the income expendable to support program activities as stipulated by donors. Temporarily restricted net assets are restricted as follows at December 31.

	 2011		2010
	(In The	วนรล	nds)
Plant replacement and plant operating funds	\$ 16,502	\$	27,396
Other specific purpose funds	 70,208		75,705
	\$ 86,710	\$	103,101

Permanently restricted net assets are restricted as follows at December 31

	 2011		2010
	 (In The	วนรสเ	nds)
Investments to be held in perpetuity, the income from which is restricted for School of Medicine	·		,
research and other purposes	\$ 27,137	\$	27,137
Investments to be held in perpetuity, the income			
from which is unrestricted as to use	 48,737		47,284
	\$ 75,874	\$	74,421

Notes to Consolidated Financial Statements (continued)

8. Temporarily and Permanently Restricted Net Assets (continued)

During 2011 and 2010, temporarily restricted net assets were released from restrictions as follows

		2011		2010
	(In Thousands)			
Capital acquisitions Other specific purpose funds (various services)	\$	19,822 23,662	\$	8,822 23,979
Other specific purpose runds (various services)	\$	43,484	\$	32,801

9. Functional Expenses

The Hospital provides inpatient and outpatient health care and related services, including graduate medical education, to patients throughout the world. It is not practicable to separately identify the expenses relating to each of the Hospital's programs. Expenses related to its services were as follows.

	 2011	2010
	(In The	ousands)
Health care related services General and administrative	\$ 1,404,674 209,893	\$ 1,338,103 199,946
General and administrative	\$ 	\$ 1,538,049

10. Related Organizations

Amounts due from (to) the Hospital's related organizations consisted of the following at December 31

	 2011		2010
	(In The	วบรสเ	nds)
The School of Medicine, net ^(a) Realty Corp ^(b) 8 East 102 nd Street LLC ^(c) MSMCRRC ^(d) Auxiliary Board	\$ 107,500 (1,781) 3,656 1,048 147		62,387 (510) 6,866 657 (187)
Total due from related organizations	\$ 110,570	\$	69,213

Notes to Consolidated Financial Statements (continued)

10. Related Organizations (continued)

(a) Transactions charged (at cost) by the Hospital to the School of Medicine totaling approximately \$839 3 million in 2011 (\$792 7 million in 2010) include payroll and benefits charges (90%) and various other shared services (10%) Included in the benefits charges are certain employee health plan claims and premiums, which are paid by the Hospital and, subsequently, charged to the School of Medicine Accordingly, the Hospital recognizes the actuarially determined liability (included in accrued salaries and related liabilities) for unreported health claims on behalf of the School of Medicine These claims are reported as expenses on the School of Medicine's financial statements

Additionally, the Hospital purchases professional services from the School of Medicine for the clinical care of its patients, teaching and supervision of its residents, the performance of certain administrative functions, and various strategic initiatives. The Hospital paid approximately \$142.8 million and \$127.8 million in 2011 and 2010, respectively, for these services

At December 31, 2011 and 2010, the Hospital was owed approximately \$9 2 million and \$8 2 million, respectively, by the School of Medicine in relation to capital building projects that are under construction

In 2011 and 2010, the Hospital transferred approximately \$0.6 million and \$1.1 million, respectively, to the School of Medicine to support certain joint strategic programs that are expected to promote the common missions of the Hospital and the School of Medicine This amount is included as a component of other changes in unrestricted net assets in the accompanying consolidated statements of operations

The increase in the amount due from the School of Medicine relates to the guarantees of certain level of investment returns related to the professional liability program, salaries and related benefits, support for strategic initiatives in advance of anticipated philanthropy, and other administrative expenses

(b) The payable to Realty Corp primarily relates to property, equipment and office space rental transactions as well as other administrative transactions. All of Realty Corp's income collected, net of expenses and reasonable estimates of anticipated liabilities, was distributed to the Hospital in 2011 and 2010 in accordance with an agreement among Realty Corp's members (included in investment income). Realty Corp distributed approximately \$3.1 million in each of 2011 and 2010.

Notes to Consolidated Financial Statements (continued)

10. Related Organizations (continued)

The Hospital has entered into a lease agreement for the rental of certain property and equipment from Realty Corp for a term of 30 years Rental expense in 2011 and 2010 relative to the lease agreement with Realty Corp was approximately \$4.9 million for each year Future minimum rental commitments under the lease are approximately \$4.6 million in 2012, \$4.3 million in 2013, \$4.3 million in 2014, \$4.3 million in 2015, \$4.1 million in 2016 and \$58.3 million thereafter

Summarized financial information for Realty Corp, in which the Hospital, School of Medicine and the Medical Center are members, at December 31 is as follows

	 2011		2010
	(In The	ousa	nds)
Total assets	\$ 27,084	\$	27,499
Total liabilities	 (33,551)		(33,966)
Net deficit	\$ (6,467)	\$	(6,467)

The School of Medicine and/or the Medical Center guarantee a significant portion of annual debt service and/or debt issued by Realty Corp

The receivable from 8 East 102nd Street LLC is related to construction that has been funded by the Hospital during 2011 and 2010 These amounts are repaid periodically from the proceeds of the 8 East 102nd Street LLC bond issuance

During 2010, 8 East 102nd Street LLC was formed under the New York State Limited Liability Company Law for the sole purpose of supporting its member corporation by managing, maintaining, holding, developing, acquiring or disposing of real property for its benefit The School of Medicine, the Medical Center and the Hospital are the members of 8 East 102nd Street Manager LLC, which is the sole member of 8 East 102nd Street LLC The Hospital guarantees a letter of credit which supports bonds issued by 8 East 102nd Street LLC, the debt had an outstanding balance of \$143 7 million and \$111 0 million at December 31, 2011 and 2010 respectively

Notes to Consolidated Financial Statements (continued)

10. Related Organizations (continued)

Summarized financial information for 8 East 102nd Street LLC at December 31 is as follows

	 2011		2010		
	(In Thousands)				
Total assets	\$ 147,599	\$	118,362		
Total liabilities	 (147,599)		(118,362)		
Member's capital	\$ _	\$	_		

Ouring 2003, as part of a financing transaction with the School of Medicine and Realty Corp, the Hospital contributed to MSMCRRC, at net book value, property totaling approximately \$17.4 million MSMCRRC was incorporated in 2003 under the New York State Not-for-Profit Corporation Law for the sole purpose of supporting its member corporations by managing, maintaining, holding, developing, acquiring or disposing of real property for their benefit MSMCRRC's members are the Hospital, the School of Medicine, Realty Corp and MSMC Residential Realty Manager, Inc

Property and equipment contributed by the Hospital, the School of Medicine and Realty Corp were utilized by MSMCRRC to secure \$125.0 million in financing from a bank, which was subsequently increased to \$145.0 million as a part of a refinancing during 2006 MSMCRRC paid approximately \$51.3 million in cash to the Hospital. The total amount received by the Hospital was based on the relative fair value of the property contributed, as compared to properties contributed by the School of Medicine and Realty Corp. that were part of the \$125.0 million financing. The amount received in excess of the net book value of the property and equipment transferred (approximately \$33.9 million) was recorded as a deferred gain on transfer of real estate. A gain will only be recognized in the consolidated statements of operations upon the sale of the property and equipment transferred to MSMCRRC to an entity that is not related to the Hospital by common ownership or control

In 2011 and 2010, MSMCRRC distributed \$0.6 million and \$1.1 million, respectively to the Hospital, which was subsequently distributed to the School of Medicine

Notes to Consolidated Financial Statements (continued)

10. Related Organizations (continued)

Summarized financial information for MSMCRRC at December 31 is as follows

	 2011		2010		
	(In Thousands)				
Total assets	\$ 101,580	\$	103,480		
Total liabilities	 (149,656)		(148,589)		
Net deficit	\$ (48,076)	\$	(45,109)		

Transfers to Affiliates

Transfers to affiliates represent the Hospital's funding of the School of Medicine's community practice plan deficits (approximately \$11 1 million – 2011, \$8 0 million – 2010)

11. Commitments and Contingencies

Litigation

The Hospital is a defendant in various legal actions arising out of the normal course of its operations, the final outcome of which cannot presently be determined. Hospital management is of the opinion that the ultimate liability, if any, with respect to all of these matters will not have a material adverse effect on the Hospital's consolidated financial position.

Collective Bargaining Agreements

Approximately 63% of the Hospital's employees are union employees who are covered under the terms of various collective bargaining agreements. Less than 1% of the Hospital's employees are covered by collective bargaining agreements that expire within the next year

Other

The Hospital is self-insured, based on individual employees' elections, for medical, dental and pharmaceutical benefits The Hospital also is self-insured for unemployment benefits Liabilities have been accrued at December 31, 2011 and 2010 based on expected future payments pertaining to such years (included in accrued salaries and related liabilities)

Notes to Consolidated Financial Statements (continued)

12. Fair Values of Financial Instruments

For assets and liabilities requiring fair value measurement, the Hospital measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Hospital follows a fair value hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, as well as considers nonperformance risk in its assessment of fair value.

Financial assets carried at fair value by the Hospital as of December 31, 2011 and 2010 are classified in the table below in one of the three categories described above

	December 31, 2011								
	Level 1			Level 2 Lev				Total	
				(In Th	ousa	nds)		_	
Cash and cash equivalents	\$	285,371	\$	_	\$	_	\$	285,371	
Fixed income									
U S government		97		208,111		_		208,208	
Corporate bonds		16,776		101,130		_		117,906	
Equities									
Ù S equities		21,915		_		_		21,915	
Non-U [°] S equities		11,077		_		_		11,077	
	\$	335,236	\$	309,241	\$	_	\$	644,477	

Notes to Consolidated Financial Statements (continued)

12. Fair Values of Financial Instruments (continued)

	December 31, 2010								
		Level 1		Level 2		Level 3	Total		
				(In Th	ouse	ands)			
Cash and cash equivalents	\$	324,384	\$	_	\$	_ \$	324,384		
Fixed income									
US government		147		132,316		_	132,463		
Corporate bonds		24,881		100,531		_	125,412		
Equities									
U S equities		20,866		_		_	20,866		
Non-U S equities		11,456		_		_	11,456		
	\$	381,734	\$	232,847	\$	\$	614,581		

The tables above exclude investments reported using the equity method of accounting

The following is a summary of total investments in the investment pool with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investments strategies of the investees

Description of Investment	Carrying Value	Unfunded Commitments		Redemption Frequency	Notice Period	Funds Availability
	(In T	hous	ands)			_
Hedge funds						
Long only equity	\$ 37,249	\$	_	Annual	30 to 180 days	30 to 60 days
Hedged equity	210,823		_	Quarterly/rolling 3 years	30 to 60 days	15 to 30 days
Multi-strategy	100,921		_	Quarterly/annually	45 to 60 days	5 to 30 days
Macro	96,443		_	Monthly/quarterly	30 to 90 days	30 days
Long/short credit	83,570		_	Quarterly/annually	90 days	30 to 60 days
Open mandate	206,232		_	Monthly/annually	60 to 180 days	15 to 30 days
Real assets	33,858		_	Annual	60 days	30 days
Private investments					•	·
Equity	48,371		13,122	N/A	N/A	N/A
Credit/distressed	73,571		59,521	N/A	N/A	N/A
Real assets	24,051		7,536	N/A	N/A	N/A
	\$ 915,089	\$	80,179			

Notes to Consolidated Financial Statements (continued)

12. Fair Values of Financial Instruments (continued)

The carrying values and fair values of the Hospital's financial instruments that are not required to be carried at fair value at December 31 are as follows

	 20	011			2010						
	Fair Value	(Carrying Value		Fair Value	(Carrying Value				
			(In The	ousa	nds)						
Long-term debt	\$ 463,808	\$	447,457	\$	398,055	\$	400,889				

The fair value of long-term debt is based on quoted market prices

13. Gain on Membership Change of Senior Health Partners, Inc.

In August 2010, the Hospital participated in the execution of a Membership Change Agreement (the "Agreement") whereby the Hospital relinquished its membership interest in Senior Health Partners, Inc., a managed long-term care plan

In accordance with the Agreement, the Hospital received proceeds of approximately \$23.7 million, of which approximately \$2.2 million was in the form of a promissory note, payable in three equal annual installments beginning in 2011

In 2010, the Hospital recorded a gain on the change in membership of approximately \$7 7 million in unrestricted net assets, and a gain on the change in membership of approximately \$16 0 million as an increase to temporarily restricted net assets until the proceeds are utilized for specific health service programs for the frail and elderly During 2011 and 2010, approximately \$3 9 million and \$3 7 million, respectively, were used for such purposes and, accordingly, such amounts have been reclassified to unrestricted net assets and reported as net assets released from restrictions for operations in the accompanying consolidated statements of operations

Notes to Consolidated Financial Statements (continued)

14. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service ("IRS") announced that, for periods ending before April 1, 2005, medical residents would be eligible for the student exception of Federal Insurance Contributions Act ("FICA") taxes Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005. Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest.

For the year ended December 31, 2010, the Hospital recorded estimated net revenue of approximately \$13 1 million related to FICA medical resident refund claims that are expected to meet the IRS requirements to be eligible for refunds For the year ended December 31, 2011, the Hospital recorded estimated net revenue of approximately \$300,000 for interest on the claims At December 31, 2011, the Hospital has recorded a net receivable of approximately \$13 4 million, included in net assets released from restriction, in the consolidated statement of financial position. This amount relates to the portion of the refund that is applicable to the Hospital and does not relate to any amounts that may be received on behalf of and due to the medical residents and other health care providers

The Hospital has established its estimate based on information presently available, the estimate is subject to change as the IRS adjudicates the claims

15. Multiemployer Pension Plans

The Hospital contributes to three multiemployer defined benefit pension plans under the terms of collective-bargaining agreements that cover its union-represented employees. The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects

- a Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers
- b If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers

Notes to Consolidated Financial Statements (continued)

15. Multiemployer Pension Plans (continued)

c If an employer chooses to stop participating in some of its multiemployer plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability

The Hospital's participation in these plans for the year ended December 31, 2011 is outlined in the table below. The "EIN Number" column provides the Employer Identification Number ("EIN") Unless otherwise noted, the most recent Pension Protection Act ("PPA") zone status available in 2011 and 2010 is for a plan's year-end at December 31, 2011 and December 31, 2010, respectively. The zone status is based on information that the Hospital received from the plans and is certified by the plans' actuaries. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is pending or has been implemented. The last column lists the expiration dates of the collective bargaining agreements to which the plans are subject. In addition, in July 2009 wage concessions were agreed to by 1199 to offset a portion of the impact of the increase in annual contributions from contributing members.

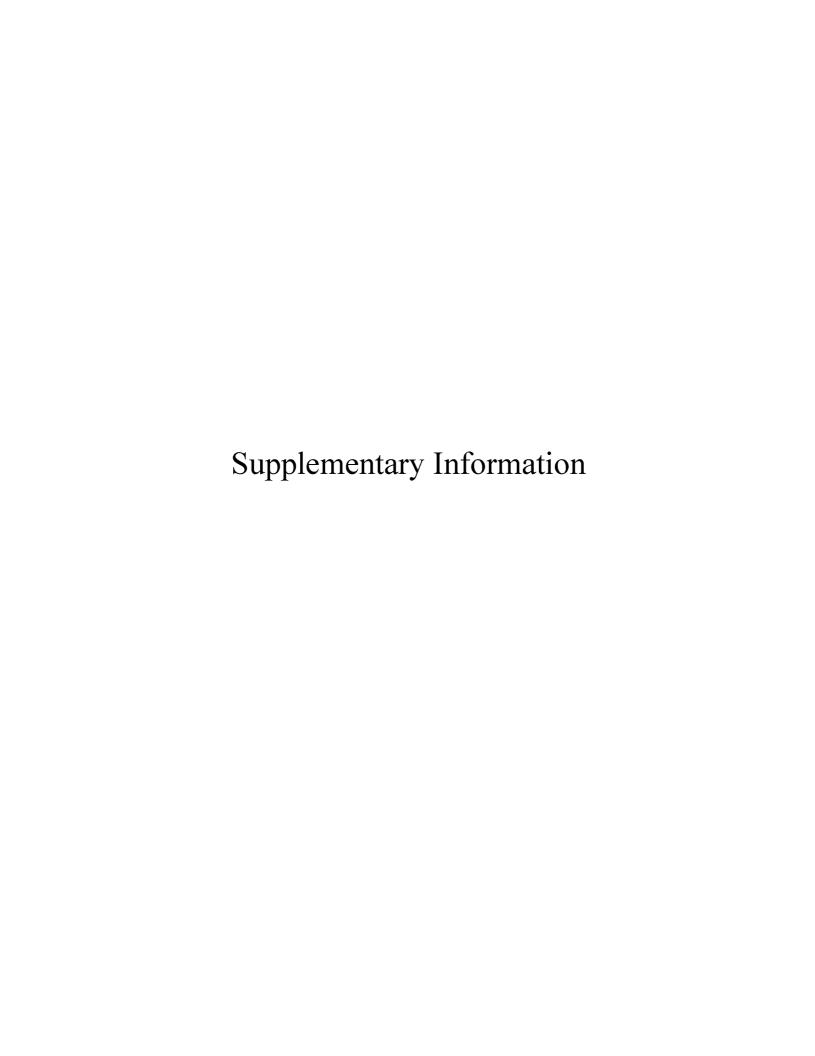
	EIN	Plan	Pension Pro Zone S		FIP/ RP Status Pending/	the H	utions by lospital ous <i>and</i> s)	Surcharge	Expiration Date of Collective- Bargaining
Pension Fund	Number	Number	2011	2010	Implemented	2011	2010	Imposed	Agreement
New York State Nurses Association Pension Plan 1199 SEIU Health Care	13-6604799	001	Green	Green	No	\$ 14.377	\$ 10.758	No	01 01 2015
Employees Pension Fund	13-3604862	001	Green as of 1 1 11 Red as of	Red as of 1 1 10 Red as of	Yes	\$ 15.075	\$ 12,552	No	04 30 2015
Local 32BJ SEIU	13-1879376	001	07 01 11	07 01 10	Yes	\$ 165	\$ 150	No	04 20 2014

The Hospital was listed in the New York State Nurses Association Pension Plan's Forms 5500 as providing more than 5% of the total contributions during each of the plan's 2010 and 2009 plan years Forms 5500 are not yet available for the plan years ended in 2011

Notes to Consolidated Financial Statements (continued)

16. Subsequent Events

GAAP establishes standards for accounting for and disclosures of events that occur after the balance sheet date but before financial statements are issued. For purposes of the accompanying consolidated financial statements, the Hospital has considered for accounting and disclosure events that occurred through March 30, 2012, the date the consolidated financial statements were issued. There were no subsequent events or transactions which either resulted in recognition in the accompanying financial statements or required additional disclosure.





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Report of Independent Auditors on Supplementary Information

Board of Trustees The Mount Sinai Hospital

We have audited the consolidated financial statements of The Mount Sinai Hospital as of and for the years ended December 31, 2011 and 2010, and have issued our report thereon dated March 30, 2012, which contained an unqualified opinion on those financial statements Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating statement of financial position and consolidating statement of operations are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole

March 30, 2012

Ernst + Young LLP

Consolidating Statement of Financial Position

Year Ended December 31, 2011 (In Thousands)

	The	Mount Sinai Hospital		MSDTC	Co	onsolidated
Assets						
Current assets						
Cash and cash equivalents	\$	235.991	\$	_	\$	235,991
Short-term investments		228,757		_		228,757
Total cash and cash equivalents and short-term investments		464.748		_		464.748
Patient accounts receivable, less allowances for uncollectibles		200,800		1.220		202,020
Professional liabilities insurance recoveries receivable		32,741		_		32,741
Assets limited as to use		16,635		_		16,635
Due from related organizations, net		110,832		(262)		110,570
Inventories		20,911		_		20,911
Other current assets		52,719				52,719
Total current assets		899.386		958		900,344
Marketable securities, other investments and alternative investments		516,160		_		516,160
Assets limited as to use		113,230		_		113,230
Other assets		38,892		_		38,892
Deferred financing costs		9,558		_		9,558
Professional liabilities insurance recoveries receivables		185,530		_		185,530
Property, plant and equipment - net		477,442		_		477,442
Total assets	\$	2,240,198	\$	958	\$	2,241,156
Liabilities and net assets Current habilities						
Accounts payable and accrued expenses	\$	121,063	\$	_	\$	121,063
Accrued salaries and related benefits		76,006		_		76,006
Accrued interest payable		8,853		_		8,853
Accrued construction and capital asset liabilities		6,893		_		6,893
Current portion of long-term debt		19,772		_		19,772
Professional liabilities		32,741		_		32,741
Other current liabilities		17,437		_		17,437
Total current liabilities		282,765		-		282,765
Long-term debt, less current portion		427,685		_		427,685
Accrued postretirement benefits		17,582		_		17.582
Deferred gain on transfer of real estate		27,055		_		27,055
Professional liabilities, less estimated current portion		185,530		_		185,530
Other liabilities		373,137		958		374,095
Total liabilities		1,313,754		958		1,314,712
Net assets						
Uniestricted		763,860		_		763,860
Temporarily restricted		86,710		_		86,710
Permanently restricted		75,874		_		75,874
Total net assets		926,444				926,444
Total liabilities and net assets	\$	2,240,198	\$		\$	2,241,156
Town manifestand net assets		TU,170	Ψ	750	Ψ	11,120

Consolidating Statement of Operations

Year Ended December 31, 2011 (In Thousands)

	The	Mount Sinai Hospital	MSDTC	Cons	solidated
Operating revenue					
Net patient service revenue	\$	1,611,802	\$ 16.398	\$	1,628,200
Investment income and net realized gains on sales of securities		16,086	_		16,086
Contributions		294	_		294
Other revenue		25,561	_		25,561
Net assets released from restrictions for operations		23,662	_		23,662
Total operating revenue before other items	_	1,677,405	16.398		1,693,803
Operating expenses					
Salaries and wages		638,453	11.295		649,748
Employee benefits		190,124	3,163		193,287
Supplies and other		646,205	15,455		661,660
Depreciation		84,028	_		84,028
Interest and amortization		15.076	-		15,076
Bad debts		8,804	1,964		10,768
Total operating expenses before other items		1,582,690	31,877		1.614.567
Excess (deficiency) of operating revenue over operating expenses					
before other items		94.715	(15.479)		79,236
Other items					
Net change in unrealized gains and losses on investments and					
change in the value of alternative investments		(9.635)	_		(9.635)
Third-party reimbursement settlements		34,813	_		34,813
Net change in participation in captive insurance program		6,302	_		6,302
Medical residents FICA tax refund		278	_		278
Excess (deficiency) of revenue over expenses		126,473	(15.479)		110,994
Other changes in unrestricted net assets					
Transfer to affiliates		(11.138)	_		(11.138)
Contributions (to) from related organizations		(15.479)	15,479		_
Distributions from MSMC Residential Realty, LLC		612	_		612
Transfers to the Mount Sinai School of Medicine		(612)	_		(612)
Net assets released from restrictions for capital asset acquisitions		19,822	-		19.822
Change in postretirement liability to be recognized in future					
periods		225			225
Total other changes in unrestricted net assets		(6.570)	15.479		8,909
Net increase in unrestricted net assets	\$	119,903	\$ _	\$	119,903

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