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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning, 2011, and ending, 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization <u>SISTERS OF CHARITY FOUNDATION OF CLEVELAND</u>		D Employer identification number
	Doing Business As		34-1832698
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
	2475 E. 22ND STREET		216-696-5560
	City or town, state or country, and ZIP + 4		
CLEVELAND, OH 44115		G Gross receipts \$	41,137,747
F Name and address of principal officer <u>SUSANNA KREY</u>			H(a) Is this a group return for affiliates? ☐ Yes ☒ No
1228 EUCLID AVENUE CLEVELAND, OH 44115			H(b) Are all affiliates included? ☐ Yes ☒ No
			If "No," attach a list (see instructions)
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527			H(c) Group exemption number ▶ 0928
J Website: ▶ <u>SOCFDCLEVELAND.ORG</u>			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1995
			M State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO SUPPORT THE MISSION AND MINISTRY OF THE SISTERS OF CHARITY OF ST. AUGUSTINE BY ADDRESSING THE NEEDS OF THE POOR AND UNDERSERVED THROUGH PROGRAMS THAT PROMOTE HEALTH, EDUCATION AND SOCIAL SERVICES.</u>			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	66,387	126,337
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,215,453	2,921,838
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,281,840	3,048,175
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,713,955	1,992,983
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	666,734	744,763
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,305,342	1,586,478
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,686,031	4,324,224
19	Revenue less expenses Subtract line 18 from line 12	(2,404,191)	(1,276,049)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	78,922,264	75,042,363
	22	Net assets or fund balances Subtract line 21 from line 20	978,359	1,058,317
			77,943,905	73,984,046

Part II Signature Block

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

Sign Here		NOVEMBER 15, 2012
	Signature of officer	Date
	MELISSA J ROGERS	ASSISTANT TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

THE SISTERS OF CHARITY FOUNDATION OF CLEVELAND IS A PUBLIC FOUNDATION DEDICATED TO FURTHERING THE MISSION, MINISTRY, AND PURPOSE OF THE SISTERS OF CHARITY OF ST. AUGUSTINE AND TO PERSONALIZE CATHOLIC VALUES BY ACTION, ADVOCACY, AND LEADERSHIP.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 1,338,617 including grants of \$ 655,577) (Revenue \$ 10,000)

THE FOUNDATION DEVELOPED AND IMPLEMENTED A NINE-PART CAPACITY BUILDING TRAINING SERIES FOR LOCAL HOMELESS SERVICE PROVIDERS, CONSISTENTLY TRAINING OVER 100 LOCAL PROVIDERS TO COLLABORATIVELY LEARN BEST PRACTICES IN PREVENTING HOMELESSNESS. THE FOUNDATION HAS CONTINUED TO WORK WITH THE CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES AND OTHER COMMUNITY PARTNERS TO ENSURE THAT FEDERAL HOMELESSNESS PREVENTION AND RAPID REHOUSING RESOURCES WERE FOCUSED ON BEST PRACTICES, MOST NOTABLY THE HOUSING FIRST INITIATIVE, WHICH CONNECTS CHRONIC HOMELESS INDIVIDUALS TO ORGANIZATIONS WHICH PROVIDE HOUSING AND SUPPORTIVE SERVICES ON SITE. THE FOUNDATION HAS ALSO BEGUN SEEKING NEW AND INNOVATIVE APPROACHES TO PREVENT AND END HOMELESSNESS AMONG YOUTH.

4b (Code) (Expenses \$ 2,024,206 including grants of \$ 1,030,621) (Revenue \$ 110,400)

THE FOUNDATION CONTINUES TO HELP CLEVELAND'S CENTRAL NEIGHBORHOOD THROUGH IMPROVING EDUCATION AND ACADEMIC ACHIEVEMENT FOR SECONDARY EDUCATION STUDENTS AS WELL AS WORKING TO IMPROVE HEALTH DISPARITIES BY IMPROVING ACCESS TO FRESH HEALTHY FOODS AND EXERCISE. IN 2011 THE FOUNDATION EXPANDED THIS PROGRAM INTO A LARGER NEIGHBORHOOD TRANSFORMATION PROJECT CALLED THE CLEVELAND CENTRAL PROMISE NEIGHBORHOOD. THE GOALS FOR THIS PROJECT INCLUDE SCHOOL READINESS, IMPROVEMENT OF LOCAL SCHOOLS AND BETTER PROGRAMS AND SERVICES AVAILABLE TO STUDENTS AS WELL AS FAMILIES TO INCREASE ACADEMIC ACHIEVEMENT AND INSTILL GRADUATION AND POST SECONDARY EDUCATION TO ALLOW THEM TO EARN A LIVEABLE WAGE.

4c (Code) (Expenses \$ 648,345 including grants of \$ 306,785) (Revenue \$)

THE FOUNDATION IS ONE OF THE FEW ORGANIZATIONS THAT PROVIDE SUPPORT FOR THE HEALTH, EDUCATION AND SOCIAL SERVICE MINISTRIES OF CATHOLIC WOMEN RELIGIOUS. IN ADDITION TO GRANTS TO SPECIFIC MINISTRIES, THE FOUNDATION SUPPORTS EFFORTS OF WOMEN RELIGIOUS TO COLLABORATE TO IMPROVE AND EXPAND THEIR SERVICES FOR THE VULNERABLE AND UNDERSERVED. THE FOUNDATION ALSO SUPPORTS RESEARCH INTO THE ROLE OF WOMEN RELIGIOUS IN MINISTRY, AND HOW TO CONTINUE THEIR WORK, AS THE NUMBER OF SISTERS IN ACTIVE MINISTRY CONTINUES TO DECLINE.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,011,168

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
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	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
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 United States? If "Yes," complete Schedule F, Parts II and IV	15	X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 21		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 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?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	19	
1b Enter the number of voting members included in line 1a, above, who are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► MELISSA J ROGERS 2475 E. 22ND STREET CLEVELAND, OH 216-696-5560

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. ABRAHAM ALLENDE BOARD MEMBER	<1	X						0	0	0
(2) JENNIFER M BELL BOARD MEMBER	<1	X						0	0	0
(3) PATRICK G. BRAY, MD BOARD MEMBER	<1	X						0	0	0
(4) HEATHER R. ETTINGER BOARD MEMBER	<1	X						0	0	0
(5) SR. EVELYN FLOWERS, CSA BOARD MEMBER	<1	X						0	0	0
(6) GIESELE ROBINSON GREENE, MD, CMCE, FACP BOARD MEMBER	<1	X						0	285,139	49,168
(7) ROBYN GORDON BOARD MEMBER	<1	X						0	0	0
(8) DAN MULLINGER BOARD MEMBER	<1	X						0	0	0
(9) DICK RUSS BOARD MEMBER	<1	X						0	0	0
(10) SR. KATHLEEN M RYAN, SND BOARD MEMBER	<1	X						0	0	0
(11) PAULINE M SEITZ BOARD MEMBER	<1	X						0	0	0
(12) LEO M SPELLACY, JR. Esq. BOARD MEMBER	<1	X						0	0	0
(13) FELTON THOMAS BOARD MEMBER	<1	X						0	0	0
(14) DANNY R WILLIAM, JD, MNO BOARD MEMBER	<1	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GEOFFREY S MEARNES CHAIR	<1	X		X				0	0	0
(16) MARY LOU V STRICKLIN VICE CHAIR	<1	X		X				0	0	0
(17) JUNE E TAYLOR VICE CHAIR	<1	X		X				0	0	0
(18) TARI RIVERA SECRETARY	<1	X		X				0	0	0
(19) ALTON TINKER TREASURER	<1	X		X				0	0	0
(20) SUSANNA H KREY PRESIDENT	16			X					267,852	51,323
(21) ROBERT C MAYNARD ASSISTANT SECRETARY	<1			X					269,518	46,128
(22) MELISSA J ROGERS ASSISTANT TREASURER	<1			X					215,328	33,008
(23) LESLIE STRNISHA SENIOR PROGRAM OFFICER	40					X		111,178		12,366
(24)										
(25)										
1b Sub-total								111,178	1,037,837	191,993
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								111,178	1,037,837	191,993

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	126,337			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			126,337		
Program Service Revenue	2a Business Code						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,005,565	1,005,565	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		(i) Real	(ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss)		0			
7a		(i) Securities	(ii) Other				
				40,005,895			
				38,089,622			
				1,916,273	0		
d		Net gain or (loss)		1,916,273	1,916,273		
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events		0			
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			3,048,175	2,921,838		

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,992,983	1,992,983		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	230,685	184,548	46,137	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	389,091	311,272	77,818	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	40,340	32,272	8,068	
9	Other employee benefits.	46,547	37,238	9,309	
10	Payroll taxes.	38,100	30,480	7,620	
11	Fees for services (non-employees):				
a	Management	403,200	322,560	80,640	
b	Legal	5,000	5,000		
c	Accounting	4,000		4,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	294,168	294,168		
g	Other	510,659	510,659		
12	Advertising and promotion.				
13	Office expenses.	105,647	88,931	16,716	
14	Information technology.	29,094	23,275	5,819	
15	Royalties.				
16	Occupancy.	121,911	97,529	24,382	
17	Travel.	17,341	17,341		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	64,718	58,246	6,472	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	21,168		21,168	
23	Insurance.	740		740	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS EXPENSES	8,832	4,666	3,166	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	4,324,224	4,011,168	312,055	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	32,967	2	139,722
	3 Pledges and grants receivable, net		3	25,000
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,108	9	8,833
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 250,037		
	b Less accumulated depreciation	10b 202,465	52,209	10c 47,572
	11 Investments—publicly traded securities	78,828,980	11	74,821,236
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,922,264	16	75,042,363	
Liabilities	17 Accounts payable and accrued expenses	99,636	17	116,476
	18 Grants payable	878,723	18	866,341
	19 Deferred revenue		19	75,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	978,359	26	1,058,317
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	77,800,091	27	73,843,913
	28 Temporarily restricted net assets	800	28	800
	29 Permanently restricted net assets	143,014	29	139,334
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	77,943,905	33	73,984,047
34 Total liabilities and net assets/fund balances	78,922,264	34	75,042,364	

Part XI Reconciliation of Net AssetsCheck 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	3,048,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,324,224
3	Revenue less expenses Subtract line 2 from line 1	3	(1,276,049)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,943,905
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(2,683,808)
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	73,984,048

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

Employer identification number

34-1832698

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☒ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SISTERS OF CHARITY OF ST. AUGUSTINE	34-0714763	1	x		x		x		0
(B)									
(C)									
(D)									
(E)									
Total									0

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► ☐		
b 33¹/₃% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 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 in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
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 more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

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

If the organization answered "Yes" 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, Part V, line 35c (Proxy Tax), then

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

Name of organization

Employer identification number

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

34-1832698

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2011

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0													
d Other exempt purpose expenditures		71,750													
e Total exempt purpose expenditures (add lines 1c and 1d)		71,750													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		14,350													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		3,588													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		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?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

34-1832698

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

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

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

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

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

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

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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 X, line 2, 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.

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A. CULTURAL EXCHANGE 12624 LARCHMERE CLEVE OH 44120	34-1759189		25,000	0	0	0	EDUCATION
(2) BEECH BROOK 3737 LANDER CLEVE OH 44124	34-0714597		32,000	0	0	0	HEALTH
(3) BIG BROS. & SIS. OF GR. CLEVE 4614 PROSPECT CLEVE OH 44103	34-1038700		33,500	0	0	0	EDUCATION
(4) BOY SCOUTS OF AMERICA 2241 WOODLAND CLEVE OH 44120	22-1576300		20,000	0	0	0	EDUCATION
(5) BURTON BELL CARR DEV 7201 KINSMAN CLEVE OH 44114	34-1657533		6,000	0	0	0	HOUSING
(6) CARE ALLIANCE 1530 ST CLAIRE CLEVE OH 44114	34-1748776		10,000	0	0	0	HEALTH
(7) CARSON SCHOLARSHIP FUND INC 305 W CHESAPEAKE TOWSEN MD 21204	52-1851346		15,000	0	0	0	EDUCATION
(8) CASE WESTERN RESERVE UNIV 10900 EUCLID CLEVE 44106	34-1018992		190,000	0	0	0	HEALTH
(9) CATHOLIC CHARITIES COMM 7911 DETROIT CLEVE 44102	26-1323950		9,200	0	0	0	COMMUNITY OUTREACH
(10) CATHOLIC CHARITIES HUNGER 1736 SUPERIOR CLEVE 44114	34-1908590		10,000	0	0	0	HOUSING
(11) CATHOLIC CHARITIES USA 66 CANAL CTR PLAZA ALEXANDRIA VA 22314	53-0196620		19,500	0	0	0	COMMUNITY OUTREACH
(12) CATHOLIC COMM CONNECTION 2475 E 22ND ST CLEVE 44115	16-1635599		18,650	0	0	0	COLLABORATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
- 3 Enter total number of other organizations listed in the line 1 table 12

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

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

 Department of the Treasury
 Internal Revenue Service

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

(cont'd) PAGE 2

Employer identification number

34-1832698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HUNGER ALLIANCE 3634 EUCLID CLEVELAND OH 44115	23-7303509		56,040	0 0	0		HUNGER
(2) CLEVELAND DEPT. OF PUBLIC HEALTH 1925 ST. CLAIRE CLEVELAND OH 44114	34-6000646		20,000	0 0	0		HEALTH
(3) CLEVELAND FOODBANK INC. 15500 S. WATERLOO CLEVELAND OH 44110	34-1292848		6,000	0 0	0		HUNGER
(4) CLEVELAND HOUSING NETWORK 2999 PAYNE CLEVELAND OH 44114	34-1346763		10,000	0 0	0		HOUSING
(5) CLEVELAND MEDIATION CENTER 2012 W 25TH CLEVELAND OH 44113	34-1369412		15,000	0 0	0		COLLABORATION
(6) COALITION ON HOMELESSNESS 175 S 3RD ST COLUMBUS OH 43215	31-1189029		25,000	0 0	0		HOUSING
(7) COLLEGE NOW GR CLEVELAND 200 PUBLIC SQ CLEVELAND OH 44114	34-6580096		16,350	0 0	0		EDUCATION
(8) COMM. RE-ENTRY FOR WOMEN 1468 W 25TH ST CLEVELAND OH 44113	34-1417120		15,000	0 0	0		WOMEN'S HEALTH
(9) COOLEY AVE. CHURCH OF GOD 12401 COOLEY CLEVELAND OH 44114	34-1427117		8,000	0 0	0		COLLABORATION
(10) CUYAHOGA HEALTH ACCESS 1530 ST. CLAIRE CLEVELAND OH 44114	27-1217221		6,000	0 0	0		HEALTH
(11) DIABETES PARTNERSHIP CLEVELAND 3601 S. GREEN CLEVELAND OH 44122	34-0762558		14,700	0 0	0		HEALTH
(12) DOMESTIC VIOLENCE CENTER PO BOX 5466 CLEVELAND OH 44101	34-1278377		7,000	0 0	0		WOMEN'S HEALTH

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

3 Enter total number of other organizations listed in the line 1 table

12

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

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No 1545-0047

2011
**Open to Public
Inspection**

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Employer identification number

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

(CONT'D) PAGE 3

34-1832698

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II

 can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DOMINUM SISTERS OF PEACE... 2320 AIRPORT COLUMBUS OH 43219	26-3550703		15,000	0 0	0		WOMEN RELIGIOUS
(2) ENTERPRISE COMM PARTNERS... 3500 LORAIN CLEVELAND OH 44113	52-1231931		75,000	0 0	0		COLLABORATION
(3) FUNDERS TOGETHER... 240 NEWBURY BOSTON MA 02116	27-3033048		25,000	0 0	0		COLLABORATION
(4) GOLDEN CIPHERS... 5704 BROADWAY CLEVELAND OH 44127	34-1970795		22,946	0 0	0		HEALTH
(5) GREATER CLEVELAND RTA... 1240 W 6TH ST CLEVELAND OH 44113	34-1170830		30,000	0 0	0		TRANSPORTATION
(6) HUMILITY OF MARY HOUSING... 3250 W MARKET AKRON OH 44333	25-1592420		15,000	0 0	0		HOUSING
(7) JOSEPH'S HOME, INC... 2412 COMM COLLEGE CLEVELAND OH 44115	34-1901676		23,000	0 0	0		HOUSING & HEALTH
(8) LIGHT OF HEARTS VILLA, INC... 283 UNION BEDFORD OH 44146	34-1619270		15,000	0 0	0		ELDER CARE
(9) MENTAL HEALTH FOR HOMELESS... 1744 PAYNE CLEVELAND OH 44114	34-1607734		51,668	0 0	0		HEALTH
(10) NEIGHBORHOOD LDRSHIP INST... 1761 E 30TH CLEVELAND OH 44114	01-0621494		50,000	0 0	0		HOUSING
(11) NEW AVE TO INDEPENDENCE... 17608 EUCLID CLEVELAND OH 44112	34-0871661		10,000	0 0	0		HEALTH
(12) OH GRANTMAKERS FORUM... 37W BROAD COLUMBUS OH 43215	31-1111842		10,000	0 0	0		COLLABORATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 12

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

Employer identification number

34-1832698

OMB No 1545-0047

2011**Open to Public
Inspection****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.☒ Yes ☐ No**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II

can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OH. STATE UNIV. EDN. 1480 W LANE COLUMBUS OH 43221	31-1145986		79,349	0 0	0 0	0	EDUCATION
(2) PM. FOUNDATION, INC. 4909 LORAIN CLEVE OH 44102	34-6608706		13,600	0 0	0 0	0	COLLABORATION
(3) POLICY MATTERS, OHIO 3631 PERKINS CLEVE OH 44114	34-1921881		10,000	0 0	0 0	0	COLLABORATION
(4) PROGRESSIVE ARTS ALLIANCE 2310 SUPERIOR CLEVE OH 44114	01-0573988		26,600	0 0	0 0	0	EDUCATION
(5) PROJECT HOPE 799 E 82ND CLEVE OH 44103	80-0241946		8,000	0 0	0 0	0	EDUCATION
(6) PROJECT LEARN 2728 EUCLID CLEVE OH 44115	34-1664385		39,875	0 0	0 0	0	EDUCATION
(7) REGINA HEALTH CENTER 5232 BROADVIEW RICHELIEU OH 44286	34-1722394		51,355	0 0	0 0	0	ELDER CARE
(8) SHOES & CLOTHES FOR KIDS 4614 PROSPECT CLEVE OH 44103	34-1554285		10,000	0 0	0 0	0	COLLABORATION
(9) SISTER JEROME'S SCHOOLS 44 ESSEX YOUNGSTOWN OH 44502	34-1202596		15,000	0 0	0 0	0	HOUSING
(10) SOC. HEALTH SYSTEM 2475 E 22ND CLEVE OH 44115	34-1379356		6,000	0 0	0 0	0	COLLABORATION
(11) CENTERING SPACE 14812 LAKE CLEVE OH 44107	34-0714763		12,000	0 0	0 0	0	HEALTH
(12) SISTERS OF NOTRE DAME 13000 AUBURN CHARDON OH 44024	34-0714382		28,000	0 0	0 0	0	WOMEN RELIGIOUS

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

12

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

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

 Department of the Treasury
 Internal Revenue Service

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SISTERS OF ST. FRANCIS 6832 CONVENT SYLVANIA OH 43560	34-4450509		20,000	0 0	0 0	0	WOMEN RELIGIOUS
(2) SISTERS OF HUMILITY OF MARY 20015 DETROIT RR OH 44116	25-0989253		27,000	0 0	0 0	0	WOMEN RELIGIOUS
(3) SOC. FDN. OF SOUTH CAROLINA 2711 MIDDLEBURG COLUMBIS SC 29204	57-0708391		20,000	0 0	0 0	0	WOMEN RELIGIOUS
(4) SOMMER ON THE CUYAHOGA PO BOX 421 CHAGRIN FALLS OH 44022	20-1749176		6,000	0 0	0 0	0	EDUCATION
(5) ST. VINCENT CHARITY MED. CTR. 2351 E 22ND ST CLEVELAND OH 44115	34-1893452		137,781	0 0	0 0	0	HEALTH & EDUCATION
(6) SUITE 1300 SERVICES INC. 1422 EUCLID CLEVELAND OH 44115	30-0096415		20,000	0 0	0 0	0	HOUSING
(7) TASKFORCE ON VIOLENT CRIME 2239 E 14TH ST CLEVELAND OH 44115	34-1464549		50,000	0 0	0 0	0	COLLABORATION
(8) THE CLEVELAND FOUNDATION 1422 EUCLID CLEVELAND OH 44115	34-0714588		125,900	0 0	0 0	0	COLLABORATION
(9) THE FREE MEDICAL CLINIC 12201 EUCLID CLEVELAND OH 44106	23-7078501		20,000	0 0	0 0	0	HEALTH
(10) THE QUADRANGLE 1900 EUCLID CLEVELAND OH 44115	34-1387460		25,000	0 0	0 0	0	COLLABORATION
(11) ROCK COMMUNITY CHURCH 9403 GARFIELD GARFIELD HTS OH 44126	30-0088461		6,800	0 0	0 0	0	COLLABORATION
(12) TRINITY EPISCOPAL CATHEDRAL 2230 EUCLID CLEVELAND OH 44115	31-1629166		7,000	0 0	0 0	0	COLLABORATION

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

34-1832698

Part I General information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) URBAN LEAGUE OF GR. CLEVELAND 2930 PROSPECT CLEVELAND OH 44114	34-0720563		28,000	0 0	0		HOUSING
(2) URSULINE ACADEMY OF CLEVELAND 2600 LANDER PEPPER PIKE OH 44124	34-0832279		10,000	0 0	0		EDUCATION
(3) VOICES FOR OH CHILDREN 3634 EUCLID CLEVELAND OH 44115	34-1941907		25,000	0 0	0		EDUCATION
(4) W 58TH ST CHURCH OF GOD 3150 W 58TH CLEVELAND OH 44102	34-1279802		7,100	0 0	0		HUNGER
(5) YMCA OF GREATER CLEVELAND 2200 PROSPECT CLEVELAND OH 44115	34-0714728		57,500	0 0	0		HOUSING
(6) YOUTH OPPORTUNITIES LMTD 1361 EUCLID CLEVELAND OH 44115	34-1381135		38,800	0 0	0		EDUCATION
(7) _____							
(8) _____							
(9) _____							
(10) _____							
(11) _____							
(12) _____							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6							
3 Enter total number of other organizations listed in the line 1 table ▶ 6							

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

Schedule I (Form 990) (2011)

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
Part III can be duplicated if additional space is needed

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

THE SISTERS OF CHARITY OF CLEVELAND BEGINS ITS GRANT AWARD PROCESS BY REVIEWING GRANT PROPOSALS TO ENSURE THAT FOUNDATION GUIDELINES ARE MET FOR MISSION, GEOGRAPHIC AREA, PROGRAM AREA, AND POPULATION SERVED. REQUIRED DOCUMENTS FROM POTENTIAL GRANTEEES INCLUDE AUDITED FINANCIAL STATEMENTS, IRS DETERMINATION LETTER AND IRS FORM 990. AFTER INITIAL VERIFICATION HAS TAKEN PLACE, A PROGRAM OFFICER/GRANTS MANAGER IS ASSIGNED TO EACH PROPOSAL. ADDITIONALLY, SITE VISITS ARE CONDUCTED WITH REPRESENTATIVES FROM THE ORGANIZATION, AND A NARRATIVE SUMMARY IS COMPLETED FOR THE DISTRIBUTION/GRANT COMMITTEE. ALL PROPOSALS ARE THEN CAREFULLY REVIEWED BY STAFF AND DISTRIBUTION/GRANT COMMITTEE TO IDENTIFY THOSE APPLICATIONS THAT BEST SERVE THE FOUNDATION'S MISSION, AND ANALYZE THE PROPOSED BUDGETS TO FULFILL OBLIGATIONS AS STEWARDS OF THE FOUNDATION FUNDS. AFTER THE SELECTION PROCESS IS COMPLETE, THE DISTRIBUTION/GRANT COMMITTEE MAKES ITS RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS AT ITS NEXT SCHEDULED MEETING. AFTER A GRANT IS AWARDED, GRANTS ARE MONITORED THROUGH SITE VISITS TO ENSURE PROPER USE OF THE FUNDS. PERIODIC REPORTS AND BUDGETARY INFORMATION ARE REQUIRED AND REVIEWED FOR CONSISTENCY AND ADHERENCE TO THE PROGRAM GOALS AND OBJECTIVES WHEN THE GRANT HAS ENDED. CLOSED GRANT/FINAL EVALUATION REPORTS ARE COMPLETED AND REVIEWED BY PROGRAM OFFICER/GRANTS MANAGER FOR COMPLIANCE WITH THE GRANT AGREEMENT AND USED AS AN INTERNAL DOCUMENT FOR FUTURE FUNDING REQUESTS. GRANT FILES ARE ARCHIVED ELECTRONICALLY FOR FUTURE REFERENCE.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

Employer identification number

34-1832698

Part 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. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☐ Travel for companions	☐ Payments for business use of personal residence										
☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <table border="0"> <tr> <td>☒ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☒ Independent compensation consultant</td> <td>☒ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☒ Approval by the board or compensation committee</td> </tr> </table>	☒ Compensation committee	☐ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee					
☒ 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 or a related organization. <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>X</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>X</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>X</td> </tr> </table> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	X	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X		
a Receive a severance payment or change-of-control payment?	4a	X									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X									
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.											
5 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 <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>X</td> </tr> </table> If "Yes" to line 5a or 5b, describe in Part III.	a The organization?	5a	X	b Any related organization?	5b	X					
a The organization?	5a	X									
b Any related organization?	5b	X									
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 <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>X</td> </tr> </table> If "Yes" to line 6a or 6b, describe in Part III.	a The organization?	6a	X	b Any related organization?	6b	X					
a The organization?	6a	X									
b Any related organization?	6b	X									
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. <table border="0"> <tr> <td>7</td> <td>X</td> <td></td> </tr> </table>	7	X									
7	X										
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. <table border="0"> <tr> <td>8</td> <td></td> <td>X</td> </tr> </table>	8		X								
8		X									
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <table border="0"> <tr> <td>9</td> <td></td> <td></td> </tr> </table>	9										
9											

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

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT C. MAYNARD	(i) 265,618	(ii) 3,900	(iii) 0	45,628	4,500	319,646	0
2 MELISSA J. ROGERS	(i) 215,328	(ii) 0	(iii) 0	21,968	11,040	248,336	0
3 SUSANNA KREY *	(i) 263,010	(ii) 4,842	(iii) 0	40,283	11,040	319,175	0
4 * SEE NOTE ON PART III							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

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

PART I, LINE 7 - SENIOR EXECUTIVE STAFF ARE ELIGIBLE FOR DISTRIBUTIONS THROUGH A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP).

PART II - SUSANNA H KREY SERVED DUAL ROLES AS THE PRESIDENT OF THE SISTERS OF CHARITY FOUNDATION OF CLEVELAND AND AS SENIOR VICE PRESIDENT FOR FOUNDATIONS, OUTREACH MINISTRIES, AND EXTERNAL AFFAIRS FOR THE SISTERS OF CHARITY HEALTH SYSTEM IN 2011. SHE IS PAID BY THE SISTERS OF CHARITY HEALTH SYSTEM, HOWEVER A PORTION OF HER SALARY IS CHARGED TO THE FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

Employer identification number

34-1832698

FORM 990 PART VI

LINES 6, 7a & 7b - SISTERS OF CHARITY HEALTH SYSTEM (SCHS) IS THE SOLE MEMBER OF THE SISTERS OF CHARITY
FOUNDATION OF CLEVELAND (SCFC). RESERVED POWERS OF THE MEMBER INCLUDE THE POWER AND AUTHORITY TO BORROW OR LEND
MONEY, THE PURCHASE AND SALE OF CERTAIN PROPERTY, THE APPOINTMENT AND RENEWAL OF THE CODE OF REGULATIONS AND
THE ARTICLES OF INCORPORATION, THE ELECTION OF DIRECTORS AND THE DETERMINATION OF CORPORATE PHILOSOPHY.

LINES 8a & 8b - MINUTES ARE TAKEN AT ALL BOARD AND COMMITTEE MEETINGS AND ARE INCLUDED IN THE BOARD PACKETS
FOR EACH MEETING.

LINE 11a - SCFC'S FORM 990 WAS PREPARED BY MANAGEMENT. A DRAFT COPY WAS MADE AVAILABLE TO ALL BOARD
MEMBERS PRIOR TO THE FILING DATE.

LINE 12c - CONFLICTS OF INTEREST ARE ADDRESSED VIA ANNUAL QUESTIONNAIRES GIVEN TO ALL DIRECTORS, OFFICERS, AND
KEY EMPLOYEES THESE ARE REVIEWED BY GENERAL COUNSEL/CHIEF COMPLIANCE OFFICER OF SCHS.

LINE 15b - THE SCHS EXECUTIVE COMMITTEE FUNCTIONS AS A COMPENSATION COMMITTEE OF THE BOARD WHICH REVIEWS
COMPENSATION FOR THE PRESIDENT, DIRECTORS, AND KEY EMPLOYEES. INFORMATION PROVIDED TO THE COMMITTEE INCLUDES
SALARY, BONUS AND INCENTIVE COMPENSATION, DEFERRED COMPENSATION, AND OTHER BENEFITS. SCHS ALSO UTILIZES AN
OUTSIDE CONSULTANT WHICH PROVIDES MARKET DATA FOR SIMILAR POSITIONS AT OTHER ORGANIZATIONS.

LINE 18 - SCFC'S FORM 990 IS AVAILABLE UPON REQUEST OR VIA WWW.GUIDESTAR.ORG

LINE 19 - SCFC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

PART VII SECTION A - ALL EMPLOYEES OF SCFC ARE PAID BY SCHS EIN 34-1379356

PART XI LINE 5 - UNREALIZED LOSS ON INVESTMENTS (2,683,808)

PART XII

LINE 2c - THE AUDIT COMMITTEE OF SCHS OVERSEES THE AUDIT, REVIEWS THE REPORT AND RECOMMENDS IT TO THE BOARD.

Name of the organization

Employer identification number

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

34-1832698

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

PAGE 1 OF 3

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

2011

**Open to Public
Inspection**

Employer identification number

34-1832698

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(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 controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SISTERS OF CHARITY FOUNDATION OF SOUTH CAROLINA COLUMBIA, SC 57-0708391	CHARITABLE FDN	SOUTH CAROLINA	501(C)(3)	11a	SCHS		X
(2) SISTERS OF CHARITY FOUNDATION OF CANTON CANTON, OH 34-1832697	CHARITABLE FDN	OHIO	501(C)(3)	11a	SCHS		X
(3) SISTERS OF CHARITY OF ST. AUGUSTINE HEALTH SYSTEM CLEVELAND, OH 34-1379356	CHARITABLE ORG.	OHIO	501(C)(3)	11a	N/A		X
(4) SISTERS OF CHARITY OF ST AUGUSTINE/ROMAN CATHOLIC CHURCH RICHFIELD, OH 34-0714763	RELIGIOUS ORDER FORMER HOSPITAL PARTNERSHIP	OHIO	501(C)(3)	1	N/A		X
(5) CSA HEALTH NETWORK CLEVELAND, OH 34-1405976		OHIO	501(C)(3)	11a	SCHS		X
(6) HEALTHY LEARNERS COLUMBIA, SC 57-1127197							
(7) EARLY CHILDHOOD RESOURCE CENTER CANTON OH 34-0714462	CHARITABLE ORG.	SOUTH CAROLINA	501(C)(3)	11a	SCHS		X
	CHARITABLE ORG.	OHIO	501(C)(3)	11a	FDN OF CANTON		X

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

► Attach to Form 990. ► See separate instructions.

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

► See separate instructions.

OMB No 1545-0047

2011**Open to Public
Inspection**

Employer identification number

34-1832698

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(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 controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SISTERS OF CHARITY PROVIDENCE HOSPITALS COLUMBIA, SC 57-0314409	HOSPITAL	SOUTH CAROLINA	501(C)(3)	3	SCHS		X
(2) JOSEPH'S HOME CLEVELAND, OH 34-1901676	TRANSITIONAL HOUSING	OHIO	501(C)(3)	9	SCHS		X
(3) SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES COLUMBIA, SC 36-4506347	CHARITABLE ORG.	SOUTH CAROLINA	501(C)(3)	7	SOC FDN OF S.C.		X
(4) REGINA HEALTH CENTER RICHFIELD, OH 34-1722394	RETIREMENT HOME	OHIO	501(C)(3)	9	SCHS		X
(5) ST. JOHN HOSPITAL CLEVELAND, OH 34-0714504	CHARITABLE ORG.	OHIO	501(C)(3)	11a	SCHS		X
(6) MERCY MEDICAL CENTER CANTON, OH 34-1893439	HOSPITAL	OHIO	501(C)(3)	3	SCHS		X
(7) ST. VINCENT CHARITY MEDICAL CENTER CLEVELAND, OH 34-07144756	HOSPITAL	OHIO	501(C)(3)	3	SCHS		X

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Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

SISTERS OF CHARITY FOUNDATION OF CLEVELAND

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

2011**Open to Public
Inspection**

Employer identification number

34-1832698

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

	(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 controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ST. VINCENT CHARITY DEVELOPMENT CORPORATION CLEVELAND, OH 27-1602445	CHARITABLE ORG.	OHIO	501(C)(3)	11a	ST VINCENT CHARITY MEDICAL CENTER		X
(2)	MERCY DEVELOPMENT FOUNDATION CANTON OH 35-2408321	CHARITABLE ORG	OHIO	501(C)(3)	11a	MERCY MEDICAL CENTER		X
(3)	PROVIDENCE HOSPITALS DEVELOPMENT FOUNDATION COLUMBIA SC 27-1140183	CHARITABLE ORG	SOUTH CAROLINA	501(C)(3)	11a	PROVIDENCE HOSPITALS		X
(4)								
(5)								
(6)								
(7)								

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Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MERCY PROFESSIONAL CARE CORPORATION CANTON, OH 34-1873008	MEDICAL SERVICES	OHIO	MERCY MEDICAL CENTER	C CORP	(3,933,287)	818,562	100%
(2) CUYAHOGA PHYSICIAN NETWORK CLEVELAND, OH 34-1634990	MEDICAL SERVICES	OHIO	ST VINCENT CHARITY MEDICAL CTR	C CORP	(4,068,300)	2,881,333	100%
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		1a X
c Gift, grant, or capital contribution from related organization(s)		1b X
d Loans or loan guarantees to or for related organization(s)		1c X
e Loans or loan guarantees by related organization(s)		1d X
f Sale of assets to related organization(s)		1e X
g Purchase of assets from related organization(s)		1f X
h Exchange of assets with related organization(s)		1g X
i Lease of facilities, equipment, or other assets to related organization(s)		1h X
j Lease of facilities, equipment, or other assets from related organization(s)		1i X
k Performance of services or membership or fundraising solicitations for related organization(s)		1j X
l Performance of services or membership or fundraising solicitations by related organization(s)		1k X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1l X
n Sharing of paid employees with related organization(s)		1m X
o Reimbursement paid to related organization(s) for expenses		1n X
p Reimbursement paid by related organization(s) for expenses		1o X
q Other transfer of cash or property to related organization(s)		1p X
r Other transfer of cash or property from related organization(s)		1q X
		1r X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information

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