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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
THE MT SINAI HEALTH CARE FOUNDATION
% MELANIE GAVIN
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
11000 EUCLID AVE ALLEN MEM MED

City or town, state or province, country, and ZIP or foreign postal code
CLEVELAND, OH 441061714

D Employer identification number
34-1777878

E Telephone number
(216) 421-5500

G Gross receipts $ 21,600,978

F Name and address of principal officer
MITCHELL BALK
11000 EUCLID AVENUE
CLEVELAND, OH 441061714

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW MTSINAIFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HEALTH GRANT MAKER AND SUPPORTING ORGANIZATION TO THE JEWISH FEDERATION OF CLEVELAND (THE FEDERATION)

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	158,537
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-8,872

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,373	36,855
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,587,420	10,042,463
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-148,325	-46,477
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,454,468	10,032,841
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,311,922	5,683,795
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	776,681	885,495
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	375,044	428,208
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,463,647	6,997,498
19	Revenue less expenses Subtract line 18 from line 12	-3,009,179	3,035,343

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	147,940,861	154,830,031
21	Total liabilities (Part X, line 26)	12,479,900	11,939,127
22	Net assets or fund balances Subtract line 21 from line 20	135,460,961	142,890,904

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

****** 2019-03-12
Signature of officer Date

MITCHELL BALK PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jacob Cook	Jacob Cook			P01240455

Firm's name ▶ BDO USA LLP | Firm's EIN ▶
Firm's address ▶ 32125 SOLON ROAD STE 200 SOLON, OH 44139 | Phone no (440) 248-8787

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO SUPPORT THE JEWISH FEDERATION OF CLEVELAND BY ASSISTING GREATER CLEVELAND'S ORGANIZATIONS AND LEADERS TO IMPROVE THE HEALTH AND WELL BEING OF THE JEWISH AND GENERAL COMMUNITIES NOW AND FOR THE GENERATIONS TO FOLLOW

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 6,469,120 including grants of $ 5,683,795) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 6,469,120

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	7		
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?		1c		
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	6		
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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
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)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
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?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
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?		12a		
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		13a		
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?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MELANIE GAVIN 11000 EUCLID AVE ALLEN MEM LIBRAR CLEVELAND, OH 44106 (216) 421-5500

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								310,394	0	57,996

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 ▶ 1

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d	12,917			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	23,938			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	36,855			
Program Service Revenue		Business Code			
	2a _____				
	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) . . . . . ▶	4,222,758			4,222,758
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
	6a Gross rents (i) Real / (ii) Personal				
	b Less rental expenses				
	c Rental income or (loss) 0 / 0				
	d Net rental income or (loss) . . . . . ▶	0			
	7a Gross amount from sales of assets other than inventory (i) Securities 17,387,842 / (ii) Other				
	b Less cost or other basis and sales expenses 11,568,137				
	c Gain or (loss) 5,819,705				
	d Net gain or (loss) . . . . . ▶	5,819,705		489,692	5,330,013
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a 0				
	b Less direct expenses . . . b 0				
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a 0				
	b Less direct expenses . . . b 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . a 0				
	b Less cost of goods sold . . b 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue / Business Code				
	11a PARTNERSHIP INCOME 900099	-46,477		-331,155	284,678
	b _____				
	c _____				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶	-46,477			
	12 Total revenue. See Instructions . . . . . ▶	10,032,841		158,537	9,837,449

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,683,795	5,683,795		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	374,189	280,642	93,547	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	395,231	260,769	134,462	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,595	3,982	4,613	0
9 Other employee benefits	65,722	45,223	20,499	0
10 Payroll taxes	41,758	29,231	12,527	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	15,628	0	15,628	0
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	169,705	0	169,705	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,984	7,689	3,295	
12 Advertising and promotion	7,333	5,133	2,200	0
13 Office expenses	50,549	35,384	15,165	0
14 Information technology	4,436	3,105	1,331	0
15 Royalties	0			
16 Occupancy	27,694	19,386	8,308	0
17 Travel	18,038	12,627	5,411	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,498	5,949	2,549	0
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	824	577	247	0
23 Insurance	11,096	7,767	3,329	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ANNUAL MEETING	84,821	59,375	25,446	
b BOARD EXPENSE	6,478		6,478	
c MEMBERSHIP/PUBLICATIONS	5,940	4,158	1,782	
d MEALS/ENTERTAINMENT/GIFTS	3,726	2,608	1,118	
e All other expenses	2,458	1,720	738	
25 **Total functional expenses.** Add lines 1 through 24e	6,997,498	6,469,120	528,378	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	767,954	1	995,392
	2	Savings and temporary cash investments	1,995,838	2	1,967,872
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	12,458	4	482,645
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 164,589			
	b	Less accumulated depreciation — 10b: 160,578	1,827	10c	4,011
	11	Investments—publicly traded securities	104,407,093	11	105,618,223
	12	Investments—other securities See Part IV, line 11	40,552,634	12	45,555,983
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	203,057	15	205,905
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	147,940,861	16	154,830,031
Liabilities	17	Accounts payable and accrued expenses	210,093	17	225,313
	18	Grants payable	12,269,807	18	11,713,814
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	12,479,900	26	11,939,127
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	65,210,050	27	68,354,476
	28	Temporarily restricted net assets	64,060,197	28	68,317,324
	29	Permanently restricted net assets	6,190,714	29	6,219,104
		Organizations that do not follow SFAS 117 (ASC 958), 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	135,460,961	33	142,890,904
	34	Total liabilities and net assets/fund balances	147,940,861	34	154,830,031

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,032,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,997,498
3	Revenue less expenses Subtract line 2 from line 1	3	3,035,343
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	135,460,961
5	Net unrealized gains (losses) on investments	5	4,846,071
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-451,471
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142,890,904

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 34-1777878

Name: THE MT SINAI HEALTH CARE FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

TO ENGAGE IN GRANT MAKING TO SUPPORT AND CARRY OUT THE PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND, BY ENCOURAGING ACTIVITIES DESIGNED TO IMPROVE THE HEALTH STATUS OF THE RESIDENTS OF NORTHEASTERN OHIO

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN RATNER CHAIR	8 0 0 0	X		X				0	0	0
DAN A POLSTER VICE-CHAIR	2 0 2 2	X		X				0	0	0
IRA C KAPLAN TREASURER	4 0 1 1	X		X				0	0	0
JULIE ADLER RASKIND SECRETARY	2 0 0 0	X		X				0	0	0
VICTOR GELB LIFE DIRECTOR (UNTIL 5/21/18)	2 0 0 7	X						0	0	0
KEITH LIBMAN LIFE DIRECTOR	2 0 2 1	X						0	0	0
TOM ABELSON MD DIRECTOR	2 0 0 0	X						0	0	0
DAVID F ADLER DIRECTOR	2 0 2 0	X						0	0	0
RICHARD J BOGOMOLNY DIRECTOR	2 0 0 0	X						0	0	0
RENEE CHELM DIRECTOR	2 0 2 9	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NAN COHEN DIRECTOR	20.00	X						0	0	0
KENNETH G HOCHMAN DIRECTOR	20.07	X						0	0	0
LOUIS MALCMACHER DDS DIRECTOR	20.10	X						0	0	0
BELLERUTH NAPARSTEK DIRECTOR	20.00	X						0	0	0
KIM MEISEL PESSES DIRECTOR	20.09	X						0	0	0
JEFFREY L PONSKY MD vice chair	20.00	X		X				0	0	0
ENID B ROSENBERG DIRECTOR	20.18	X						0	0	0
FRED C ROTHSTEIN MD DIRECTOR	20.00	X						0	0	0
DONALD S SCHERZER DIRECTOR	20.00	X						0	0	0
WALTER S SCHWARTZ DIRECTOR	20.05	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEANNE K TOBIN DIRECTOR	20 26	X						0	0	0
MICHAEL GOLDBERG DIRECTOR	20 00	X						0	0	0
THOMAS W ADLER DIRECTOR	20 00	X						0	0	0
BETH W BRANDON DIRECTOR	20 00	X						0	0	0
SCOTT SIMON DIRECTOR	20 00	X						0	0	0
CHERYL L DAVIS DIRECTOR	20 00	X						0	0	0
SUSAN R HURWITZ DIRECTOR	20 00	X						0	0	0
JEREMY A PARIS DIRECTOR	20 00	X						0	0	0
BETH ROSENBERG DIRECTOR	20 00	X						0	0	0
MITCHELL BALK PRESIDENT	40 0 00			X				310,394	0	57,996

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SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☑ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) JEWISH FEDERATION OF CLEVELAND	340714445	7	Yes		1,981,987	0
Total 1					1,981,987	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, LINE 6	GRANTS EACH LESS THAN OR EQUAL TO $5,000 WERE MADE TO OTHER SECTION 501(C)(3) ORGANIZATION S CLASSIFIED AS PUBLIC CHARITIES WHICH CARRY OUT THE CHARITABLE PURPOSES OF THE FEDERATION IN ACCORDANCE WITH THE REQUIREMENTS OF SECTIONS 509(A)(3)(A), SUCH GRANTS ARE IN FURTHERA NCE OF THE FEDERATION'S CHARITABLE PURPOSE AND CONSTITUTE PERFORMING THE FUNCTION OF THE F EDERATION BY SUPPLEMENTING AND ENHANCING THE FEDERATION'S GRANT MAKING PROGRAM A LIST OF SUCH GRANTS IN EXCESS OF $5,000 ARE INCLUDED ON SCHEDULE I

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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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
THE MT SINAI HEALTH CARE FOUNDATION	34-1777878

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a and 1b)	0	
d Other exempt purpose expenditures	0	
e Total exempt purpose expenditures (add lines 1c and 1d)	0	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	0	
g Grassroots nontaxable amount (enter 25% of line 1f)	0	
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	

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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount			0	0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures			0	0	0
d Grassroots nontaxable amount			0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures			0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
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)?			
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

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

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,580,968	12,188,382	12,761,505	12,819,270	11,036,293
b Contributions			20		
c Net investment earnings, gains, and losses	1,284,794	1,708,751	-528,592	192,307	2,050,858
d Grants or scholarships					
e Other expenditures for facilities and programs	487,189	316,165	44,551	250,072	267,891
f Administrative expenses					
g End of year balance	14,378,573	13,580,968	12,188,382	12,761,505	12,819,260

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 34 180 %
- c Temporarily restricted endowment ▶ 65 820 %

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		164,589	160,578	4,011
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				4,011

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	45,555,983	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	14,257,736
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	4,846,071		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	4,846,071
3	Subtract line **2e** from line **1**			3	9,411,665
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	169,705		
b	Other (Describe in Part XIII)	4b	451,471		
c	Add lines **4a** and **4b**			4c	621,176
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,032,841

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

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

1	Total expenses and losses per audited financial statements			1	6,827,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	6,827,793
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	169,705		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	169,705
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	6,997,498

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1777878
Name: THE MT SINAI HEALTH CARE FOUNDATION

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(A) NEW BOSTON FUND	128,200	F
(A) TWIN HAVEN	188,079	F
(B) TWIN HAVEN IV	1,891,178	F
(C) KAYNE ANDERSON ENERGY	1,795,257	F
(D) KAYNE ANDERSON PRIVATE ENERGY	3,517,870	F
(E) MARATHON CREDIT	2,124,650	F
(F) COPPER ROCK	3,313,264	F
(G) ISRAEL BONDS	2,427,918	F
(H) JCF-MAP	20,483,594	F
(I) OHIO ISRAEL BRIDGE FUND	125,642	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) MONARCH TEACHING TEC	890	F
(A) CLEVELAND FEDERATION PE I, LLC	2,767,520	F
(B) BENE INT IN PERPETUAL TRUST	1,305,006	F
(C) LONG WHARF	3,156,429	F
(D) SILVER POINT CREDIT	2,403,225	F
(E) HIG	-5,846	F
(F) CARLYLE	-66,893	F

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUNDS ARE ESTABLISHED FOR A VARIETY OF PURPOSES PRIMARILY RELATED TO THE ADVANCEMENT OF HEALTH AND MEDICINE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	The Internal Revenue Service (IRS) has ruled that the Foundation is described in Section 5 01(c)(3) of the Code and is, therefore, not subject to tax under present federal income ta x laws, except on unrelated business income, if any The Foundation has been classified by the IRS as a non-private foundation within the meaning of Section 509(a) and does qualify for deductible contributions as provided in Section 170(a) The Foundations income tax fi lings are subject to audit by various taxing authorities In evaluating the Foundations ac tivities, the Foundation believes its position of tax-exempt status is current based on cu rrent facts and circumstances It is the policy of the Foundation to include in administra tive and general expenses penalties and interest assessed by income taxing authorities Th ere are no penalties or interest from taxing authorities for the years ended June 30, 2018 and 2017 The Foundations unrelated business income is primarily derived from investment partnerships that generate income which is subject to federal and state tax For the years ended June 30, 2018 and 2017, no unrelated business income taxes were paid due to the unr elated activities generating losses Taxes receivable totaled $18,568 as of June 30, 2018 and is recorded within the statements of financial position

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B- OTHER ADJUSTMENTS	PARTNERSHIP GAIN 451,471

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					4,552,568
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,552,568

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-1777878

Name: THE MT SINAI HEALTH CARE FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		2,124,649
Middle East and North Africa			Investments		2,427,919

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 66

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Part I Description of Procedure for Monitoring Use of Funds	GRANT MONITORING BY FOUNDATION STAFF, PERIODIC SITE VISITS, ANNUAL OR SEMI-ANNUAL REPORTS SENT BY GRANTEES, REVIEW OF MAJOR PROJECTS BY BOARD LEVEL COMMITTEE
PART II- PURPOSE OF GRANTS OR ASSISTANCE	PAGE 1 1 2018 HOMELESS STAND DOWN 2 2017 FUNDING PARTNER PROGRAM 3 2018 OPEN STREETS INITIATIVE 4 STRATEGIC PLANNING SUPPORT 5 HEART TRANSPLANT ORGAN DONATION EDUCATION 6 NATIONAL SEARCH FOR DIRECTOR OF HEALTH AND HUMAN SERVICES FOR CUYAHOGA COUNTY 7 TRI-C NURSING AND HEALTH CAREERS CONSULTANT 8 PROTECTING MEDICAID THROUGH LEGAL ADVOCACY 9 2018 HEALTH INITIATIVE 10 COMMUNITY NEEDS ASSESSMENT FOR THE LEAFBRIDGE FEEDING CLINIC 11 HIPAA COMPLIANCE CONSULTANT 12 BREAST CANCER GEONOMIC SEQUENCING PROJECT PAGE 2 1 STRATEGIC REVIEW AND PLANNING FOR SENIOR AND ADULT SERVICES 2 HEALTHY TEENS, HEALTHY TOMORROW TEEN SUMMIT PROGRAM 3 2018 ANNUAL MEMBERSHIP 4 ENDEPENDENCE PROJECT PHASE I 5 SENIOR CONNECTIONS OUTREACH PROJECT 6 BIRTHING BEAUTIFUL COMMUNITIES (BBC) CENTRAL NEIGHBORHOOD PROJECT 7 POLICY BRIEFS TO PROTECT MEDICAID EXPANSION 8 MENTAL ILLNESS AWARENESS IN THE ORTHODOX COMMUNITY - PROGRAM EXPANSION 9 BUILDING STRONG JEWISH KIDS AND BRIGHT JEWISH FUTURES 10 SCIENTIFIC ENRICHMENT OPPORTUNITY PROGRAM (SEOP) FOR HIGH SCHOOL STUDENTS 11 IMMIGRANT HEALTH AND HUMAN SERVICES 12 SENIOR TRANSPORATION CELEBRATING CONNECTIONS (OCTOBER 19, 2017) PAGE 3 1 GROUNDWORK OHIO EARLY CHILDHOOD RACIAL EQUITY PROJECT 2 CLEVELAND AREA JEWISH DONOR RECRUITMENT 3 ALCOHOL AND DRUG COUNSELOR AND BEHAVIORAL HEALTH RE-DESIGN 4 BE WELL HEALTH AND WELL-BEING PROGRAM SUPPORT 2018-2019 5 $31,250 TOWARDS HOLOCAUST SURVIVOR INITIATIVE, $300,000 TOWARDS CENTENNIAL INITIATIVE FOR JEWISH CLEVELAND, $1,650,737 TOWARDS 2018 CAMPAIGN FOR JEWISH NEEDS FOR HEALTH SERVICES 6 WE RUN THIS CITY YOUTH MARATHON PROGRAM 7 BEHAVIORAL HEALTH SERVICES EXPANSION 8 HEALTHY FOOD ACCESS INITIATIVE 9 CHAP TRANSITION INTO MEDWORKS 10 MEDICAL-LEGAL PARTNERSHIP BETWEEN ST VINCENT CHARITY MEDICAL CENTER AND THE LEGAL AID SOCIETY OF CLEVELAND 11 SUPPORTING GRASSROOTS ORGANIZING AND COALITION CAPACITY TO ENSURE HEALTH CARE POLICY BENEFITS CONSUMERS 12 EVALUATION PROCESS TO MEASURE ATTITUDE CHANGE PAGE 4 1 CLEVELAND HEALTHY SCHOOLS PROGRAM 2 HOSPITAL HOSPITALITY ROOM PROGRAM 3 AIDS FUNDING COLLABORATIVE PARTNER MEMBERSHIP (FISCAL AGENT CENTER FOR COMMUNITY SOLUTIONS) 4 IMPACTING THE HEALTH AND WELL-BEING OF GREATER CLEVELANDERS WITH INTEREST FREE LOANS 5 30 DAYS TO FAMILY PROGRAM 6 ADDRESSING THE IMPACT OF CHILDHOOD TRAUMA ON BEHAVIOR AND PHYSICAL HEALTH AND PERFORMANCE 7 THE STAY WELL PROGRAM EVALUATION, IMPROVEMENT, AND EXPANSION 8 HEALTHY EATING, FRESH FOOD BAG PILOT PROGRAM 9 MEDICAID POLICY CENTER 10 MEDICAID POLICY CENTER 11 OHIOGUIDESTONE CHILD-PARENT PSYCHOTHERAPY PROJECT 12 BUILDING CAPACITY FOR PREVENTION EDUCATION AND HEALTH PROGRAMS PAGE 5 1 CLEVELAND-CUYAHOGA COUNTY PRODUCE PERKS AND PRODUCE PRESCRIPTION PROGRAMS AND THE COMMUNITY FOOD GUIDE 2 FOOD AS MEDICINE PLANNING AND IMPLEMENTATION 3 SUPPORT FOR CHILDREN'S HEALTH INITIATIVE 4 THE MT SINAI SCHOLARS PROGRAM FOR TRANSFORMATIVE NANOMEDICINE A PARTNERSHIP BETWEEN CLEVELAND CLINIC AND THE HEBREW UNIVERSITY OF JERUSALEM 5 ADVANCING OUTCOMES FOR INDIVIDUALS WITH VISUAL IMPAIRMENTS THROUGH ELECTRONIC HEALTH RECORDS 6 SUPPORT FOR MATCH FOR CONSTRUCTION OF GREATER CLEVELAND FISHER HOUSE AT LOUIS B STOKES CLEVELAND VA MEDICAL CENTER 7 CHILDSIGHT OHIO PROVIDING VISION CARE TO YOUTH IN NEED 8 HEALTHY HOUSING PROJECT TO PREVENT CHILD LEAD POISONING 9 INSTITUTING AND IMPLEMENTING AN INTEGRATED ELECTRONIC HEALTH AND EDUCATION RECORD SYSTEM 10 OPERATIONS SUPPORT 11 EARLY AGES HEALTHY STAGES AND OHIO HEALTHY PROGRAM EXPANSION AND INNOVATION 12 EXPANDING SERVICES TO DELIVER UNCONDITIONAL CARE TO IMPROVE THE HEALTH OF PATIENTS IN NEED PAGE 6 1 IMPROVING THE HEALTH AND WELL-BEING OF OHIOANS THROUGH INFORMED POLICY DECISIONS 2 EXPANDING THE JFNA STRATEGIC HEALTH RESOURCE CENTER 3 ELECTRONIC HEALTH RECORDS IMPLEMENTATION 4 MT SINAI SCHOLARS PROGRAM (RENEWAL) 5 HARRINGTON DISCOVERY INSTITUTE ESTABLISHMENT OF THE MT SINAI HEALTH CARE FOUNDATION FUND 6 $10 MILLION CHALLENGE GRANT FOR A NEW MEDICAL SCHOOL ON THE CLEVELAND CLINIC CAMPUS

Additional Data

Software ID:
Software Version:
EIN: 34-1777878
Name: THE MT SINAI HEALTH CARE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HandsOn Northeast Ohio 3615 Superior Ave 3102a Cleveland, OH 44114	14-1993984	501 (c) 3	7,500				SEE PART IV
Grantmakers In Health 1100 Connecticut Ave NW Ste 1200 Washington, DC 20036	13-3206571	501 (c) 3	8,500				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Bike Cleveland PO Box 609718 Cleveland, OH 44109	45-2556898	501 (c) 3	10,000				SEE PART IV
Care Alliance Health Center 1530 St Clair Avenue Cleveland, OH 44114	34-1748776	501 (c) 3	10,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501 (c) 3	10,000				SEE PART IV
Cleveland Development Foundation 1240 Huron Rd Ste 400 Cleveland, OH 44115	34-6528498	501 (c) 3	10,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cuyahoga Community College 700 Carnegie Avenue Cleveland, OH 44115	23-7320719	501 (c) 3	10,000				SEE PART IV
Legal Aid Society of Columbus 1108 City Park Avenue Columbus, OH 43206	31-4416407	501 (c) 3	10,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Philanthropy Ohio 500 S Front St Ste 900 Columbus, OH 43215	31-1111842	501 (c) 3	10,000				SEE PART IV
United Cerebral Palsy Association 10011 Euclid Avenue Cleveland, OH 44106	34-0753561	501 (c) 3	10,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
United Way of Greater Cleveland 1331 Euclid Ave Cleveland, OH 44115	34-6516654	501 (c) 3	10,000				SEE PART IV
University Hospitals Cleveland Medical Ctr 11100 Euclid Avenue Cleveland, OH 44106	34-0714775	501 (c) 3	10,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
University Settlement Inc 4800 Broadway Avenue Cleveland, OH 44127	34-0714776	501 (c) 3	10,000				SEE PART IV
Cleveland Minority Organ&Tissue Transplant Prgm 11717 Euclid Ave PO Box 12220 Cleveland, OH 44112	34-1900839	501 (c) 3	11,396				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Philanthropy Ohio 500 S Front St Ste 900 Columbus, OH 43215	31-1111842	501 (c) 3	12,500				SEE PART IV
Cleveland Public Theatre 6415 Detroit Avenue Cleveland, OH 44102	34-1359225	501 (c) 3	15,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Thea Bowman Center 11901 Oakfield Avenue Cleveland, OH 44105	52-2157682	501 (c) 3	15,000				SEE PART IV
University Circle Incorporated 10831 Magnolia Drive Cleveland, OH 44106	34-0823464	501 (c) 3	16,950				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Health Policy Institute of Ohio 10 W Broad St Ste 1050 Columbus, OH 43215	30-0186863	501 (c) 3	18,000				SEE PART IV
Naaleh Cleveland 23980 Chagrin Boulevard Beachwood, OH 44122	82-2610258	501 (c) 3	18,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Atideinu 3695 Severn Road Cleveland, OH 44118	47-2077625	501 (c) 3	20,000				SEE PART IV
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501 (c) 3	20,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Cleveland Foundation 1422 Euclid Ave Ste 1300 Cleveland, OH 44115	34-0714588	501 (c) 3	20,000				SEE PART IV
Snr Transporation Connection of Cuyahoga 4735 W 150 St Ste A Cleveland, OH 44135	30-0319480	501 (c) 3	20,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Community Initiatives 1000 Broadway Suite 480 Oakland, CA 94607	94-3255070	501 (c) 3	25,000				SEE PART IV
Gift of Life Bone Marrow Foundation Inc 800 Yamato Rd Ste 101 Boca Raton, FL 33431	22-3131232	501 (c) 3	25,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
May Dugan Center 4115 Bridge Avenue Cleveland, OH 44113	23-7061949	501 (c) 3	25,740				SEE PART IV
ideastream 1375 Euclid Avenue Cleveland, OH 44115	34-1943865	501 (c) 3	30,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jewish Federation of Cleveland 25701 Science Park Dr Beachwood, OH 44122	34-0714445	501 (c) 3	1,981,987				SEE PART IV
YMCA of Greater Cleveland 1801 Superior Ave Suite 130 Cleveland, OH 44114	34-0714728	501 (c) 3	31,818				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Neighborhood Family Practice 4115 Bridge Ave Ste 300 Cleveland, OH 44113	34-1300581	501 (c) 3	35,000				SEE PART IV
Burten Bell Carr Development Inc 7201 Kinsman Rd Ste 104 Cleveland, OH 44104	34-1657533	501 (c) 3	40,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MobileMed 1 Inc (dba MedWorks) 1950 Richmond Rd TR205 Cleveland, OH 44124	26-3858369	501 (c) 3	40,000				SEE PART IV
St Vincent Charity Medical Center 2351 East 22nd Street Cleveland, OH 44115	34-1893452	501 (c) 3	40,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Universal Health Care Access Network Ohio 35 E Gay St Ste 404 Columbus, OH 43215	31-1542417	501 (c) 3	40,000				SEE PART IV
Veggie U 184 North Oberlin Road Oberlin, OH 44074	04-3712962	501 (c) 3	45,990				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Alliance for a Healthier Generation Inc 2525 SW 1st Avenue Suite 120 Portland, OR 97201	27-2028308	501 (c) 3	50,000				SEE PART IV
Bikur Cholim of Cleveland 1845 S Taylor Rd Cleveland Hts, OH 44118	34-1809885	501 (c) 3	50,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Center for Community Solutions 1501 Euclid Avenue Suite 310 Cleveland, OH 44115	34-0714723	501 (c) 3	50,000				SEE PART IV
Hebrew Free Loan Association (HFLA) 23300 Chagrin Blvd Suite 204 Beachwood, OH 44122	34-0281800	501 (c) 3	50,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Waiting Child Fund 1427 E 36th Street Suite 4203F Cleveland, OH 44114	20-2727509	501 (c) 3	50,000				SEE PART IV
YWCA Greater Cleveland 4019 Prospect Avenue Cleveland, OH 44103	34-0714800	501 (c) 3	50,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Hunger Network of Greater Cleveland 614 West Superior Ave Suite 744 Cleveland, OH 44113	34-1810545	501 (c) 3	60,000				SEE PART IV
Centers for Families and Children 4500 Euclid Avenue Cleveland, OH 44103	23-7084455	501 (c) 3	65,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Center for Community Solutions 1501 Euclid Avenue Suite 310 Cleveland, OH 44115	34-0714723	501 (c) 3	66,000				SEE PART IV
The Center for Community Solutions 1501 Euclid Avenue Suite 310 Cleveland, OH 44115	34-0714723	501 (c) 3	72,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OhioGuidestone 434 Eastland Road Berea, OH 44017	34-0720558	501 (c) 3	73,649				SEE PART IV
Planned Parenthood of Greater Ohio 444 W Exchange Street Akron, OH 44302	34-1015976	501 (c) 3	75,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Ohio State University Foundation 1480 West Lane Avenue Columbus, OH 43221	31-1145986	501 (c) 3	81,500				SEE PART IV
Greater Cleveland Food Bank Inc 15500 S Waterloo Rd Cleveland, OH 44110	34-1292848	501 (c) 3	95,250				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Better Health Partnership 2500 MetroHealth Drive Cleveland, OH 44109	26-1725657	501 (c) 3	100,000				SEE PART IV
The Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501 (c) 3	100,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cleveland Sight Center 1909 E 101st Street Cleveland, OH 44106	34-0714652	501 (c) 3	100,000				SEE PART IV
Fisher House Foundation Inc 111 Rockville Pike Ste 420 Rockville, MD 20850	11-3158401	501 (c) 3	100,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Helen Keller International 1 Dag Hammarskjold Plaza Floor 2 New York, NY 10017	13-5562162	501 (c) 3	100,000				SEE PART IV
The Legal Aid Society of Cleveland 1223 West Sixth Street Cleveland, OH 44113	34-0866026	501 (c) 3	100,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Positive Education Program 3100 Euclid Avenue Cleveland, OH 44115	34-1127919	501 (c) 3	100,000				SEE PART IV
Snr Transportation Connection of Cuyahoga 4735 West 150th Street Suite A Cleveland, OH 44135	30-0319480	501 (c) 3	110,700				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cuyahoga County Board of Health 5550 Venture Drive Parma, OH 44130	34-6000817	501 (c) 3	117,430				SEE PART IV
MobileMed 1 Inc (dba MedWorks) 1950 Richmond Road TR205 Cleveland, OH 44124	26-3858369	501 (c) 3	125,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Health Policy Institute of Ohio 10 West Broad Street Columbus, OH 43215	30-0186863	501 (c) 3	150,000				SEE PART IV
The Jewish Federations of North America 25 Broadway 17th Floor New York, NY 10004	13-1624240	501 (c) 3	150,000				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Menorah Park Center for Senior Living 27100 Cedar Road Cleveland, OH 44122	34-0714443	501 (c) 3	150,000				SEE PART IV
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501 (c) 3	333,333				SEE PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
University Hospitals Cleveland Medical Ctr 11100 Euclid Avenue Cleveland, OH 44106	34-0714775	501 (c) 3	333,333				SEE PART IV
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501 (c) 3	500,000				SEE PART IV

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including 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, but explain in Part III			
	☑ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MITCHELL BALK PRESIDENT	(i)	294,894	15,500	0	40,336	17,660	368,390	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
part I, line 4b	MITCHELL BALK HAS $16,500 CONTRIBUTED BY THE FOUNDATION INTO HIS DEFFERED COMPENSATION ACCOUNT

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS ARE APPOINTED BY JEWISH FEDERATION BOARD CHAIR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BOARD CHAIR OF JEWISH FEDERATION, SUPPORTED ORGANIZATION, HAS THE POWER TO APPOINT DIRECTORS TO THE FOUNDATION'S BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	DRAFT OF TAX RETURN GIVEN TO BOARD CHAIR AND TREASURER OF THE BOARD FOR REVIEW AND APPROVA L PRIOR TO FILING CFO OF SUPPORTED ORGANIZATION ALSO REVIEWS TAX RETURN PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED ANNUALLY CONFLICT OF INTEREST ST ATEMENTS ARE REVIEWED CAREFULLY BY THE BOARD AND THOSE MEMBERS WITH CONFLICT OF INTERESTS DO NOT VOTE ON MATTERS WHERE CONFLICT OF INTEREST EXISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION PACKAGE FOR THE PRESIDENT IS REVIEWED AND APPROVED BY THE BOARD EXECUTIVE COM MITTEE ANNUALLY THE PRESIDENT IS NOT PRESENT WHEN THE EXECUTIVE COMMITTEE APPROVES HIS CO MPENSATION THE EXECUTIVE COMMITTEE RELIES ON COMPARABLE DATA (COUNCIL ON FOUNDATIONS ANNU AL COMPENSATION SURVEY) AND THE MINUTES OF THEIR MEETING ARE TIMELY DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIA L STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS PARTNERSHIP GAIN -$451,471

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MT SINAI HEALTH CARE FOUNDATION

Employer identification number
34-1777878

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CLEVELAND FEDERATION PE I LLC 25701 SCIENCE PARK DRIVE CLEVELAND, OH 441227302 46-3664554	INVESTMENTS	OH	SEE PART VII	EXCLUDED FROM TAX	31,579	2,767,770		No	353		No	15 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART II	NAME OR RELATED TAX-EXEMPT ORGANIZATION JEWISH FEDERATION OF CLEVELAND PRIMARY ACTIVITY GRANTS & ALLOCATIONS FOR CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES NAME OR RELATED TAX-EXEMPT ORGANIZATION JOANN AND THOMAS ADLER FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MILDRED & MARTIN BECKER FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION THE SEMI J & RUTH W BEGUN FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION THE SEMI J & RUTH W BEGUN FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION CHELM FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDTN PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION, INCLUDING THE PROMOTION OF QUALITY JEWISH EDUCATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION ELLEN E & VICTOR J COHN SUPPORTING FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION COMMISSION OF CEMETERY PRESERVATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION, INCLUDING PRESERVATION OF JEWISH CEMETERIES DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION FEDERATION HOLDINGS, INC PRIMARY ACTIVITY HOLDS LEGAL TITLE TO DONATED REAL ESTATE DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION FGI FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATIO NDIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION RINA & SAMUEL M FRANKEL FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION PEGGY AND JOHN GARSON FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION ROBERT AND SUSAN R HURWITZ FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION THE IMMERMAN FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION JEWISH COMMUNITY HOUSING INC PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION, INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND THE DISABLED DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MADAV XII FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MADAV IX FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MADAV XVIII FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MALTZ FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MANDEL SPPRTING FDNTS- MORTON L AND BARBARA MANDEL FUND PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MEISEL FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MILLER GOOD FAMILY CHARITABLE FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION ALEX & ANNE MILLER FAMILY CHARITABLE FUND PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION DAVID AND INEZ MYERS FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION EILEEN AND MYRON NICKMAN FAMILY SUPPORTING FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION PHYLLIS & DEBRA ANN NOVEMBER CHILDREN'S FUND PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION OSTARA PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION THE HARRY RATNER HUMAN SERVICES FUND PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION, INCLUDING ASSISTING THE INDIGENT AND HOLOCAUST SURVIVORS WITH MEDICAL AND BASIC FAMILY NEEDS DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION THE RIMON XLI FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION ROBERT S & SYLVIA K REITMAN FAMILY PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION DAVID AND ENID ROSENBERG FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION SCHOLNICK FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION NATHAN & FANNYE SHAFRAN FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION LAWRENCE C SHERMAN FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION MICHAEL & ANITA SIEGAL FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDTN PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION, INCLUDING THE PROMOTION OF QUALITY LIFE-LING JEWISH LEARNING OPPORTUNITIES DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND NAME OR RELATED TAX-EXEMPT ORGANIZATION NORMA AND ERNIE SIEGLER FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION NAME OR RELATED TAX-EXEMPT ORGANIZATION ROBERT AND EILEEN STILL FAMILY FOUNDATION PRIMARY ACTIVITY SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION D

Return Reference	Explanation
SCHEDULE R, PART III	NAME OR RELATED PARTNERSHIP CLEVELAND FEDERATION PE I, LLC EIN 46-3664554 ADDRESS 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302 DIRECT CONTROLLING ENTITY JEWISH FEDERATION OF CLEVELAND

Additional Data

Software ID:
Software Version:
EIN: 34-1777878
Name: THE MT SINAI HEALTH CARE FOUNDATION

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

(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
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-0714445	SEE PART VII	OH	501(C)(3)	7	NA		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1858749	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1711965	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1594565	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 30-0226826	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-0714599	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1606939	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1771506	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 23-7133908	SEE PART VII	OH	501(C)(2)	N/A	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1916912	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1502121	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1916905	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1916908	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1533181	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1276120	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1827879	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1638258	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1827878	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1566163	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1350570	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No

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

(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
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1583883	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1832965	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1204735	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1806783	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-6560945	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1916911	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1566156	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1606934	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1360076	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1916913	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1502117	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 37-1777614	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 61-1749334	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1458950	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1806781	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1832962	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-0946903	SEE PART VII	OH	501(C)(3)	7	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1546349	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 46-4104662	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1808584	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No

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

(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
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1638257	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1476465	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 31-1502119	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 30-0884987	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1638259	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1562999	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 38-3876650	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1711966	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1350566	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122 34-1350568	SEE PART VII	OH	501(C)(3)	12A TYPE 1	SEE PART VII		No