DLN: 93493030000503

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

	Revenue		and retain to bation,	ocaco roporcing		Inspection			
		2011 calendar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-201	.1	D Employer ide	entification number			
_		Maimonides Medical Center							
_	dress ch	Doing Business As		—	11-163508 E Telephone nu				
_	me cha				(718) 283-	3900			
Init —	ial retu	Number and street (of P O box it mail is not delivered to	street address) Room/s	uite		\$ 1,003,564,147			
Ter	mınate	d 4802 Tenth Avenue				, -,, -, - -,-			
Am	ended	return City or town, state or country, and ZIP + 4 Brooklyn, NY 11219	•						
App	olication	pending							
		F Name and address of principal officer		H(a) Is thu	s a group returi	n for			
		PAMELA S BRIER 4802 TENTH AVENUE		affilia		⊤Yes ▼ No			
		BROOKLYN, NY 11219		H(b) Are all	affiliates includ	ed?			
				1 ' '		(see instructions)			
T a	x-exem	npt status 🔽 501(c)(3)	7(a)(1) or 527		p exemption nu				
J W	ebsite	:► www.maimonidesmed.org		1 ``					
		ganization Corporation Trust Association Other		1		1 0:			
	n of org rt I	Summary		L Year of for	mation 1945 N	State of legal domicile N			
Ра		<u> </u>							
		Briefly describe the organization's mission or most signific Maimonides Medical Center, a 711-bed acute care volunt		HOSPITAL.OI	FFERS A WIDE	ARRAY OF			
φ		INPATIENT AND OUTPATIENT HEALTHCARE SERVIC							
Governance	-								
Ĩ	-								
Š	2 0	Check this box 🛏 if the organization discontinued its op	erations or disposed	of more than 2	5% of its net a	ssets			
		Number of voting members of the governing body (Part VI			з	34			
e V		Number of independent voting members of the governing b				3:			
Activities &		Total number of individuals employed in calendar year 20			5	6,826			
		Total number of volunteers (estimate if necessary)			6	1,720			
	I	Total unrelated business revenue from Part VIII, column			7a	-150,534			
	I	Net unrelated business taxable income from Form 990-T ,			7b	, (
		-		Prio	r Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)			10,603,575	20,565,009			
<u>≗</u>	9	Program service revenue (Part VIII, line 2g)	. 9	84,950,720	970,399,141				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a		53,169	10,017,220				
Ë	11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue—add lines 8 through 11 (must equal Part							
		12)	9	96,527,275	1,001,793,934				
	13	Grants and similar amounts paid (Part IX, column (A), li			261,564	428,374			
	14	Benefits paid to or for members (Part IX, column (A), lin	·		0	С			
8	15	Salaries, other compensation, employee benefits (Part I 5-10)	IX, column (A), lines	6	08,105,688	629,440,346			
Š	16a	,	ofessional fundraising fees (Part IX, column (A), line 11e)						
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 257,309			69,765	49,000			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	<u>.</u>	. 3	57,342,623	377,066,560			
	18	Total expenses Add lines 13-17 (must equal Part IX,			965,779,640 1,006,984,2				
	19	Revenue less expenses Subtract line 18 from line 12			30,747,635	-5,190,346			
አ ው		·			of Current				
ည်း ကို ထို					ear	End of Year			
3 TE	20	Total assets (Part X, line 16)		9	46,015,718	970,174,815			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			61,048,934	791,952,793			
	22	Net assets or fund balances Subtract line 21 from line	20	1	84,966,784	178,222,022			
	rt II	Signature Block							
(now		lties of perjury, I declare that I have examined this return, incl and belief, it is true, correct, and complete. Declaration of pre							
		Tı.		ı					
Sign		Signature of officer		20 Da	13-01-29 te				
Her		ROBERT NALDI CFO, Executive VP							
		Type or print name and title							
		Preparer's L	ate	Check If	Preparer's taxpa	yer identification number			
Paid		signature		self- employed •	(see instructions				
	arer's	Firm's name (or yours L ERNST & YOUNG US LLP		employed F					
Use (ıf self-employed),			EIN Þ				
		address, and ZIP + 4 111 MONUMENT CIRCLE SUITE 2600			Phone no 🕨 (3	17) 681-7000			
		INDIANAPOLIS, IN 46204			THOREHOF (3	17, 001-7000			

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

Form	990 (2011)					Pag			
Par		ent of Program Serv chedule O contains a res				 			
1	Briefly describe	the organization's missio	n						
SEE	SCHEDULE O								
2	the prior Form 99	0 or 990-EZ?		ervices during the year which		Yes ▼ No			
	•	these new services on S							
3	_	ion cease conducting, or	_	nt changes in how it conduc		Yes 🗸 No			
	If "Yes," describe	these changes on Sche	dule O						
4	expenses Section	on 501(c)(3) and 501(c)(4) organization	nents for each of its three l s and section 4947(a)(1) t revenue, if any, for each pr	rusts are required to report				
4a	(Code) (Expenses \$	671,093,089	ıncludıng grants of \$	0) (Revenue \$	673,116,157)			
	INPATIENT SERVICE	ES - This is further described in	Schedule O						
	(Code) (Expenses \$	58,601,012	ıncludıng grants of \$	0)(Revenue\$	40,673,637)			
4D	•	, , , , ,		including grants or \$	o) (Revenue \$	40,673,637)			
		MATERNITY SERVICES - This is further described in SCHEDULE O							
4c	(Code) (Expenses \$	48,615,277	ıncludıng grants of \$	0) (Revenue \$	39,671,242)			
	EMERGENCY DEPARTMENT - This is further described in Schedule O								
	-								
4d	Other program s	services (Describe in Sc	hedule O)						
	(Expenses \$	111,807,940 in	cluding grants of	of \$ 428,374)(Revenue \$ 216	,938,105)			

890,117,318

Total program service expenses►\$

art 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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

 Did the organization report more than \$5,000 of grants and other assistance to governments and organization the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . Did the organization report more than \$5,000 of grants and other assistance to individuals in the United Son Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-2 complete Schedule K. If "No," go to line 25	tates 22 23 0,000	Yes	No
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 0,000 4d and 24a		No
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	0,000 4d and 24a		
as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-2 complete Schedule K. If "No," go to line 25	4d and 24a	Yes	1
h Didaha amanimatian musakani masakani da sekari arramakkanda k	· · 24h	<u> </u>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	270	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the yea to defease any tax-exempt bonds?	24c		No
f d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	· · 24d		No
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transact a disqualified person during the year? If "Yes," complete Schedule L, Part I	on with 25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a p year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-"Yes," complete Schedule L, Part I			No
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated emplo disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	yee, or 26		No
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, sub contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			No
Was the organization a party to a business transaction with one of the following parties? (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions)	Part IV		
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	28Ь		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member there an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	of) was 28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Yes	
conservation contributions in resp. complete selection in the interest in the	% 30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," composed Schedule N, Part II	olete 32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	ons % 33		No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, II and V, line 1	71, IV, 34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? 35a	Yes	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	the 35b	Yes	
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relationship organization? If "Yes," complete Schedule R, Part V, line 2	ated 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			No
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 ar Note. All Form 990 filers are required to complete Schedule O		Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	-1	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 48			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 2			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
h	return			
U	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	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	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		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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	70		140
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	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	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140

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

Se	ection A. Governing Body and Management					
			Yes	No		
	Enterphysical Control of Control of the Control of					
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	Yes			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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					
а	The governing body?	8a	Yes			
Ь	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						
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)					
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		No		
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 the Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
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?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
ь	Other officers or key employees of the organization	15b	Yes			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)					
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		N o		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure					
17						

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 V Upon request

(718) 283-3900

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 ROBERT NALDI EXEC VP CFO
 4802 TENTH AVENUE
 BROOKLYN, NY 11219

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

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

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

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

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

Check this box if neither the orga	nızatıon nor any re	elated o	rgan	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe	unles ar	ion (d e tha	n on son er a	e bo ıs b nd a	ox, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Reportable Estimated amount of ot compensation from the		lated of other isation the tion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiz	
See A	Addıtıonal Data Table						 							
												\dashv		
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												\perp		
1b	Sub-Total				•	•		<u> </u>						
d	Total (add lines 1b and 1c) .				•	•		F		11,849,904		0		313,292
2	Total number of individuals (inc \$100,000 of reportable comper	-) wh	o receive	ed more tha	in			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.											3	,	No
4	For any individual listed on line	1a, is the sum o	f report	able	com	pens	sation	and	other co	mpensatio	n from the		<u>'</u>	INO
	organization and related organiz	zations greater th	nan \$1!	50,00)0?. •	If "Y	'es," co	mple •	ete Sched	lule J for su	ch	4	Yes	
5	Did any person listed on line 1a	receive or accri	ue com	pensa	ation	ı froi	m any	unre	lated org	ganızatıon (or individual for	_	165	
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	te Sch	edul	le J f	or suci	h per	rson .		•	5	;	No
S	ection B. Independent Con	ntractors												
1	Complete this table for your five \$100,000 of compensation fron or within the organization's tax y	highest comper n the organizatio												
	Na	(A) me and business ad	dress							Desc	(B) ription of services			C) ensation
6323	OKLYN HEALTH INFORMATION EXCHANG Seventh Avenue OKLYN, NY 11220									INFORMATIO				1,489,432
Delor	tte Touche LLP FORD/HARBOR WAY-WORLD FINANCIA YORK, NY 10281									CONSULTING	3			1,295,655
751 9	SURGICAL SOLUTIONS SUMMA AVE IBURY, NY 11590									STERILIZATI	ON			799,994
P1 BI 25 R	LLING LLC OBERT PITT DR SEY, NY 10952									BILLING & T	RANSCRIP			748,046
155 V	CENTER FOR WOUND HEALING WHITE PLAINS ROAD LYTOWN, NY 10591									HYPERBARIO	OXYGEN			626,087

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 ►46

rait v	<u> </u>	Statement o	rkevenue					
	T -				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
## ##	1a	Federated camp	paigns 1a					
医黄	ь	Membership due	es					
∞≝	c	Fundraising eve	nts 1c	638,935				
≝ ≝	d	Related organiz	ations 1d	266,881				
ಶ≟		Government grants		16,727,753				
띃	e	_						
e e	f	All other contribution similar amounts not	ns, gifts, grants, and 1f t included above	2,931,440				
≅ਉ	g		outions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	075,413 					
္မ	h	Total. Add lines	1a-1f	▶	20,565,009			
an a				Business Code				
Ĭ	2a	NET PAT SVC REV		622110	966,520,116	966,520,116		
<u>8</u>	ь	RENTAL INCOME						
蓬		RENTAL INCOME		531390	3,879,025	3,879,025		
3	C							
Ž.	d							
Ę	e							
je go	f	All other progra	m service revenue					
Program Service Revenue		Tabel A 111	2- 26		0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2			
_	g		2a-2f		970,399,141			
	3		ome (including dividend	. h	2 022 040			2 022 040
			ramounts)		3,032,019			3,032,019
	4		ment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	1			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents	824,312					
	b	Less rental expenses	974,846					
	c	Rental income	-150,534					
	d	or (loss)	ne or (loss)	-	-150,534		-150,534	
	"	Tect remediation	(ı) Securities	(II) Other	,		,	
	7a	Gross amount from sales of assets other	954,546	6,030,655				
	ь	than inventory Less cost or other basis and sales expenses						
	c	Gain or (loss)	954,546	6,030,655				
	d	Net gaın or (los:	s)	▶	6,985,201			6,985,201
Other Revenue	8a	Gross income frevents (not incl \$ 638, of contributions See Part IV, line	uding 935 reported on line 1c)					
<u>.</u>			a	301,055				
Ŧ	b	Less direct exp	penses b	795,367				
Ö	c	Net income or (loss) from fundraising (events 🟲	-494,312			-494,312
	9a	Gross income fr See Part IV, line	om gaming activities e 19 a					
	ь	Less direct ext	penses b					
	c		ı loss) from gamıng actı	vities	0			
	10a	Gross sales of i returns and allo	nventory, less					
	ь	less cost of co	oods sold b					
	c		loss) from sales of inve	entory 🕨	o			
	Ť	Miscellaneous		Business Code				
	11a	PARKING		812930	417,826			417,826
	_			722310	1,039,584			1,039,584
	Ь	CAFETERIA		722310	1,039,364			1,055,504
	C							
	d	All other revenu	ie					
	e		11a-11d		1,457,410			
	12	Total revenue.	See Instructions	· · •	1,001,793,934	970,399,141	-150,534	10,980,318

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

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

	neck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States $$ See Part IV , line 21 $$	428,374	428,374		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,377,672	51,500	3,326,172	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	472,820,089	420,190,315	52,515,581	114,193
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,948,900	43,274,586	5,662,555	11,759
9	Other employee benefits	72,002,311	63,629,797	8,355,224	17,290
10	Payroll taxes	32,291,374	28,513,656	3,777,718	0
11	Fees for services (non-employees)				
а	Management	1,315,035	0	1,315,035	0
b	Legal	1,889,346	0	1,889,346	0
c	Accounting	500,569	0	500,569	0
d	Lobbying	470,440	470,440	0	0
e	Professional fundraising See Part IV, line 17	49,000			49,000
f	Investment management fees	337,233	0	337,233	0
g	Other	30,954,483	28,544,275	2,410,208	0
12	Advertising and promotion	2,563,535	2,563,535	0	0
13	Office expenses	17,475,433	14,480,866	2,994,567	0
14	Information technology	9,821,353	8,672,368	1,148,985	0
15	Royalties	0			
16	Occupancy	28,059,527	26,598,383	1,461,144	0
17	Travel	524,404	463,055	61,349	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,005,994	888,304	117,690	0
20	Interest	10,312,483	8,898,705	1,413,778	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	45,995,474	39,689,779	6,305,695	0
23	Insurance	59,481,501	51,326,955	8,154,546	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MEDICAL SUPPLIES	100,482,702	100,482,702	0	0
b	BAD DEBT	15,121,090	15,121,090	0	0
c	MAINTENANCE CONTRACTS	14,388,704	14,388,704	0	0
d	OUTSIDE CONTRACTS	9,980,549	9,980,549	0	0
е					
f	All other expenses	26,386,705	11,459,380	14,862,258	65,067
25	Total functional expenses. Add lines 1 through 24f	1,006,984,280	890,117,318	116,609,653	257,309
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 18,974,601 19,463,234 1 116.508.825 123.017.804 2 2 Savings and temporary cash investments 3 762,493 694,144 119.692.901 131.916.057 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 2,713,770 2,624,902 7 8.851.064 9.948.215 8 9 11.956.140 9 6,776,141 Prepaid expenses and deferred charges 10a 917,517,987 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 576,563,707 b Less accumulated depreciation 331,664,202 10c 340,954,280 27,505,834 11 29,269,824 11 0 12 12 Investments—other securities See Part IV, line 11 13 57,770,496 13 69,108,026 Investments—program-related See Part IV, line 11 . . 14 14 248,518,241 15 237,499,339 15 946,015,718 970,174,815 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 138,442,991 17 136,391,369 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 20 195.162.826 20 179.712.653 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 16.408.000 23 18.408.000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 411,035,117 25 457,440,771 D 26 761,048,934 26 791,952,793 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 169,219,274 27 162,652,388 Unrestricted net assets 14,615,227 28 14,437,351 28 Temporarily restricted net assets Fund 29 1,132,283 29 1,132,283 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 184.966.784 33 178.222.022 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 946.015.718 34 970.174.815

-(-	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,001,7	793.93
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,006,9	
3	Revenue less expenses Subtract line 2 from line 1	3		-5,1	190,34
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		184,9	966,78
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,5	554,41
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		178,2	222,02
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question 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
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in significant of a Company of the c	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493030000503

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Maimonides Medical Center

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions										
	rt I			-						structions	
	rganı			te foundation becaus			-		x)		
1		A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
2	Г	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	굣	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organization opera ity, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(:	1)(A)(iii). E	nter the
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit descr	ibed in
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)						
6	Г	A feder	al, state, or	local government o	r government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).		
7	Γ	An orga describ	anization the	at normally receives	a substantia					om the gene	ral public
_	_			(A)(vi) (Complete P		4) (D II				
8	_			described in section					uitiana	havahın fa	and ave
9	ı	_		at normally receives					•	-	=
		-		rities related to its e	•	-		-			
				oss investment inco						ax) from bus	sinesses
	_			ganızatıon after June	•			•	•		
10	<u> </u>			n organized and operated exclusively to test for public safety See section 509(a)(4).							
11	ı			ganized and operated							
				ly supported organız ıbes the type of supp						e section 50	19(a)(3). C neck
		_	Type I	b Type I			Functional -			I Туре	III - Other
e	\vdash			ox, I certify that the							
•	'	•	-	ion managers and ot	_		•		•	•	•
			509(a)(2)	-		•	,	_			
f				received a written d	etermination	from the IR	S that it is a	Type I, Type	II or Type I	II supportin	g organization,
			his box	2006 has the argan		tod ony gift	or contributi	on from any	of the		1
g			ig persons?	2006, has the organ	ization accep	nted any gnt	or contributi	on nom any	or the		
				rectly or indirectly o	ontrols, eith	er alone or to	ogether with	persons des	cribed in (ii)		Yes No
				governing body of th			_			11g(i)
		•		er of a person descri		_				11g(
			-	lled entity of a perso			bove?			11g(i	
h				ng information about							, , ,
(iii) (iv) ()											
	(:)			Type of	Is the	9	(v) Did you not	ify the	(vi) Is the	2	
(i _. Nam			(ii)	organization (described on	organizati		organizati		organizati		(vii)
	uppo		EIN	lines 1- 9 above	col (ı) lıst		col (ı) of		col (ı) orga		A mount of
		ation		or IRC section	your gove docume		suppor		ın the U		support?
				(see		ı	ļ	1		I	
				ınstructions))	Yes	No	Yes	No	Yes	No	
				l							l

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	Is th organizat col (i) lis your gove docume	e lon in ted in erning	organizati col (i) of	(v) Id you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

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

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

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

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493030000503

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (I	obbying	n Activ	ities) the	n	
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A		-	• •	•	
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Pa				: II-A	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line					
	ction 501(c)(4), (5), or (6) organizations Complete Part III	•				
		ployerıd	entifica	ition numbe	er	
Maı	monides Medical Center	163508	•			
212	t I-A Complete if the organization is exempt under section 501(c) or is a sec			anizatio	n	_
GII.			- / Oig	janiza do	••••	_
L	Provide a description of the organization's direct and indirect political campaign activities on behalf in opposition to candidates for public office in Part IV	of or				
2	Political expenditures	►	\$			
3	Volunteer hours					
ar	t I-B Complete if the organization is exempt under section 501(c)(3).					
L	Enter the amount of any excise tax incurred by the organization under section 4955	Þ	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$ <u></u>			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No	>
1 a	Was a correction made?			☐ Yes	┌ No)
b	If "Yes," describe in Part IV					
ar	t I-C Complete if the organization is exempt under section 501(c) except se	ction 5	01(c)	(3).		
L	Enter the amount directly expended by the filing organization for section 527 exempt function activ	ties ►	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527	•				
	exempt funtion activities	•	\$ <u></u>			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17th	•	\$			
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 or organization made payments. For each organization listed, enter the amount paid from the filing organization of political contributions received that were promptly and directly delivered to a separate poseparate segregated fund or a political action committee (PAC). If additional space is needed, proving the segregated fund or a political action committee (PAC).	nızatıon' lıtıcal or	s funds ganızat	Also ente ion, such a	rthe	
			Τ.,			$\overline{}$

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠	
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election	
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,	
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Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e				
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g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000			
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000	000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount									
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)					
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -					
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount									
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina		
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No	
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five	
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d		
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
	2a	Lobbyin	g non-taxable amount						
	b								
c Total lobbying expenditures	c	Total loi	obying expenditures						
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))	e								

	<u> </u>		
Part II-B	Complete if the organi	zation is exempt under section 501(c)(3) and has NOT filed Form 57	68
	(election under sectio	n 501(h)).	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(6	a)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV	Yes		470,440	
j	Total lines 1c through 1i			470,440	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Dar	+ IIII. Complete if the organization is exempt under section $501(c)(4)$ section	501/6	1/51 0	r section	

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION PART II-B	,	Other activities Payments made to lobbyists \$170,665 Lobbying portion of dues paid \$299,775 Total \$470,440 Payments made to lobbyists were in relation to capital funding for hospital equipment and ambulance, as well as modification to large scale community facility plan

DLN: 93493030000503

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number Maimonides Medical Center 11-1635081 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Par	Call Organizations Maintaining Co	ollections of Art	t, His	torical	Treasu	ires, or O	ther Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne followir	ng that ar	e a significa	nt use of its c	ollectio	n	
а	Public exhibition		d	┌ Loa	an or exc	hange progra	ams			
b	Scholarly research		e	┌ oti	her					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and expla	ıın hov	w they fur	ther the o	organization	's exempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Г	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	l "Yes" to Fo	rm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interm	edıary	for contr	ibutions	or other ass	ets not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving table		Γ		Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?			_	•	Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV							·		
Pa	rt V Endowment Funds. Complete		n ans	wered "	Yes" to	Form 990,				
		(a)Current Year	(b) Pnor Year		wo Years Back	(d)Three Years		e) Four Y	ears Back
1a	Beginning of year balance	15,747,510		15,361,		16,096,993	•	52,310		
b	Contributions	1,936,968		2,863,	808	2,883,85	·	82,195		
С	Investment earnings or losses					•)	76,718		
d	Grants or scholarships	244.044			F 10	0.510.50)	0		
е	Other expenditures for facilities and programs	2,114,844		2,477,	540	3,619,600	,	14,230		
f	Administrative expenses	45 560 624		45 747	540	,) 16.0	0		
g	End of year balance	15,569,634		15,747,	510	15,361,242	2 16,0	96,993		
2	Provide the estimated percentage of the year	ar end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 7 000 %									
С	Term endowment ► 93 000 %									
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that are h	ield and a	administered	for the		Yes	Na
	(i) unrelated organizations							3a(i)	res	No No
	(ii) related organizations							3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization					· . · . · .		3b		
4	Describe in Part XIV the intended uses of th									
Pa	rt VI Land, Buildings, and Equipmo	ent. See Form 99	90, Pa	art X, line	e 10.		_			
	Description of property				t or other vestment)	(b)Cost or other basis (other)	(c) Accumul depreciati		(d) Boo	k value
1a	Land				4,980,000					4,980,000
b	Buildings			35	8,911,086		107,00	9,152	25	1,901,934
С	Leasehold improvements									
d	Equipment			55	3,626,901		469,55	4,555	84	4,072,346
е	Other									

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

340,954,280

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(D)DOOK Value	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 1	.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(1) CAPTIVE INSURANCE CO	52,706,906	Cost or end-of-year market value F
(2) SELF-INSURANCE TRUST	3,916,901	<u>'</u>
(3) VAR HEALTH CARE RELATED ENT	11,382,158	F
(4) LT INVESTMENT FUNDS	1,102,061	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	► 69,108,026	
Part IX Other Assets. See Form 990, Part X,	_	
(a) Desc	rıptıon	(b) Book value
(1) DUE FROM AFFILIATES		7,300,004
(2) OTHER CURRENT ASSETS		42,236,271
(3) PREPAID CAPITAL ASSETS		1,295,064
(4) ESTIMATED INSURANCE CLAIMS REC		186,668,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line		▶ 237,499,339
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability		
	(b) A mount	
Federal Income Taxes THIRD PARTY REIMBUR LIABILITIE	169,690,960	
ACCRUED POSTRETIREMENT BENEFIT	59,169,795	
PROFESSIONAL LIABILITIES	41,912,016	
ESTIMATED INSURANCE CLAIMS PAYABLE	186,668,000	
	, , ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	A = 7 4 4 0 7 7 4	
Total (Column (b) Should Equal Form 330, Fatt A, COI (B) IIIIe 23)	▶ 457,440,771	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,001,793,934
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,006,984,280
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,190,346
4	Net unrealized gains (losses) on investments	4	-479,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,075,413
9	Total adjustments (net) Add lines 4 - 8	9	-1,554,413
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,744,759
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	993,216,377
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,885,057
3	Subtract line 2e from line 1	3	989,331,320
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	12,462,614
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,001,793,934
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	986,685,216
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,770,213
3	Subtract line 2e from line 1	3	984,915,003
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	22,069,277
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,006,984,280

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier	Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF ENDOWNMENT FUNDS	A Temporarily restricted net assets are available for the following purposes Research and education \$1,115,000 Plant replacement and expansion \$13,322,351 SUBTOTAL \$14,437,351 B Permanently restricted net assets \$1,132,283 ConsistS of investments to be held in perpetuity, the income from which is to be used for health care related services SUBTOTAL \$1,132,283 Total \$15,569,634
PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMTS	NON-CASH CONTRIBUTIONS (\$1,075,413)
PART XII, LINE 2D	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS W/REVENUE PER RETURN	Net assets released from restrictions \$1,764,873 CAPITAL ASSET ACQUISITIONS \$349,971 Direct expenses attributable to fundraising events \$795,367 Unrelated rental expenses netted against rental revenue \$974,846 NET ASSETS RELEASED FROM RESTRICTIONS \$3,885,057
PART XII, LINE 4B	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS W/REVENUE PER RETURN	RESTRICTED CONTRIBUTIONS, GRANTS, AND OTHER RECEIPTS \$1,936,968 Grant for capital asset acquisitions \$8,863,000 Noncash contributions \$1,075,413 INVESTMENT FEES RECLASSED TO OTHER EXPENSES \$337,233 GRANTS RECEIVED RECLASSED FROM EXPENSES \$250,000 TOTAL OF OTHER ADDITIONS \$12,462,614
PART XIII, LINE 2D	RECONCILIATION OF EXPENSES PER AUDITED FIN STMTS W/ EXPENSES PER RETURN	Direct expenses attributable to fundraising events \$795,367 Unrelated rental expenses netted against rental revenue \$974,846 DIRECT EXPENSES ATTRIBUTABLE TO FUNDRAISING EVENTS \$1,770,213
PART XIII, LINE 4B	RECONCILIATION OF EXPENSES PER AUDITED FIN STMTS W/ EXPENSES PER RETURN	Captive insurance program interest rate shortfall \$10,382,840 Change in accrued pension & postretirement benefits \$11,099,204 GRANT RECEIVED RECLASSED FROM EXPENSES \$250,000 INVESTMENT FEES RECLASSED TO OTHER EXPENSES \$337,233 TOTAL OF OTHER \$22,069,277
PART X	FIN 48 FOOTNOTE	THERE WAS NO LIABILITY FOR UNCERTAIN TAX POSITION UNDER FIN 48 MAKING THE FOOTNOTE UNNECESSARY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030000503

OMB No 1545-0047

2011

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Inspection

	e of the organization nonides Medical Center					Employer identi	fication number
						11-1635081	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. (Complete	out the organiza	ition answered
1	For grantmakers. Does the cassistance, the grantees' elig	_				_	
	the grants or assistance?						│ Yes │ No
2	For grantmakers. Describe in Pa United States	irt V the organiz	zatıon's procedu	res for monitoring the us	e of grant	funds outside the	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	nty listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	2	0	Program Services	SELF INS INVEST	SURANCE-	52,706,906
	Central America and the Caribbean	2			SELF INS	SURANCE-	51,546,547
	South America	0	0	Program Services	MEDICA CONFER		124,910
	_						
_							101 272 27
	Sub-total Total from continuation sheets to Part I	4	С				104,378,363

c Totals (add lines 3a and 3b)

104,378,363

Pa	Part IV,	line 15, for any					plete if the organiza received more thai		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Enter to to t			tod above thete		the buthe force			
2	Enter total nu tax-exempt b	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nu	mber of other o	organizations or en	tities					(Form 000) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		•		1	1	Cahadi	ule F (Form 990) 2011

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 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	<u> ~</u>	Yes	Γ	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	굣	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)	<u> ~</u>	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্ব	Νo

Schedule F (Form 990) 2011

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	David V	C		tal Information	
	Part V	Sub	ppiement	tal Information	

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

information.		
I dentifier	ReturnReference	Explanation
Schedule F, Part I	Line 3(1)	The primary coverage of professional and general liability incidents has been provided through participation in a pooled program with certain other health care facilities (principally hospitals) affiliated with the Federation of Jewish Philanthropies of New York. This occurrence basis insurance coverage participation is with captive insurance companies and commercial insurance companies. The Captive Insurance companies have two offices in the Caribbean, specifically Bermuda and Barbados. The companies were incorporated in Bermuda and Barbados in 1982 and 1986 respectively and are licensed under the Insurance Act of both countries. Since the Hospital is a shareholder of the captive insurance companies, the Hospital follows the equity method of accounting for its interest in the insurance companies associated with its medical malpractice insurance program. Additionally, Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporation, has been filed with the Hospital's 990T.
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		Schedule F (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030000503

OMB No 1545-0047

2011

Open to Public

Employer identification number

11-1635081

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization Maimonides Medical Center

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- e 🔽 Solicitation of non-government grants
- **b** 🔽 Internet and e-mail solicitations

Solicitation of government grants

c Phone solicitations

g 🔽 Special fundraising events

- **d** In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

₹	Yes	Γ

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No No No		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																	
SANKY COMMUNICATIONS	DIRECT MAIL		No	8,296	21,000	-12,704														
CONVIO	ONLINE contrib		No	7,800	28,000	-20,200														
Total			•	16,096	49,000	-32,904														

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

VΥ

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events
			ANNUAL BALL	GOLF CLASSIC	1	(Add col (a) through col (c))
ds			(event type)	(event type)	(total number)	
HIN.	1	Gross receipts	613,581	150,559	175,850	939,990
Revenue	2	Less Charitable contributions	462,381	100,079	76,475	638,935
	3	Gross income (line 1 minus line 2)	151,200	50,480	99,375	301,055
	4	Cash prizes				
မှာ ()	5	Non-cash prizes		18,316		18,316
Expenses	6	Rent/facility costs	159,592	49,800	89,914	299,306
찞	7	Food and beverages	160,088		1,500	161,588
Direct	8	Entertainment	71,500		9,800	81,300
Δ	9	Other direct expenses .	183,921	11,063	39,873	234,857
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(795,367)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	•	-494,312
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
şe	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
ă	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	│ Yes │ No	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9	Ente	er the state(s) in which the organiza	ation operates gaming ac	tivities		
a b	Ist	he organization licensed to operate	gaming activities in each	n of these states?		
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes Fno

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Maimonides Medical Center

Employer identification number

Ð	art I Charity Care and	Certain O	ther Comm	nunity Benefits a		1635081			
	charty care and	Certaiii U	riter Collin	namely benefits a	LOSI			Yes	No
1 a	Did the organization have a c	harity care po	olicy? If "No,	" skıp to question 6a			1a	Yes	
Ŀ	If "Yes," is it a written policy	·					1b	Yes	
2	If the organization had multip care policy to the various hos		ındıcate whic	h of the following best	describes application o	of the charity	<u> </u>		
	Applied uniformly to all ho	•	ıls	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients during			y criteria that applies	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					:are?	_		
		_	00% F	Other			3a	Yes	
b				•					
	"Yes," indicate which of the fo	ollowing is the	e family incor	me limit for eligibility fo	or discounted care .		3b	Yes	
	□ 200% □ 250%	▼ 30	оо% Г	350%	0% Γ Other_	<u>%</u>			
c	If the organization did not use determining eligibility for free test or other threshold, regar	ordiscounte	d care Inclu	de in the description w	hether the organizatior				
4	Did the organization's policy	provide free o	or discounted	care to the "medically	'indigent"?		4	Yes	
5a	Did the organization budget a the tax year?	mounts for fr		ted care provided und	er its financial assistar	ice policy during	5a	Yes	
b	If "Yes," did the organization	's charity car	e expenses e	xceed the budgeted ar	mount?		5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		No
6a	Did the organization prepare	a community	benefit report	tduring the tax year?			6a	Yes	
6b	If "Yes," did the organization	make it avail	lable to the pu	ublic?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheet 1)			35,784,789	0	35,78	4,789	3	610 %
b	Medicaid (from Worksheet 3, column a)			114,034,767	61,089,413	52,94	5,354	5	340 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)			196,937,686	164,255,263	32,68	2,423	3	300 %
d	Total Charity Care and Means-Tested Government Programs			346,757,242	225,344,676	121,41	2,566	12	250 %
e	Other Benefits Community health improvement services and community benefit operations (from			11,780,340	11,611	11,76			190 %
f	(Worksheet 4) Health professions education				·	·			
g	(from Worksheet 5) Subsidized health services			94,680,512	45,769,313	48,91			930 %
h	(from Worksheet 6) Research (from Worksheet 7)			31,649,939 480,043	25,481,601	<u> </u>	8,338 0,043		620 % 050 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			442,379	0	44	2,379	0	040 %
-	Total Other Benefits			139,033,213 485,790,455	71,262,525 296 607 201	67,77 189 18			830 %
K	iotal. Add lines /d and /i	1	1	485 /4N 455	ı 296 607 201	אַן אַן 1אָנן 1אָ	< 1541	19	11811 V/a

Pa	rt II Community Building	ng Activitie	s Complete t	this table if the o	rganızat	ion co	nducte	d any commur	nity b	ouildin	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect offs revenue	-	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
	Leadership development and training										
	for community members										
	Coalition building Community health improvement										
	advocacy			190,5	84			190,	,584	0	020 %
8	Workforce development										
9	Other										
10 Рат	Total 1 IIII Bad Debt, Medicar	e. & Collec	l tion Practic	190,5 es	84			190,	,584	0	020 %
1 2 3 4 Sect 5 6 7 8 Sect 9a b	Did the organization report ba Statement No 15? Enter the amount of the organ Enter the estimated amount of patients eligible under the organ Provide in Part VI the text of In addition, describe the cost rationale for including a portion ion B. Medicare Enter total revenue received for Enter Medicare allowable cost Subtract line 6 from line 5. The Describe in Part VI the extension describe in Part VI the contain Also describe in Part VI the contain Contain Provisions on the collegistic of the organization secondain provisions on the collegistic of the Contain Part VI be in Part VI the contain provisions on the collegistic of the Organization of the Collegistic of the Organization of the Collegistic of the Organization on the collegistic of the Organization on the collegistic of the Organization of the Collegistic of the Organization on the collegistic of the Organization of of the	ization's bad dif the organization's chad defined from the footnote to the method the method the method us footnote to the foo	ebt expense ion's bad debt arity care policities or ganization with a second control of the organization o	expense attributaby on's financial state rmining the amount nmunity benefit and IME) s on line 5 ed in line 7 should e used to determine tio uring the tax year? d to the largest nui d for patients who a	ments that is reported to the treated the amount of its incomplete those		ribes banes 2 ar	15,121,090 10,205,224 ad debt expense ad 3, and 241,879,004 269,003,914 -27,124,910 ay benefit an line 6	9a 9b	Yes Yes Yes Yes	No
	(a) Name of entity	(t	o) Description of p activity of entit		(c) Organi profit % o ownersh	r stock	er) Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	e) Physic ofit % or ownershi	stock
1											
2											
3											
4		1							+		
5									+		
6									1		
7									+		
									+		
8		1							_		
9									_		
10		<u> </u>									
11											
12											
13							+				

Part	V Facility Information									
	Section A. Hospital Facilities		Gener	Childre	Teach	Crtica	Resea	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	d acces	Research facility	hours	her	
How n	nany hospital facilities did the organization operate during x year? 1	pital	cal & surgical	epital	ptal	Ortical access hospital	lity			
Namo	and address									
Name	and address									Other (Describe)
1	MAIMONIDES MEDICAL CENTER 4802 TENTH AVENUE BROOKLYN,NY 11219	x	x	х	×		х	х		
		+				<u> </u>				
						 				
						<u> </u>				
						<u> </u>				
		-				<u> </u>				
		1				<u> </u>				
		<u> </u>				<u> </u>				
						1				

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

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

MAIMONIDES MEDICAL CENTER

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

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 300 %			
	If "No," explain in Part VI the criteria the hospital facility used			

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	<u> </u>
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a 🔽 Income level			
	b 🔽 Asset level			
	c 🔽 Medical indigency			
	d V Insurance status			
	e V Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h Cother (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	ļ
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before	1		
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d			
	e Cother similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	Other (describe in Part VI)	1	1	

If "Yes," explain in Part VI

provided to that patient?

.

20

21

Νo

Νo

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

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

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

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

chedule	Н	(Form	990)	2011
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Page **7**

Part V Facility Information (continue

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?					
Name and address	Type of Facility (Describe)				
1 See Addit	tional Data Table				
2					
3					
4					
5					
6					
7					
8					
9					
10					

Schedule H (Form 990) 2011

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 5 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

member of various health care associations that promote high quality, more affordable health care. Through our support of collective advocacy we participate in strengthening the role modern health care has in emprovement of the health of our communities. Part III, Line 4 - Uncompensated Care For financial reporting purpose, Maimonides Medical Center (the Nedical Center) reports as uncompensated care amounts related to care provided from the the patients's payment obligation has not been fully satisfied Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debt expense. During the registration, billing and collection process, a patient's eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care. Medical Center amended its charity care and financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care when bablity to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bethe ability to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bethe ability to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bethe and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay Bad Debt is recorded at cost Part III, line 8 - Shortfall Costs The shor	Identifier	ReturnReference	Explanation
IV , Section B, title 190 - Individuals Engible for Financial		ReturnReference	Part I, line 7, column (f) The amount of bad debt expense that was excluded in determining the percentages shown in Column (f) was \$15,121,090 Part I, line 7 A cost to charge ratio was utilized This ratio was derived from Worksheet 2, Ratio of Patient Care Cost to Charges Part II, Line 7 - Community Health Improvement Advocacy Maimonides Medical Center is a member of various health care associations that promote high quality, more affordable health care Through our support of collective advocacy we participate in strengthening the role modern health care has in the improvement of the health of our communities Part III, Line 4 - Uncompensated Care For financial reporting purposes, Maimonides Medical Center (the Medical Center) reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied. Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debt expense. During the registration, billing and collection process, a patient's eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care. The Medical Center amended its charity care and financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care. The additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial aid in accordance with the Medical Center's policies. For patients who were determined by the Medical Center to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay Bad Debt is recorded at cost. Part I
Assistance The hospital uses Medicare rates for outpatient services rendered and Medicaid DRG rates for inpatient services rendered			services rendered and Medicaid DRG rates for inpatient

2 Needs Assessment	The New York City Department of Health and Mental Hygiene is
	an increasingly effective, real time source of information about health status and health care needs at the community and neighborhood level Maimonides Medical Center also has a robust program of outreach and interaction with the communities that utilize our services Maimonides Medical Center actively seeks participation of community residents and leaders on the Board of Trustees Maimonides Medical Center actively engages its medical staff, community leaders, community organizations and health service delivery partners in discussions on improving coordination and access to services Maimonides Medical Center developed a Council of Community Organizations (COCO), an ongoing forum and vehicle for communication with local community leaders, community groups, businesses, politicians Over 350 people from the neighborhoods that comprise southwestern Brooklyn are personally invited to participate in the meetings. The group meets at least annually, is presided over by, Pamela Brier, President of Maimonides Medical Center, and includes discussion of new programs and initiatives focused on community service. Executive leadership also meets regularly with representatives of Hatzolah Ambulance Corps of Boro Park to discuss community health needs. These meetings are held quarterly and focus on community health needs and activities.
	to improve clinical outcomes especially as they relate to effective and appropriate utilization of emergency services

Identifier	ReturnReference	Explanation
3 Patient education of eligibility for assistance		ACCESS TO INFORMATION - All written information is available in multiple languages Patients are informed of the hospital's financial assistance via the following methods - Multi-lingual signage - Summary brochure of the financial assistance policy available at points of patient service - Information distributed during the intake and registration process - The hospital website - Information on bills and statements sent to patients - Responses to direct inquiries made to the hospital

Identifier	ReturnReference	Explanation
4 Community Information		Maimonides Medical Center historically has used a commonly accepted planning definition of service area for acute care hospitals based on the aggregation of inpatient discharges from surrounding zip codes. The zip codes comprising the first 50% inpatient zip codes are defined as the primary service area. The next group of zip codes comprising the next 25% of zip codes is defined as the secondary service area. Based on this planning definition the primary service area for Maimonides Medical. Center is comprised of the following 6 zip codes, 11219, 11230, 11218, 11204, 11220, 11214. The following 6 zip codes comprise the secondary service area for Maimonides. Medical Center, 11223, 11235, 11229, 11224, 11228, 11209. Approximately 95% of the inpatient discharges at Maimonides Medical Center are patients with a Brooklyn address. Maimonides Medical Center is mindful of the New York State Department of Health definition of the hospital primary service areas as the five counties of New York City for purposes of service and financial aid pursuant to PHL 2807 (k) (9-a). According to the New York City Department of Health and Mental Hygiene, the neighborhoods of southwestern Brooklyn that comprise this primary and secondary service area are described socio-economically as low to medium poverty (10-30%). The population of Brooklyn is very ethnically diverse and southwest Brooklyn's current population is rich in that diversity. One indicator of that diversity is Maimonides signage and translation of documents into eleven languages in addition to English. Italian, French, Russian, Spanish, Urdu, Arabic, Yiddish, Bengali, Polish, Chinese and Creole.

	Identifier	ReturnReference	Explanation
5 Promo	cion of community health		Maimonides Medical Center is governed by a Board of Trustees that is largely comprised of persons who reside in the surrounding communities and neighborhoods that form its primary service area. Board members serve on a voluntary basis without compensation. Maimonides Medical Center does not have the very important benefit of significant endowment from philanthropy, hence, it is very dependent on generating surplus funds to grow clinical programs and replace equipment, develop new services, acquire new technology and keep facilities up to contemporary standards. Maimonides Medical Center endeavors to maintain an open medical staff to all qualified physicians in the community except in circumstances of extreme constraints on capacity. The Department of Medicine has utilized the affiliate status permitted by the medical staff by-laws, providing for access and continuity of care for their patients, without the burden of time requirements associated with full Medical Staff privileges. Maimonides Medical Center has played a central support and leadership role in the development of the Brooklyn Health Information Exchange (BHIX), a regional health information organization (RHIO) that offers an information exchange platform and comprehensive services to support care coordination through
<u> </u>			an efficient and meaningful exchange of health information

Identifier	ReturnReference	Explanation
7 State filing of community benefit report		NY

Software ID: Software Version:

EIN: 11-1635081

Name: Maimonides Medical Center

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 13	
Name and address	Type of Facility (Describe)
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center

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DLN: 93493030000503

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization

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

Inspection Employer identification number

valmonides Medical Center						11-1635081	
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as:	sıstance?			the grants or assist	ance, and	✓ Yes 🗀
Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
Enter total number of section 50Enter total number of other orga		_				. _	17

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Suppleme	plemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Identifier	Return Reference	Explanation								
•	1 ' '	General support is given to various health related organizations whose activities have been determined are compatible and complimentary to those of Maimonides Medical Center								

Software ID: Software Version:

EIN: 11-1635081

Name: Maimonides Medical Center

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Hospital Fund350 Fifth Ave New York, NY 10118	13- 1562656	501(6)(3)	34,700				General Support
Chevra Hatzalah of Crown Heights 383 Kingston Ave BROOKLYN, NY 11213	11- 2420013	501(C)(3)	26,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hatzolah of Williamsburg183 Wilson St Bklyn,NY 11211	11- 3376135	501(c)(3)	25,000				General Support
Hatzolah of Staten Island22 Niles Pl Staten ISLAND, NY 10314	02- 0738155	501(c)(3)	25,000				General Support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hatzolah of Mill Basin6363 Avenue U Bklyn,NY 11234	36- 4600064	1 501761731	10,000				General Support
HATZOLAH OF FLATBUSH1880 OCEAN AVE BROOKLYN,NY 11230	13- 3213138	1 501761/31	70,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAD EPHRAIM 1274 49TH ST BOX 69 BROOKLYN,NY 11219	54- 2196301	501(c)(3)	25,000				GENERAL SUPPORT
Rivkah Laufer Bikur Cholim1406 57th St BROOKLYN,NY 11219	11- 6111320	1 50177 1731	18,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York eHealth CollaborativeNYeC 40 WORTH ST NEW YORK, NY 10013	20- 8022336	501(c)(3)	14,800				GENERAL SUPPORT
Nachas Health & Family Network Inc 1310 48TH ST BROOKLYN,NY 11219	11- 3067201	501(C)(3)	10,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hunter College Foundation695 PARK AVENUE NEW YORK, NY 10065	13- 3598671	501(c)(3)	9,825				GENERAL SUPPORT
Haitian Solidarity 415 E 17TH ST STE 35 BROOKLYN, NY 11226	27- 2590851	501(c)(3)	9,540				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Primary Care Development Corp 22 CORTLAND ST NEW YORK, NY 10007	13- 3711803	501(c)(3)	8,500				GENERAL SUPPORT
Metropolitan Jewish Health System6323 Seventh Ave BROOKLYN,NY 11220	11- 3538607	501(C)(3)	5,850				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Satmar Bikur Cholim 5422 14TH AVE BROOKLYN, NY 11219	11- 6081323	1 5017(3)(3)	7,500				GENERAL SUPPORT
St Athanasius Church2154 61ST ST BROOKLYN,NY 11204	11- 1639837	1 501(0)(3)	5,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH PROJECT DBA CALLEN- LORDE365 WEST 18TH ST NEW YORK, NY 10011	13- 3409680	501(C)(3)	10,500				GENERAL SUPPORT

DLN: 93493030000503

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Maimonides Medical Center Employer identification no						
Mai		-1635081				
Pa	rt I Questions Regarding Compensation					
			Yes	Νc		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person liste 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the					
	First-class or charter travel Housing allowance or residence for per	sonal use				
	Travel for companions Payments for business use of personal					
	Tax idemnification and gross-up payments Health or social club dues or initiation					
	Discretionary spending account Personal services (e.g., maid, chauffeu	r, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payn reimbursement orprovision of all the expenses described above? If "No," complete Part III to expla					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1					
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation	n committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the for a related organization	iling organization				
а	Receive a severance payment or change-of-control payment?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	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 Pa	art III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		No		
b	Any related organization?	5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a	Yes			
b	Any related organization?	6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fit payments not described in lines 5 and 6? If "Yes," describe in Part III	xed 7	Yes			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," described in Part III	cribe 8		No		

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

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

					, ,	, ,	. ,	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Pamela Brier	(ı) (ıı)	978,528	200,000	91,975	15,925	47,871	1,334,299	
(2) Mark McDougle	(I) (II)	193,754	125,000	34,085	8,667	4,503	366,009	
(3) Robert Naldı	(ı) (ıı)	645,589	125,000	48,181	15,925	5,440	840,135	
(4) Joyce Leahy	(ı) (ıı)	386,101	50,000	14,925	15,925	8,924	475,875	
(5) Enrico Ascher MD	(I) (II)	3,159,839	0	1,518	15,925	7,196	3,184,478	
(6) Patrick Borgen MD	(I) (II)	1,573,924	50,000	18,966	15,925	24,552	1,683,367	
(7) Israel Jacobowitz MD	(ı) (ıı)	1,275,745	0	24,272	15,925	7,196	1,323,138	
(8) A mit Schwartz MD	(ı) (ıı)	1,227,356	254,000	240	15,925	24,552	1,522,073	
(9) Jack Choueka MD	(ı) (ıı)	960,269	50,000	25,722	15,925	20,552	1,072,468	
(10) Dominick Stanzione	(I) (II)	274,399	0	9,016	15,925	10,514	309,854	
_								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Information		THE FOLLOWING PERSONS PARTICIPATED IN THE ORGANIZATION'S 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND EARNED VESTED BENEFITS DURING 2011 WHICH ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) PAMELA S BRIER - \$42,575 MARK MCDOUGLE - \$28,903 ROBERT NALDI - \$30,991 JOYCE LEAHY - \$13,377 PART I, LINE 6A THE ORGANIZATION PAYS, PURSUANT TO INDIVIDUAL EMPLOYMENT CONTRACT AGREEMENTS, A PORTION OF FACULTY PRACTICE EARNINGS, NET OF EXPENSES PART I, LINE 7 Non fixed payments are paid based upon the approval from the compensation committe of the Board

Schedule K

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493030000503

Open to Public **Inspection**

Internal Revenue Service Name of the organization Maimonides Medical Center

Department of the Treasury

(Form 990)

Employer identification number 11-1635081

										1.	1-103	2001			
Р	art I Bond Issues									·					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue	Price	(f)) Description	of Purpose	(g) Def	eased	Beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NY	14-6000293	64983TWB5	06-24-2004	114,25	52,556	SEE	BELOW			Х		х		х
В	NEW YORK CITY CAPITAL RESOURCE CORPORATION	20-4099098	649437AA8	05-25-2006	31,20	00,000	SEE	BELOW			Х		Х		х
Pa	rt III Proceeds														
						A		I	3		С			D	
1	A mount of bonds retired					10,235	,000		4,855,000						
2	A mount of bonds defeased						0		0						
3	Total proceeds of issue				1	14,252	,556		31,200,000						
4	Gross proceeds in reserve fun	ds				8,831	,111		0						
5	Capitalized interest from proce	eeds				10,230	,124		0						
6	Proceeds in refunding escrow						0		0						
7	Issuance costs from proceeds	:				1,356	,852		460,698						
8	Credit enhancement from proc	eeds				1,340	,270		31,200						
9	Working capital expenditures f	rom proceeds					0		0						
10	Capital expenditures from proc	ceeds				92,494	,199	,	30,708,102						
11	O ther spent proceeds						0		0						
12	O ther unspent proceeds						0		0						
13	Year of substantial completion	1			2.0	09		20	07						
					Yes	No	,	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refund	ng issue?			Х			X						
15	Were the bonds issued as part	of an advance refu	nding issue?			Х			х						
16	Has the final allocation of proc	eeds been made?			Х			Х							
17	Does the organization maintail allocation of proceeds?	n adequate books a	nd records to supp	ort the final	Х			Х							
Pa	rt IIII Private Business U	se													
						Α			3		C			D	
					Yes	No)	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Part IIII Private Business Use (Continued) Α В С D Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business За Х Х use? If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Х Χ Are there any research agreements that may result in private business use of bondc financed property? Χ Χ If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Χ Enter the percentage of financed property used in a private business use by entities 4 other than a section 501(c)(3) organization or a state or local government 0 % 0 % Enter the percentage of financed property used in a private business use as a result of 5

Х

0 %

Χ

Part IV Arbitrage

6

7

Total of lines 4 and 5

Par	t IV Arbitrage								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X		X				
2	Is the bond issue a variable rate issue?		Х	Х					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		,	,					
			X	X					
b	Name of provider	0		BANKOFAM	IERICA				
С	Term of hedge				19 6				
d	Was the hedge superintegrated?		х		x				
e	Was a hedge terminated?		х		×				
4a	Were gross proceeds invested in a GIC?	X			Х				
ь	Name of provider	MBIA		0					
С	Term of GIC		29 1						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x							
5	Were any gross proceeds invested beyond an available temporary period?	х			х				
6	Did the bond issue qualify for an exception to rebate?		х	х					

Part V Procedures To Undertake Corrective Action

unrelated trade or business activity carried on by your organization, another section

Has the organization adopted management practices and procedures to ensure the

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

Part VI Supplemental Information

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

Ident if ier	Return Reference	Explanation
SEE	0	
SCHEDULE O		

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Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

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

OMB No 1545-0047

2011

Open to Public Inspection

	of the organization des Medical Center							E	mployer i	dent if ica	tion numb	er
T I I I I I I I I I I I I I I I I I I I	des riedical center							1	1-16350	81		
Part I	Excess Benefit Tran	nsacti	ons (s	ection 501	(c)(3) a	ind section 501	(c)(4)	organı	zations d	only).		
	Complete if the organizat	ion ans	wered "	Yes" on Forr	m 990, F	art IV, line 25a c	or 25b, d	or Form	990-EZ,	Part V , lı	ne 40b	
	(a) Name of disqu	uslified	norcon			(1) 5		<i>.</i> .				(c) rected?
1	(a) Name of disqu	uaiiiieu	person			(b) Desc	ription	of trans	action		Yes	No
											res	NO
2 En	ter the amount of tax impos	ed on tl	he orgar	nization man	agers or	disqualified perso	ons duri	ng the y	ear unde	r		
se	ction 4958								🕨	* \$		
3 En	ter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organızatıon .			🕨	· \$		
Part I	Loans to and/or F	Erom	Intoro	stad Dare	one							
raiti	Complete if the organiz					. Part IV . line 26	. or Forr	n 990-E	Z. Part V	. line 38	а	
							,		(f)			
(a) Nar	ne of interested person and		oan to om the	(c)0 rig	unal		(e) I		Approv		(g)Writ	
(-)	purpose	organı	zation?	principal a		(d)Balance due	defau	It?	by boar		agreeme	nt?
		To	From				Yes	No	Yes	No	Yes	No
			1					1	1	1	1	111
Total .					▶ \$							
Part II								_				
	Complete if the orga	nızatıc						27.				
	(a) Name of interested pers	on	(1			en interested per ganization	son	(c) A m	nount of g	rant or ty	pe of assi	stance
				an an	u the or	gamzation	+					
			\dashv									

Part IV	Business	Transactions	Involving	Interested	Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	iaring of zation's nues?
	organization			Yes	No
(1) 745-64TH REALTY ASSOC INC	ANDREW KOHEN,TRUSTEE/OWN	1,041,586	REAL ESTATE RENTAL		No
(2) RMNDS REALTY ASSOC	ANDREW KOHEN,TRUSTEE/OWN	1,222,750	REAL ESTATE RENTAL		Νο

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493030000503

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public

Internal Nevertae Service		Tilspection
Name of the organiza	tion	Employer identification number
Maimonides Medical Cente	er	
		11 1625001

Pa	rt I Types of Property						
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d) Method of determ contribution amo		
1	Art—Works of art			19			
	Art—Historical treasures .						
	Art—Fractional interests						
4	Books and publications						
_	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .						
10	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .	Х	29,735	1,075,413	QUANTIFIED BY DONO	₹	
21	Taxıdermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	O ther ▶ ()						
	O ther ▶()						
27	O ther ►()						
28	O ther ▶ ()						
29	Number of Forms 8283 received for which the organization compl				29		
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it	Yes	No
	must hold for at least three year				d to be used		
	for exempt purposes for the enti	re holding p	period?		· · · · · 30a		No
b	If "Yes," describe the arrangeme						
31	Does the organization have a gif	t acceptan	ce policy that requires the r	review of any non-standard	contributions? 31		No_
32a	Does the organization hire or us contributions?	e third part	=	to solicit, process, or sell i	non-cash 32a		No
b	If "Yes," describe in Part II						_
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,		l

Part II

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

Identifier	Return Reference	Explanation
SCHEDULE M, PART II		VACCINES ARE RECEIVED ANNUALLY THROUGH U S DEPARTMENT OF HEALTH AND HUMAN RESOURCES PASS THROUGH PROGRAMS FROM THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR IMMUNIZATION COOPERATIVE AGREEMENTS VACCINES FOR CHILDREN AS REPORTED ON THE FINANCIAL STATEMENTS AND AUDIT REPROT RELATED TO U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization Maimonides Medical Center	Employer identifi	cation number
	11-1635081	

ldentifier	Return Reference	Explanation
Form 990 Supplemental Information	PART I, Line 1	OUR COMMITMENT HAS ALWAYS BEEN TO SERVE THE COMMUNITY PROVIDING QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION REGARDLESS OF RACE, CREED, SEX, NATURAL ORIGIN, AGE, HANDICAP OR ABILITY TO PAY Form 990, Part I, Line 6 - Volunteers 2011 At Maimonides we are fortunate to have a large corps of dedicated volunteers who enhance the services provided by our staff. There were approximately 1,720 volunteers in 2011 who served around 220,000 hours. All volunteer records are kept in a computer database system. Volunteers at Maimonides sign in and out using a touch screen computer. Accordingly the number of volunteers and hours served are tracked by the system. The Department of Volunteer Services works very closely with youth agencies and provides a worksite for various youth employment programs. We coordinate internship programs with business schools and colleges (both undergraduate and graduate programs). This has developed successful relationships with community agencies and organizations. Some of the service areas the volunteers work in are labor coach (doula), postpartum support, interpretation, greeters, ladies auxiliary, patient library, surgical lounge, refreshment carts, humor cart, feeders, chaplaincy, clerical support and other support services.

ldentifier	Return Reference	Explanation
Form 990 Supplemental Information	FORM 990, PART III, LINE 1	MAIMONIDES MEDICAL CENTER IS DEDICATED TO FOSTERING HEALTHY COMMUNITIES WE PROVIDE HIGH QUALITY COMPASSIONATE PATIENT CARE AND COMPREHENSIVE COMMUNITY SERVICES AS A PREMIER ACADEMIC MEDICAL CENTER, WE ARE DEVOTED TO EDUCATING HEALTH CARE PROFESSIONALS, PATIENTS, FAMILIES, EMPLOYEES AND THE COMMUNITIES WE SERVE WE CONDUCT RESEARCH THAT IMPROVES THE LIVES OF OUR PATIENTS WE WELCOME ALL PATIENTS OF ALL FAITHS AND AT THE SAME TIME REMAIN UNIQUELY COMMITTED TO SERVING THE SPECIAL HEALTHCARE NEEDS OF THE ORTHODOX JEWISH COMMUNITY, WHOSE RELIGIOUS AND CULTURAL TRADITIONS HELP GUIDE THE PROVISION OF MAIMONIDES SERVICES

ldentifier	Return Reference	Explanation
Form 990 Supplemental Information	Form 990, Part III, LINE 4	Maimonides Medical Center, a 711 bed acute care voluntary, not-for profit hospital, offers a wide array of inpatient and outpatient healthcare services. Our commitment has always been to serve the community providing quality healthcare services and healthcare education regardless of race, creed, sex, natural origin, age, handicap or ability to pay. The Medical Center's estimated costs for charity care were \$37.0 million for 2011. This does not include the service loss of treating the Medicaid population. Additionally, patients who do not qualify for charity care and all uninsured inpatients who do not qualify for Medicaid assistance are billed at the Medicai Center's rates. Uncollected balances for these patients are categorized as bad debts. Total uncompensated are as a result of bad debts for all patient services approximated \$15.0 million in 2011. For financial reporting purposes, the Medicai Center reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied. Uncompensated care is the sum of the Medicai Center's charity care, including free and reduced price medical care, and bad debt expense. During the registration, billing and collection process, a patient's eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medicai Center charity care and financial aid policy, care given but not paid for is classified as charity care. The Medicail Center amended its charity care and financial aid policy in order to authorize use of additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify patients for charity care and/or financial aid in accordance with the Medicail Center's policies. For patients who were determined by the Medicail Center to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bad debt and charity care is difficult in part be

ldentifier	Return Reference	Explanation
Form 990 Supplemental Information	Form 990, Part VI, Governance, Management, and Disclosure 2010	Section A Governing Body and Management 6 The organization has a member, Mamonides Heal th Resources, Inc (MHRI) a not-for-profit, federally tax exempt corporation which is its sole corporate member 7a MHRI elects the trustees in The board of trustees of Mamonides Medical Center (MMC) is its governing body 7b. The powers of MHRI are described below. MHRI is a New York not-for-profit corporation. It is the sole member of MMC. Which was the following powers of MHRI as the Bow of the MMC bylaws (1) MHRI elects trustees to the governing body. Or HRIVA of the American MHRI has the power to amend, modify or repeal the bylaws of MMC. The board of trustees of MMC, not MHRI (2) MHRI has the power to amend, modify or repeal the bylaws of MMC. The board of trustees of MMC also has such power. MHRI has the following power under New Yorks not-for-profit corporation law. (1) Authorization of merger or consolidation requires MHRI's consent. (2) Non-judicial dissolution requires MHRI's consent. (3) MHRI has the power to petition the court for judicial dissolution (4) The sale or other equires MHRI's consent. (3) MHRI has the power to petition the court for judicial dissolution (4) The sale or defended are in the properties of the properties and attachments are then presented to the President and Audit and Legal Committee of the Board of Trustees to whom the responsibility for reviewing the Form 990 has been delegated for their comments and questions profit filing 12 to the properties of the president and Audit and Legal Committee of the Board of Trustees to whom the responsibility of all trustees, officers, employees and members of the medical staff to familiarize themselves with the conflicts of interest policy and to comply and ensure compliance of family members where applicable. They are required to disclose in

ldentifier	Return Reference	Explanation
Form 990 Supplemental Information		cash Contributions \$(1,075,413) Total of other changes in net assets \$(1,554,416)

ldentifier	Return Reference	Explanation
FORM 990 SUPPLEMENTAL INFORMATION	15 & 25	THE AMOUNTS REPORTED IN PART X, LINES 15 AND 25 INCLUDE AN ADDITIONAL \$188,031,000 WHICH WAS NOT REPORTED ON THE PRIOR YEARS RETURN THESE AMOUNTS ARE RELATED TO ESTIMATED INSURANCE CLAIMS RECEIVABLE AND PAYABLE, RESPECTIVELY, AND ARE ADDED DUE TO A CHANGE IN ACCOUNTING PRESENTATION

ldentifier	Return Reference	Explanation
Schedule K, Part I, Bond Issues		A (a) Issuer name - Dormitory Authority of the State of New York A (f) Description of purpose - Financing of hospital campus modernization, through construction of a new 9-floor building, renovation of existing facilities and purchase of equipment and furnishings, funding of reserves and paying of costs of issuance B (a) Issuer name - New York City Capital Resource Corporation B (f) Description of purpose - Financing of hospital campus renovation and repairs, funding costs related to the modernization project not previously funded through the bonds referenced in Part I(A), purchasing of equipment and information systems and paying costs of issuance Maimonides Medical Center has established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations, however these procedures were not put in place until Maimonide's 2012 fiscal year. As a result, Part V of Schedule K is marked "no" for 2011

ldentifier	Return Reference	Explanation
Part IV, Arbitrage	Line 5 - Gross proceeds invested beyond an available temporary period	At closing, the modernization project was expected to take approximately thirty months to construct. Several issues arose during the construction period resulting in an elongation of the construction period beyond the expected thirty months. The first substantive delay was the result of a city-wide strike by the steel workers union. This strike occurred during the erection of steel and, as such, after the strike was over the steel workers on the job had to be remobilized. The second substantive delay was the result of a dispute between the design engineer and subcontractor over the HVAC system design and constructability of the system which was subsequently resolved. The third substantive delay was the result of the principal manufacturer of HVAC ductwork declaring bankruptcy during the manufacture of the project materials resulting in delays obtaining ducts already manufactured and then commissioning a new manufacturer for the remaining ductwork. These delays had a cascade effect on delaying other trades whose work could not proceed as originally anticipated and scheduled. The fourth substantive delay was the result of the untimely demise of the project manager on the job which, although he was quickly replaced by the construction manager, was disruptive to normal job coordination and management. In spite of these unforeseen delays, the modernization project was completed in April 2009, which was approximately two years past the available temporary period.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service									Op:	en to Pu nspectio	blic on
Name of the organization Maimonides Medical Center								Employer id 11-163508	entification number		
Part I Identification of Disregarded Entities (C	Complete	ıf the organızat	ion	answered "Yes	s" on	n Form 990, Pa	art I\		-		
(a) Name, address, and EIN of disregarded entity		(b) Primary activity		(c) Legal domicile (sta or foreign country		(d) Total income	End-o	(e) f-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt On or more related tax-exempt organizations du	rganizat	i ons (Complete tax year.)	e if	the organizatio	on an	nswered "Yes"	on F	orm 990, Pa	art IV, line 34 beca		
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) gal domicile (state r foreign country)	Exen	(d) mpt Code section		(e) c charity status ction 501(c)(3))	(f) Direct controlling entity	cor	(g) 512(b)(13 ntrolled nization No
(1) MAIMONIDES RESEARCH & DEVELOPMENT FND			\vdash							163	1
4802 TENTH AVENUE BROOKLYN, NY 11219	RESE/	ARCH		NY		501(C)(3)		11a	MAIMONIDES M	Yes	
11-2608229 (2) MAIMONIDES HEALTH RESOURCES INC			+							-	+
4802 TENTH AVENUE BROOKLYN, NY 11219 11-3018258	SUPP	ORT ORG		NY		501(C)(3)		11a	NA		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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

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
(1) MMC HOLDING OF BROOKLYN INC 4510 16TH AVENUE BROOKLYN, NY 11204 11-2683298	ADMIN SERVICE	NY	NA	C CORP			

chedule R (Form 990) 2011		Pa	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		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 (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
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 Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1 g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1 i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	\vdash
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
• Reimbursement paid to related organization(s) for expenses	10	Yes	
p Reimbursement paid by related organization(s) for expenses	1р	Yes	₩
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r	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 other organization	Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MMC HOLDING OF BROOKLYN INC	I	518,579	COST
(2) MMC HOLDING OF BROOKLYN INC	0	20,413,236	COST
(3) MMC HOLDING OF BROOKLYN INC	R	145,349	COST
(4) MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	С	266,881	COST
(5) MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	J	515,000	COST
(6) MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	Р	203,724	COST

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) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
] 311/	Yes	No			Yes	No		Yes	No	1

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

·

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 11-1635081

Name: Maimonides Medical Center

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount I nvolved (\$)	(d) Method of determining amount involved
(1)	MMC HOLDING OF BROOKLYN INC	I	518,579	COST
(2)	MMC HOLDING OF BROOKLYN INC	0	20,413,236	COST
(3)	MMC HOLDING OF BROOKLYN INC	R	145,349	COST
(4)	MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	С	266,881	COST
(5)	MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	J	515,000	COST
(6)	MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	Р	203,724	COST



Name: Maimonides Medical Center

Description	Amount
INVESTMENT LOSS	120,766

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Name: Maimonides Medical Center

Description	Amount
PREMIUMS CEDED	27,306,000
INVESTMENT INCOME	7,204,000
REINSURANCE EXPENSE RECOVERY	1,872,000
LOSSES	175,530,000



Name: Maimonides Medical Center

Description	Amount
GAINS	67,008
RETURN OF CAPITAL DISTRIBUTION	376,000



Name: Maimonides Medical Center

Description	Amount	
PREMIUM INCOME	219,576,000	



TY 2011 Investment in Subsidiaries Statement

Name: Maimonides Medical Center

Description	Beginning Amount	Ending Amount
INVESTMENT IN AFFIL COS	11,649,417	11,528,650

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TY 2011 Itemized Other Current Liabilities Schedule

Name: Maimonides Medical Center

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		DIVIDENDS PAYABLE	103,079	103,079

TY 2011 Itemized Other Assets Schedule

Name: Maimonides Medical Center

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	133,857	125,497

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TY 2011 Itemized Other Current Assets Schedule

Name: Maimonides Medical Center

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount

TY 2011 Other Deductions Schedule

Name: Maimonides Medical Center

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LEGAL EXPENSES		7,317
MANAGEMENT FEES		329,750
SECRETARIAL FEES		11,085
GOVERNMENT FEES		10,560
ACTUARIAL FEES		102,183
AUDIT FEES		115,150
TRAVEL		11,693
COURIER CHARGES		1,602
MISCELLANEOUS EXPENSES		65,565
BANK FEES		3,151
D&O INSURANCE		250,992
OTHER INVESTMENT LOSS		120,766
OTHER DEDUCTIONS		6,000

TY 2011 Itemized Other Investments Schedule

Name: Maimonides Medical Center

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		OTHER INVESTMENTS	14,825,000	14,825,000

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TY 2011 Itemized Other Liabilities Schedule

Name: Maimonides Medical Center

EIN: 11-1635081

TY 2011 Itemized Other Liabilities Schedule

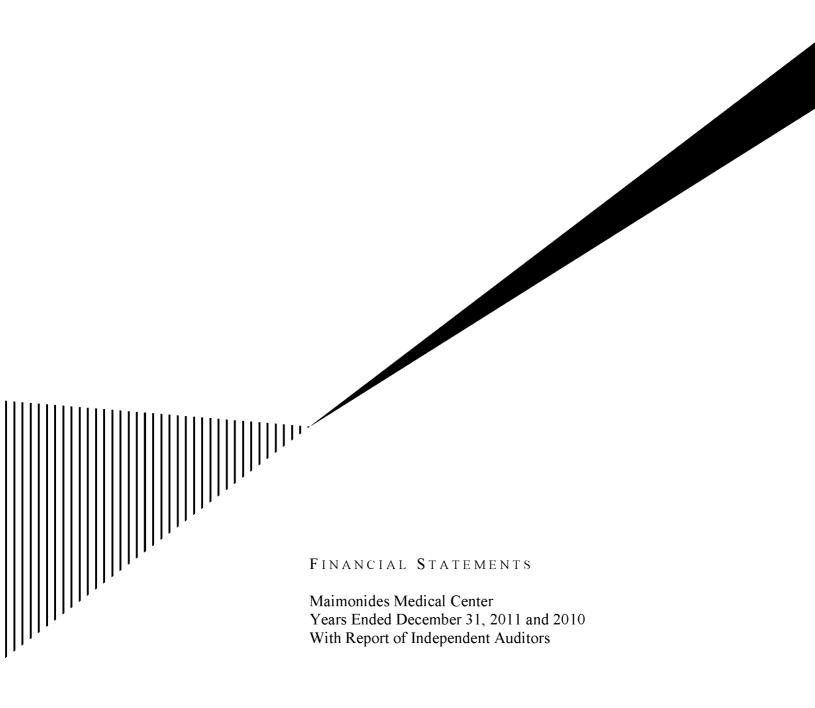
Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OUTSTANDING LOSS RESERVE	527,484	60,477



TY 2011 Other Income Statement

Name: Maimonides Medical Center

Description	Foreign Amount	Amount
GAINS		67,008



Ernst & Young LLP

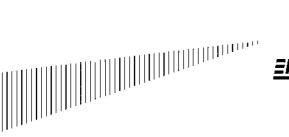


Financial Statements

Years Ended December 31, 2011 and 2010

Contents

Report of Independent Auditors	1
Statements of Financial Position	2
Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Financial Statements	6





Ernst & Young LLP 5 Times Square New York, NY 10036-6530

Tel +1 212 773 3000 Fax +1 212 773 6350 www.ey.com

Report of Independent Auditors

The Board of Trustees
Maimonides Medical Center

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

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Maimonides Medical Center at December 31, 2011 and 2010, and the results of its operations and changes in net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

As discussed in Notes 1 and 7 to the accompanying financial statements, in 2011 the Medical Center changed its method of accounting and reporting for estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*

Ernst + Young LLP

April 30, 2012

Statements of Financial Position

		December 31			
	2011			2010	
		(In Thousands)			
Assets					
Current assets					
Cash and cash equivalents	\$	49,188	\$	43,996	
Short-term investments (Notes 1 and 3)		93,294		91,487	
Total cash, cash equivalents and short-term investments		142,482		135,483	
Assets limited as to use, current portion (Notes 3 and 5):					
Board designated		13,757		13,908	
Receivables for patient care, net of allowance for doubtful					
accounts (2011 – \$83,819, 2010 – \$76,844) (Note 2)		131,916		119,693	
Due from affiliates, net, current portion (Note 8)		7,300		4,919	
Supplies, at average cost		8,851		9,948	
Estimated insurance claims receivable, current					
portion (Notes 1 and 7)		28,000		28,205	
Other current assets (Note 1)		45,866		39,443	
Total current assets		378,172		351,599	
Assets limited as to use, less current portion (Notes 3, 5 and 7):					
Sinking funds		12,883		10,944	
Collateral		2,630		2,630	
Self-insurance trust		3,917		3,958	
Long-term investment funds (Notes 1 and 3)		1,102		1,384	
Due from affiliates, net, less current portion (Note 8)		2,607		2,462	
Property, plant and equipment, net (Notes 4 and 5)		340,954		331,664	
Equity in captive insurance program (Note 7)		52,707		47,256	
Estimated insurance claims receivable, less current					
portion (Notes 1 and 7)		158,668		159,826	
Other assets (Note 1)		16,534		35,656	
Total assets	\$	970,174	\$	947,379	

	December 31				
		2011		2010	
		(In Thousands)			
Liabilities and net assets					
Current liabilities					
Accounts payable and accrued expenses	\$	54,948	\$	56,076	
Construction payable		7,291		8,280	
Accrued salaries and related liabilities		74,152		74,089	
Current portion of long-term debt and capital lease					
obligations (Note 5)		21,181		21,049	
Line of credit borrowings (Note 5)		18,408		16,408	
Estimated insurance claims liabilities, current					
portion (Notes 1 and 7)		28,000		28,205	
Other current liabilities (Notes 1 and 7)		65,260		43,754	
Total current liabilities		269,240		247,861	
Long-term debt and capital lease obligations, less					
current portion (Note 5)		158,532		174,114	
Accrued pension and postretirement benefits (<i>Note 6</i>)		59,170		46,347	
Other noncurrent liabilities (Notes 2 and 5)		104,430		109,121	
Professional liabilities (Note 7)		41,912		25,144	
Estimated insurance claims liabilities, less current		,		,	
portion (Notes 1 and 7)		158,668		159,826	
Total liabilities		791,952		762,413	
Commitments and contingencies (Notes 2, 5, 6, 7, 9, 14 and 15)					
Net assets (Note 9):					
Unrestricted		162,652		169,218	
Temporarily restricted		14,438		14,616	
Permanently restricted		1,132		1,132	
Total net assets		178,222		184,966	
Total liabilities and net assets	\$	970,174	\$	947,379	

See accompanying notes.

Statements of Operations and Changes in Net Assets

	Year Ended December 31 2011 2010			_
	(In Thousands)			
Operating revenue	0 0	40.00	Φ	
Net patient service revenue (Note 2) Other revenue (Note 10)		12,798	\$ 9	950,578 44,341
Net assets released from restrictions	-	18,654 1,765		2,337
Total operating revenue)3,217		97,256
Total operating tevenue	93	73,217	3	771,250
Operating expenses				
Salaries and wages		76,048		172,167
Employee benefits		12,293		133,241
Supplies and other expenses		11,638	3	310,895
Depreciation and amortization		16,098		41,507
Interest and amortization of deferred financing costs		10,608		11,471
Total operating expenses	98	36,685	9	969,281
Excess of operating revenue over operating expenses before other items		6,532		27,975
Change in captive insurance program interest rate shortfall (<i>Note 7</i>)	(1	10,383)		5,249
Change in equity in captive insurance program (Note 7)		(1,727)		5,074
Medical residents FICA refund (Note 1)		_		10,723
(Deficiency) excess of revenue over expenses before net change in				
unrealized gains and losses on investments and change in fair				
value of interest rate swap agreements	1	(5,578)		49,021
Net change in unrealized gains and losses on investments and		1.040		1.60
change in fair value of interest rate swap agreements (<i>Note 5</i>)		1,248		169
(Deficiency) excess of revenue over expenses	1	(4,330)		49,190
Change in accrued pension and postretirement benefits liabilities	(1	11 000)		(2.650)
to be recognized in future periods Grants for capital asset acquisitions and net assets released from	()	11,099)		(2,659)
restrictions used for capital asset acquisitions		8,863		140
(Decrease) increase in unrestricted net assets		(6,566)		46,671
(Decrease) mercase in unrestricted net assets	,	(0,00)		40,071
Temporarily restricted net assets				
Restricted contributions, grants and other receipts		1,937		2,864
Net assets released from restrictions				
Operating expenses	1	(1,765)		(2,337)
Capital asset acquisitions		(350)		(140)
(Decrease) increase in temporarily restricted net assets		(178)		387
(Decrease) increase in net assets	1	(6,744)		47,058
Net assets at beginning of year		34,966		137,908
Net assets at end of year	\$ 17	78,222	\$	184,966

See accompanying notes

Statements of Cash Flows

Operating activities (Decrease) increase in net assets Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities Change in accrued pension and postretirement benefits liabilities to be recognized in future periods Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248) (169)		Year Ended December 31 2011 2010			
(Decrease) increase in net assets Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities Change in accrued pension and postretirement benefits liabilities to be recognized in future periods Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements \$ (6,744) \$ 47.058 47.058 47.058 47.058		(In Thousands)			ds)
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities Change in accrued pension and postretirement benefits liabilities to be recognized in future periods Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248) (169)		e e	(6.711)	C	17.058
provided by operating activities Change in accrued pension and postretirement benefits liabilities to be recognized in future periods Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248) (169)		3	(0,/44)	Ф	47,036
Change in accrued pension and postretirement benefits liabilities to be recognized in future periods Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248) Ceopre 2,659 41,507 Amortization of deferred financing costs 359 365 Net change in unrealized gains and losses on investments (1,248) (169)					
liabilities to be recognized in future periods Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248)					
Depreciation and amortization Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248) 41,507 365 (169)			11.099		2.659
Amortization of deferred financing costs Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248)					— -
Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (1,248) (169)			,		
and change in fair value of interest rate swap agreements (1,248) (169)	e				
			(1,248)		(169)
Restricted contributions, grants and other receipts (1,937) (2,864)	Restricted contributions, grants and other receipts		(1,937)		(2,864)
Changes in operating assets and liabilities			, , ,		,
Receivables for patient care (12,223) (11,304)			(12,223)		(11,304)
Due from affiliates (2,526) (632)	Due from affiliates		(2,526)		(632)
Other assets (11,276) (30,481)	Other assets		(11,276)		(30,481)
Accounts payable and accrued expenses and accrued					
salaries and related liabilities (1,065) 10.486					
Other current liabilities 21,506 13,480					
Other liabilities <u>11,733</u> 2,797	Other liabilities				
Net cash provided by operating activities 53,776 72,902	Net cash provided by operating activities		53,776		72,902
Investing activities	Investing activities				
Redemption of investments 307 3,951	Redemption of investments		307		3,951
Acquisitions of property, plant and equipment – net (29,851) (32,189)	Acquisitions of property, plant and equipment – net		(29,851)		(32,189)
Redemption (purchase) of assets limited as to use 378 (1.203)					
Purchase of sinking funds (1,630) (1.450)	<u> </u>				
Net cash used in investing activities (30,796) (30.891)	Net cash used in investing activities		(30,796)		(30,891)
Financing activities	Financing activities				
Repayments of long-term debt and capital lease obligations (21,725) (16.994)			(21,725)		(16,994)
Restricted contributions, grants and other receipts 1,937 2,864	Restricted contributions, grants and other receipts		1,937		2,864
Line of credit drawdown (repayments) 2,000 (1,700)	Line of credit drawdown (repayments)		2,000		(1,700)
Proceeds from financing – 153	Proceeds from financing				
Net cash used in financing activities (17,788) (15.677)	Net cash used in financing activities		(17,788)		(15,677)
Net increase in cash and cash equivalents 5,192 26,334	Net increase in cash and cash equivalents		5,192		26,334
Cash and cash equivalents at beginning of year 43,996 17.662					
Cash and cash equivalents at end of year \$\\\\$\\$49,188 \\$ 43.996		\$	49,188	\$	43,996
Supplemental disclosures of cash flow information	Supplemental disclosures of cash flow information				
Cash paid for interest S 10,302 \$ 11,123			10,302	\$	11,123
Capital lease arrangements \$ 6,275 \$ 32,762	Capital lease arrangements	\$	6,275	\$	32,762

See accompanying notes

Notes to Financial Statements

December 31, 2011

1. Organization and Summary of Significant Accounting Policies

Organization

Maimonides Medical Center (the "Medical Center") is a not-for-profit membership corporation, organized under the New York State not-for-profit corporation law, whose sole member is Maimonides Health Resources, Inc ("MHRI") Located in Brooklyn, New York, the Medical Center provides health care and related services to residents of the metropolitan New York area The accompanying financial statements do not include the accounts of MHRI, the Maimonides Research and Development Foundation, a not-for-profit corporation which solicits funds and awards grants primarily to the Medical Center for research purposes, or MMC Holding of Brooklyn, Inc, a for-profit company, which provides certain support services to the Medical Center and the surrounding community (see Note 8)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, such as estimated uncollectibles for accounts receivable for services to patients, estimated settlements with third-party payors, estimated insurance claims liabilities and receivables and retirement liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the amounts of revenues and expenses reported during the period Actual results could differ from those estimates

Cash and Cash Equivalents

The Medical Center considers all highly liquid investments with a maturity of three months or less at the date of purchase to be cash equivalents. Cash and cash equivalents exclude assets limited as to use

Investments

Investments consist of cash equivalents, U S government obligations, corporate bonds, a mutual fund, a certificate of deposit and alternative investments. Investments, other than alternative investments, are recorded at fair value based on quoted market prices

Notes to Financial Statements (continued)

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

Alternative investments (nontraditional, not readily marketable securities) consist of three investment vehicles an equity fund, a fund of funds and participation in a bank note/certificate receivable investment program The Medical Center's risk is limited to the carrying amount in each investee company

The Medical Center's ownership of the equity fund and the fund of funds is carried on the equity method of accounting at net asset value per share Individual investment holdings within these alternative investments may include investments in both nonmarketable and market-traded securities and interests in other alternative investments The amounts used to report the Medical Center's alternative investment interests may be determined through a combination of information provided by the investment manager, fair value valuations of underlying securities held by the alternative investment investee company, fair value valuations of other financial instruments held by the alternative investment investee company such as derivative instruments, or other estimates that require varying degrees of judgment. Generally, the value of the Medical Center's interest reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses The Medical Center's holdings of these alternative investment interests may indirectly expose the Medical Center to securities lending, short sales of securities, and trading in futures and forward contracts, options and other derivative products The financial statements of these alternative investment investee companies are audited annually by independent auditors, although the timing of such audits does not coincide with the Medical Center's year-end financial statement reporting The Medical Center's ownership structure does not provide the Medical Center with control over the alternative investment investee companies A portion of the fund of funds is an illiquid asset and, therefore, is classified as long-term at December 31, 2011 and 2010

The investment in the bank note/certificate receivable investment program is valued by the investee monthly, based on the performance of an underlying insurance fund. The valuation provided monthly to the Medical Center approximates fair value, which was written down to zero at December 31, 2010. Additionally, during 2011, the Medical Center liquidated its investment in the equity fund.

Investment income, which comprises interest and realized gains and losses on investments as well as the change in equity in alternative investments, is reported as a component of other revenue. The net change in unrealized gains and losses on investments is reported as a separate component of the (deficiency) excess of revenue over expenses

Notes to Financial Statements (continued)

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

Net Patient Service Revenue and Accounts Receivable

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive revenue adjustments due to ongoing and future audits, reviews and investigations. The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations

Patient accounts receivable results from the health care and related services provided by the Medical Center Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators

Assets Limited as to Use

Assets limited as to use include assets designated by the Board of Trustees, over which the Board retains control and which the Board, at its discretion, may designate for use for other purposes, assets held by trustees under bond indenture agreements, assets restricted for self-insurance, and assets restricted by donors for specific purposes or endowment. Assets limited as to use are carried at fair value based on quoted market prices. Amounts which are available to be used to fund current liabilities are reported as current assets.

Property, Plant and Equipment

Property, plant and equipment are stated at cost, except for donated equipment, which is recorded at the fair value established at the date of the gift Assets acquired through capitalized lease obligations are recorded at the present value of the future minimum lease payments. The carrying amounts of assets and the related accumulated depreciation are removed from the

Notes to Financial Statements (continued)

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

accounts when such assets are disposed of, and any resulting gain or loss is included in operations Depreciation is provided on a straight-line basis over the estimated useful lives of the assets

Equipment acquired under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization expense in the accompanying statements of operations and changes in net assets Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

Other Assets

Included in other assets are deferred costs, pledges receivable, other noncurrent investments and funding available to be spent on capital leased fixed assets Deferred costs are approximately \$4.2 million and \$4.6 million at December 31, 2011 and 2010, respectively Deferred costs include costs incurred with respect to debt financing and are amortized using the effective interest method over the period the applicable obligation is outstanding. Included in the \$4.2 million of deferred costs at December 31, 2011 are approximately \$0.4 million related to the 1996 FHA Section 242 mortgage loan (see Note 5), \$0.9 million related to a loan from the New York City Capital Resource Corporation (see Note 5), and \$2.9 million related to the 2004 FHA Section 241 mortgage loan (see Note 5). At December 31, 2011 and 2010, the accumulated amortization for deferred costs was approximately \$3.2 million and \$2.8 million, respectively. Amortization of deferred financing costs is included in interest and amortization of deferred financing costs in the accompanying statements of operations and changes in net assets. Pledges receivable are approximately \$708,000 and \$875,000 at December 31, 2011 and 2010, respectively

Pledges receivable are unconditional promises to give cash, which are reported at the present value of their estimated cash flows at the date the promise is received Funding available to be spent on capital leased fixed assets was approximately \$1.3 million at December 31, 2011 (\$20.6 million at December 31, 2010)

Notes to Financial Statements (continued)

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

Equity Investments

Included in other assets is an amount related to the Medical Center's investment in a limited liability company. The Medical Center accounts for this investment using the equity method of accounting During 2011 and 2010, the Medical Center recognized income of approximately \$3.0 million and \$2.5 million, respectively, and received distributions of approximately \$1.7 million and \$401,000, respectively

Additionally, the Medical Center has an investment in First to Care Home Care, Inc, a joint venture with Metropolitan Jewish Geriatric Corporation As a result of its ownership in this joint venture, the Medical Center has recorded a loss of approximately \$1.5 million and \$67,000 in its statements of operations and changes in net assets for the years ended December 31, 2011 and 2010, respectively

Temporarily and Permanently Restricted Net Assets

The Medical Center separately accounts for and reports upon donor restricted and unrestricted net assets

Temporarily restricted net assets are those whose use is temporarily limited by the donor Permanently restricted net assets have been restricted by donors to be maintained by the Medical Center in perpetuity When a donor restriction expires (that is, when a stipulated time restriction ends or purpose of restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions

Faculty Practice Revenue

All employed physicians may participate in the Medical Center's faculty practice plan Plan participants are authorized to conduct faculty practices and engage in professional consultation in accordance with established institutional guidelines Professional service fee receipts are recorded and deposited in faculty practice funds established by the Medical Center for each individual participant or group practice when received by the Medical Center Portions of these receipts are used to reimburse the Medical Center for costs incurred in supporting plan activities The remaining amounts, after direct plan expenses, provide participant salary supplements and support departmental activities Faculty practice revenue activities are included in net patient

Notes to Financial Statements (continued)

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

service revenue and are recorded on a modified cash basis, which approximates the accrual basis with respect to the accompanying statements of operations and changes in net assets Physicians comprising the faculty practices participate in the Medical Center's professional and general liability insurance programs

Performance Indicator

The statements of operations and changes in net assets include the (deficiency) excess of revenue over expenses as the performance indicator Certain items that are peripheral to the Medical Center's operations (e.g., change in captive insurance program interest rate shortfall, change in equity in captive insurance program, medical residents FICA refund and net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements) are considered non-operating for purposes of financial statement presentation Changes in unrestricted net assets which are excluded from the (deficiency) excess of revenue over expenses include contributions of long-lived assets (including grants for capital asset acquisitions and net assets released from restriction used for capital asset acquisitions) and the change in accrued pension and postretirement benefits liabilities to be recognized in future periods

Uncompensated Care

For financial reporting purposes, the Medical Center reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debt expense During the registration, billing and collection process, a patient's eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care. The Medical Center amended its charity care and financial aid policy in order to authorize use of additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care. The additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial aid in accordance with the Medical Center's policies. For patients who were determined by the Medical Center to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay

Notes to Financial Statements (continued)

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

The Medical Center's estimated costs for charity care were \$37.0 million for 2011 and \$30.0 million for 2010. This does not include the service loss of treating the Medicaid population. The cost of charity includes the direct and indirect cost of providing charity care services. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care. Net of pool contributions, funds received from the New York State Indigent Care Pool to offset bad debts and charity care provided totaled \$9.5 million and \$9.4 million for the years ended December 31, 2011 and 2010, respectively. The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement and excludes amounts designated for teaching programs

Additionally, patients who do not qualify for charity care and all uninsured inpatients who do not qualify for Medicaid assistance are billed at the Medical Center's rates Uncollected balances for these patients are categorized as bad debts Total uncompensated care as a result of bad debts for all patient services approximated \$15.0 million in 2011 and \$19.0 million in 2010

Interest Rate Swap Agreements

The Medical Center uses interest rate swap agreements, which are derivative financial instruments, for interest rate risk exposure-management purposes. The Medical Center recognizes derivative instruments as either an asset or liability in the statements of financial position at fair value. The fair value of derivative instruments is determined using forward interest rate estimates and present value techniques and considers the risk of nonperformance by the parties, which the Medical Center considers to be low. The change in fair value is recognized as a component of the (deficiency) excess of revenue over expenses. The fair value of the interest rate swap agreements is included in other noncurrent liabilities in the accompanying statements of financial position.

Tax Status

The Medical Center is a Section 501(c)(3) organization exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code It also is exempt from New York State and City income taxes

Notes to Financial Statements (continued)

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

New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No ("ASU") 2010-23, *Measuring Charity Care for Disclosure* The guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Medical Center on January 1, 2011 and are included in the accompanying financial statements for all periods presented.

In September 2011, the FASB issued ASU 2011-09, *Disclosures about an Employer's Participation in a Multiemployer Plan*, that requires employers to provide additional quantitative and qualitative disclosures about an employer's involvement in multiemployer pension plans. The new disclosure requirements are included in the accompanying financial statements (see Note 6)

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

Change in Accounting Principle

In August 2010, the FASB issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need

Notes to Financial Statements (continued)

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

for a valuation allowance for uncollectible accounts. The guidance became effective for the Medical Center as of January 1, 2011. The change resulted in an increase to current assets and liabilities of approximately \$28.0 million and \$28.2 million as of December 31, 2011 and 2010, respectively, and an increase to long-term assets and liabilities of approximately \$158.7 million and \$159.8 million as of December 31, 2011 and 2010, respectively. As permitted, the Medical Center's statement of financial position for 2010 has been restated to reflect this accounting change, which had no effect on the Medical Center's net assets or on its statement of operations and changes in net assets.

Medical Residents FICA Refund

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

In the fourth quarter of 2010, the Medical Center recorded estimated net revenue of approximately \$10.7 million related to FICA medical resident refund claims and accumulated interest that are expected to meet the IRS requirements to be eligible for refunds At December 31, 2010, the Medical Center recorded a receivable of approximately \$13.2 million, included in other current assets (in addition to the \$10.7 million of net revenue recognized), and a liability of approximately \$13.2 million, included in other current liabilities, related to the portion of the refunds to be collected on behalf of and, therefore, to be remitted to the medical residents. The Medical Center established these estimates based on information presently available, the estimates are subject to change as the IRS adjudicates the claims

Reclassifications

Certain reclassifications have been made to amounts previously reported in 2010 to conform with the current year's presentation

Notes to Financial Statements (continued)

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

Subsequent Events

Generally accepted accounting principles establish standards of accounting and disclosure requirements for subsequent events, events that occur after the balance sheet date but before the financial statements are issued. In accordance with these requirements, the Medical Center has evaluated the impact of subsequent events through April 30, 2012, representing the date on which the financial statements were issued.

2. Third-Party Payor System

Non-Medicare Reimbursement: In New York State, hospitals and all non-Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates If negotiated rates are not established, payers are billed at hospitals' established charges Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State Department of Health Effective December 1, 2009, the New York State payment methodology was updated such that payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments, prior to December 1, 2009, the payment system provided for retroactive adjustments to payment rates, using a prospective payment formula Outpatient services also are paid based on a statewide prospective system, APGs (Ambulatory Payment Group), that was effective December 1, 2008 Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services ("CMS"), which may routinely request information about such methodologies prior to approval Revenue related to specific rate components that have not been approved by CMS is not recognized until the Medical Center is reasonably assured that such amounts are realizable Adjustments to the current and prior years' payment rates for those payers will continue to be made in future years

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

The Medical Center has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payers for adjustments to current and prior years' payment rates, based on industry-wide and Medical Center-specific data Medicare cost reports,

Notes to Financial Statements (continued)

2. Third-Party Payor System (continued)

which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2004 Other years remain open for audit and settlement as are numerous issues related to the New York State Medicaid program for prior years As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled and additional information is obtained

There are various proposals at the Federal and State levels, including health care reform enacted by the Federal and State governments, that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Medical Center Additionally, certain payers' payment rates for various years have been appealed by the Medical Center. If the appeals are successful, additional income applicable to those years might be realized.

For the years ended December 31, 2011 and 2010, revenue from the Medicare and Medicaid programs on a combined basis accounted for approximately 75% of the Medical Center's net patient service revenue In 2010, net patient service revenue includes increased revenue from Medicaid outliers, which were included in the Medical Center's Medicaid reimbursement rates as a result of the Medical Center's appeal to the New York State Department of Health The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation The Medical Center is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations Action for noncompliance could result in repayment of amounts improperly reimbursed, fines, penalties and exclusion from such programs

Notes to Financial Statements (continued)

3. Investments and Assets Limited as to Use

A summary of investments and assets limited as to use is as follows

	December 31 2011 2010				
		(In The	ousar	ids)	
Short-term investments					
US government obligations	\$	66,936	\$	62,481	
Corporate bonds		25,647		24,769	
Alternative investments		12		3,535	
Accrued interest		699		702	
Total short-term investments	\$	93,294	\$	91,487	
Assets limited as to use – current portion					
Board designated					
Cash and cash equivalents	\$	6,156	\$	6,759	
US government obligations		7,504		7,044	
Accrued interest		97		105	
Total assets limited as to use – current portion	\$	13,757	\$	13,908	
Assets limited as to use – noncurrent portion					
Sinking funds					
Cash and cash equivalents	\$	381	\$	676	
US government obligations		12,419		10,195	
Accrued interest		83		73	
Total sinking funds		12,883		10,944	
Collateral for standby letter of credit (Note 5)		,		,	
Certificate of deposit		2,630		2,630	
Self-insurance trust		,			
Mutual fund		3,917		3,958	
Total assets limited as to use – noncurrent portion	\$	19,430	\$	17,532	
Long-term investment funds					
Alternative investments	\$	1,102	\$	1,384	

Notes to Financial Statements (continued)

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

Investment income comprises the following for the years ended

	Decer	mber	· 31				
	2011 2010						
	 (In Th	ousai	nds)				
Interest income Net realized gains (losses) on investments reported at fair	\$ 2,696	\$	2,849				
value and equity in earnings of alternative investments	5,659		(2,972)				
Equity in earnings of investees	1,480		2,385				
	\$ 9,835	\$	2,262				

4. Property, Plant and Equipment

A summary of property, plant and equipment is as follows

	December 31					
		2011		2010		
		(In The	OUSC	ınds)		
Land	\$	4,980	\$	4,980		
Buildings and building improvements		393,396		371,227		
Equipment		516,789		470,986		
		915,165		847,193		
Less accumulated depreciation and amortization		576,564		530,466		
		338,601		316,727		
Construction in progress		2,353		14,937		
	\$	340,954	\$	331,664		

Substantially all property, plant and equipment are pledged as collateral under various loan agreements (see Note 5)

Notes to Financial Statements (continued)

4. Property, Plant and Equipment (continued)

Capitalized leases, included in property, plant and equipment, are as follows

	December 31						
	 2011 2010						
	(In Thousands)						
Assets recorded under capital leases	\$ 274,574	\$	243,278				
Less accumulated amortization	 198,894		184,217				
	\$ 75,680	\$	59,061				

5. Long-Term Debt, Capital Lease Obligations, Other Borrowings and Related Matters

A summary of long-term debt is as follows

		December 31					
		2010					
		(In Th	อนรด	nds)			
1996 FHA Section 242 insured mortgage loan (a)	\$	10,669	\$	11,325			
2004 FHA Section 241 insured mortgage loan (b)		94,041		96,520			
Construction bank loans (c)		2,822		3,986			
Capital lease obligations (d)		45,836		55,902			
2006 New York City Capital Resource Corporation							
loan (e)		26,345		27,430			
		179,713		195,163			
Less current portion		21,181		21,049			
	\$	158,532	\$	174,114			
		·					

(a) In 1977 and 1983, the Medical Center entered into mortgage loan agreements to expand its facilities Repayment of the loans was insured under the provisions of the Federal Housing Administration ("FHA") Hospital Mortgage Loan Program, with the Dormitory Authority of the State of New York ("DASNY") In April 1996, the Medical Center entered into an FHA Section 242 mortgage loan agreement to borrow \$32.7 million. Some of the proceeds from this agreement (\$15.8 million) were used to refinance the 1977 mortgage loan agreement. Under the terms of the agreement, for this element of the loan, monthly installments approximating \$210,000 were applied to principal and interest, at 5.75% per annum, through August 2005. This portion of the mortgage was satisfied in 2005.

Notes to Financial Statements (continued)

5. Long-Term Debt, Capital Lease Obligations, Other Borrowings and Related Matters (continued)

Other proceeds from the 1996 mortgage loan (\$16 8 million) were used to finance the expansion and modernization of the Medical Center's facilities. For this element of the loan, monthly payments of approximately \$115,000 are applied to principal and interest, at 6 55% per annum, through October 2022

As a condition of these borrowings, the Medical Center is required to establish and maintain a sinking fund Amounts deposited into the sinking fund, together with investment earnings thereon, are available for principal payments and purchases of specified levels of capital assets Assets on deposit in the sinking fund at December 31, 2011 and 2010 are in compliance with the required amounts

(b) In June 2004, the Medical Center entered into an FHA Section 241 loan in the amount of \$104 7 million Proceeds of the loan, which were raised by DASNY through the issuance of tax-exempt revenue bonds, supported the Medical Center's major modernization project The loan is insured by FHA The loan bore interest at 7 5% during the construction period (based on amounts drawn) until final endorsement and thereafter at a rate of 5 45% with monthly payments commencing April 1, 2007 through 2032 This project was completed in 2009 Although final endorsement is expected to occur in 2012, effective November 2009, DASNY approved the monthly interest rate of 5 45%

Under the terms of the agreements, the Medical Center was required to maintain three standby letters of credit. The first letter of credit was cancelled in 2009, based upon the approval of DASNY. The second letter of credit has a current availability of \$2.6 million and has been extended to February 2, 2013. The third letter of credit in the amount of \$2.2 million expires on February 1, 2016, and is fully collateralized.

As a condition of this borrowing, the Medical Center is required to establish and maintain a sinking fund Amounts deposited into the sinking fund, together with investment earnings thereon, are available for principal payments Assets on deposit in the sinking fund at December 31, 2011 and 2010 are in compliance with the required amounts

Notes to Financial Statements (continued)

5. Long-Term Debt, Capital Lease Obligations, Other Borrowings and Related Matters (continued)

- (c) The Medical Center entered into a ten-year, \$8 0 million construction bank loan in February 2004 for the renovation of the property to house a comprehensive cancer center The interest rate is variable and was 151% at December 31, 2011 and 2010 Monthly payments are due through January 2014
 - During 2005, the Medical Center entered into a second construction loan for ten years in the amount of \$2 5 million for additional renovations of the cancer center. The interest rate for this loan is variable and was 1 52% and 1 61% at December 31, 2011 and 2010, respectively. Monthly payments are due through August 2015.
- (d) The Medical Center has various capital lease obligations with interest rates ranging up to 6 7%
- (e) On May 25, 2006, the Medical Center entered into a loan agreement in the amount of \$31 2 million. The proceeds of the loan, which were raised by the New York City Capital Resource Corporation through the issuance of tax-exempt revenue bonds, are to be used to renovate, improve, repair and equip the Medical Center's facilities. The loan bears interest at a variable rate, which was 1 82% and 2 37% (including letter of credit fees) at December 31, 2011 and 2010, respectively, with monthly payments through 2026. A portion of the proceeds was utilized to repay a line of credit which was used for interim capital financing. The loan is secured by a letter of credit of approximately \$26.6 million which expires on May 25, 2016. The Medical Center is in the process of refinancing this debt which is approximately \$25.2 million and anticipates it will close the transaction in the second quarter of 2012.

Notes to Financial Statements (continued)

5. Long-Term Debt, Capital Lease Obligations, Other Borrowings and Related Matters (continued)

Scheduled principal payments on long-term debt and capital lease obligations are as follows

	 Loans Payable		Capital Leases		Total
		(In	Thousands	9	
2012	\$ 5,627	\$	16,879	\$	22,506
2013	5,890		12,499		18,389
2014	5,327		8,579		13,906
2015	5,459		7,576		13,035
2016	5,597		2,383		7,980
Thereafter	 105,977		702		106,679
Total minimum payments	 133,877		48,618		182,495
Less amounts representing interest	_		2,782		2,782
Total long-term debt	133,877		45,836		179,713
Less current portion of long-term debt	5,627		15,554		21,181
Long-term debt, net of current portion	\$ 128,250	\$	30,282	\$	158,532

Required sinking fund balances for FHA Sections 241 and 242 loan agreements for the next five years are as follows (in thousands)

2012	\$	13,612
2013		14,933
2014		16,221
2015		17,468
2016		18,665

As discussed in Note 7, the Medical Center also has a letter of credit from a bank of \$1 0 million at December 31, 2011, for the benefit of one of its captive insurance companies. This letter of credit expires on November 1, 2012. During the years ended December 31, 2011 and 2010, no drawdowns were made under this letter of credit agreement. The Medical Center expects to extend this letter of credit in 2012.

Notes to Financial Statements (continued)

5. Long-Term Debt, Capital Lease Obligations, Other Borrowings and Related Matters (continued)

In addition, the Medical Center maintains two lines of credit with two banks, in the amount of \$200 million each At December 31, 2011 and 2010, approximately \$184 million and \$164 million were outstanding on these two lines of credit, respectively. The drawdowns were for interim financing of capital expenditures and working capital needs. The average interest rate charged in 2011 was 2.3% on one line (2.3% in 2010) and 2.2% on the other (2.3% in 2010). These lines of credit expire on June 22, 2012 and July 31, 2012, respectively. The Medical Center intends to renew these lines of credit in 2012.

In connection with various debt agreements, the Medical Center is required to maintain certain financial covenants. The Medical Center was not in compliance with the current ratio financial covenant related to its FHA mortgage loans at December 31, 2011 and 2010. The Medical Center has notified the U.S. Department of Housing and Urban Development of the noncompliance for 2011 and 2010. This noncompliance does not constitute an event of default under the terms of the related agreements.

Interest Rate Swap Agreements

The Medical Center has three interest rate swap agreements to manage risk associated with changes in interest rates associated with its long-term debt. Under the terms of the interest rate swaps, the Medical Center pays fixed rates monthly and receives from the counterparties variable payments based on percentages of LIBOR. Interest payments and the change in fair value of the swaps (loss of approximately \$1.1 million in 2011 and \$0.6 million in 2010) are recorded in the (deficiency) excess of revenue over expenses.

At December 31, 2011 and 2010, the swaps are reported in other noncurrent liabilities and are summarized as follows

No	tional Amount	Maturity Date	Fixed Payment Rate	2011 Fair Value (All Liabilities)
\$	26,345,000	January 1, 2026	4 14%	\$ 4,974,997
	1,904,762	January 31, 2014	6 19	92,080
	916,667	August 15, 2015	5 985	66,221
				\$ 5,133,298

Notes to Financial Statements (continued)

5. Long-Term Debt, Capital Lease Obligations, Other Borrowings and Related Matters (continued)

Not	tional Amount	Maturity Date	Fixed Payment Rate	2010 Fair Value (All Liabilities)
\$	27,430,000	January 1, 2026	4 14%	\$ 3,779,114
	2,819,047	January 31, 2014	6 19	183,053
	1,166,667	August 15, 2015	5 985	92,571
				\$ 4,054,738

6. Pension Plans and Postretirement Health Care Benefits

The Medical Center provides retirement and similar benefits to its union employees through several defined benefit multiemployer pension plans and to its nonunion employees through a noncontributory defined benefit pension plan, tax deferred annuity plans, and a nonqualified defined contribution plan covering certain employees Payments to the defined benefit multiemployer union plans are made in accordance with contractual arrangements under which contributions are generally based on gross salaries and are funded on a current basis. The Medical Center contributes amounts to the nonunion plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974. The Medical Center's pension expense under all existing plans aggregated approximately \$35.0 million and \$31.6 million for the years ended December 31, 2011 and 2010, respectively

In relation to the two multiemployer defined benefit pension plans that cover the Medical Center's union-represented employees, the risks of participating in these multiemployer plans are different from single-employer plans in the following respects

- a Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers
- b If a participating employer stops contributing to a plan, the unfunded obligations of the plan may be borne by the remaining participating employers
- c If the Medical Center chooses to stop participating in some of its multiemployer plans, the Medical Center may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

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

The number of employees covered by the Medical Center's multiemployer plans did not change significantly from 2010 to 2011 Contribution rates required to be paid to the plans have increased from 2010 to 2011

	EIN	Plan		Protection ne Status	FIP/RP Pending/	 Contribution Medical Co	•	Surcharge	Date of Collective Bargaining
Pension Fund	Number	Number	2011	2010	Implemented	2011	2010	Imposed	Agreement
The New York State Nurses Association Pension Plan	13-6604799	001	Green	Green	No	\$ 10 172 000 \$	7 445 000	No	1 01 2014
1199 SEIU Health Care Emploxees Pension Fund	13-3604862	001	Green	Red	Rehabilitation Plan adopted in 2010	10 959 000	9 360 000	No	4 30 2015

The Medical Center was listed in The New York State Nurses Association Pension Plan Form 5500 as providing more than 5% of the total contributions of the plan for plan years ended December 31, 2011 and 2010

In addition to the plans described above, the Medical Center sponsors a defined benefit health care plan that provides postretirement medical, dental and life insurance benefits to certain full-time employees hired prior to July 1, 1984 and who have worked ten years and attained age 65 while in service with the Medical Center The plan contains cost-sharing features such as deductibles and coinsurance

The Medical Center uses a December 31 measurement date for its pension and postretirement benefits plans

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

The Medical Center recognizes the funded status (i e, the difference between the fair value of plan assets and the projected benefit obligations) of the defined benefit plans in its statements of financial position. Net unrecognized actuarial losses and the net unrecognized prior service costs at the reporting date will be subsequently recognized in the future as net periodic benefit cost pursuant to the Medical Center's accounting policy for amortizing such amounts. Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic benefit cost in the same periods will be recognized as a component of unrestricted net assets.

Included in other changes in unrestricted net assets at December 31, 2011 and 2010 are the following amounts that have not yet been recognized in net periodic pension and postretirement cost

					Postre	tire	ment	
	 Pension	n Be	enefits		Health Ca	are]	Benefits	
	2011		2010		2011		2010	
			(In Th	ousa	nds)			
Unrecognized prior service								
(cost) credit	\$ (278)	\$	(335)	\$	198	\$	113	
Unrecognized actuarial loss	(41,140)		(29,829)		(3,950)		(4,020)	
	\$ (41,418)	\$	(30,164)	\$	(3,752)	\$	(3,907)	

The net prior service cost and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension and postretirement cost during the year ending December 31, 2012 is approximately \$3 6 million

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

The following table sets forth the change in benefit obligations, change in plan assets and the funded status of the plans as of December 31, 2011 and 2010

	Postretiremen							nent	
	Pension Benefits					Health Ca	ire l	Benefits	
		2011		2010		2011		2010	
				(In The	านรด	ınds)			
Change in benefit obligation									
Benefit obligation, beginning of year	\$	98,873	\$	84,644	\$	12,279	\$	10,540	
Service cost		5,546		4,862		190		161	
Interest cost		4,990		4.671		555		631	
Plan amendments		_		_		(158)		_	
Medicare Part D reimbursements		_		_		20		38	
Actuarial losses		14,612		6,052		46		1,381	
Net benefits paid and expected expenses		(3,255)		(1.356)		(597)		(472)	
Benefit obligation, end of year		120,766		98,873		12,335		12,279	
Change in plan assets									
Fair value of plan assets, beginning of year		64,339		53,243		_		_	
Actual return on plan assets		6,021		6,452		_		_	
Contributions		6,298		6,000		597		472	
Benefits paid and actual expenses		(3,302)		(1.356)		(597)		(472)	
Fair value of plan assets, end of year		73,356		64,339		_		_	
Unfunded status	\$	(47,410)	\$	(34,534)	\$	(12,335)	\$	(12,279)	

The following table provides the amounts recognized in the statements of financial position

					Postre	tire	ment
	Pensior	ı Be	enefits		Health Ca	are	Benefits
	2011		2010		2011		2010
			(In The	ousa	ands)		
Accrued benefit liability – noncurrent Accrued benefit liability – current	\$ (47,410)	\$	(34,534)	\$	(11,760) (575)	\$	(11,813) (466)
Accided beliefit hability – current	\$ (47,410)	\$	(34,534)	\$		\$	(12,279)

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

The projected benefit obligation, accumulated benefit obligation and fair value of pension plan assets are as follows

	Dec	embe	r 31
	2011		2010
	(In T	house	ands)
Projected benefit obligation	\$ 120,760	\$	98,873
Accumulated benefit obligation	105,205	;	85,170
Fair value of plan assets	73,350)	64,339

Net periodic pension costs, included in employee benefits expense, consist of the following components

	 Pension	ı Be	nefits	Н	Postre ealth C	
	 2011		2010	2	2011	2010
			(In The	วนรสห	ids)	
Service cost	\$ 5,546	\$	4,862	\$	190	\$ 161
Interest cost on projected						
benefit obligation	4,990		4,671		555	631
Expected return on plan assets	(5,049)		(4,192)		_	_
Net amortization and deferral	2,433		2,421		43	93
Net periodic pension cost	\$ 7,920	\$	7,762	\$	788	\$ 885

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

The following are assumptions used in the measurement of the Medical Center's benefit obligations and net periodic benefit cost

		Postreti	rement		
Pension Benefits		Health Care Benefits			
2011	2010	2011	2010		
4.25%	5 25%	4.25%	5 25%		
4.0	2 5	4.0	2 5		
4.0	4 5	4.0	4 5		
5.25%	5 75%	5.25%	5 75%		
8.0	8 0	N/A	N/A		
4.0	2 5	4.0	2 5		
4.0	4 5	4.0	4 5		
	2011 4.25% 4.0 4.0 5.25% 8.0 4.0	2011 2010 4.25% 5 25% 4.0 2 5 4.0 4 5 5.25% 5 75% 8.0 8 0 4.0 2 5	2011 2010 2011 4.25% 5 25% 4.25% 4.0 2 5 4.0 4.0 4 5 4.0 5.25% 5 75% 5.25% 8.0 8 0 N/A 4.0 2 5 4.0		

The overall long-term rate of return was developed by estimating the expected long-term real return for each asset class within the portfolio, computing an average weighted real rate of return for the portfolio as a whole, reflecting both the plan's expected asset class allocation and the correlations between the various asset classes and adding that expected real rate of return to the expected long-term rate of inflation component per year

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

	2011	2010
Assumed health care cost trend rates at December 31		
Pre-65 Medical		
Initial rate for health care costs	12.9%	7 3%
Ultimate rate for health care costs	4.3%	4 7%
Ultimate year of health care increase	2083	2082
Post-65 Medical		
Initial rate for health care costs	9.0%	7 3%
Ultimate rate for health care costs	4.3%	4 7%
Ultimate year of health care increase	2083	2082
Dental		
Initial rate for health care costs	94.0%	5 0%
Ultimate rate for health care costs	4.3%	4 7%
Ultimate year of health care increase	2083	2082

Assumed health care cost trend rates may have a significant effect on the amounts reported for the health care plans A 1% change in assumed health care cost trend rates would have the following effects at December 31, 2011

		1%		1%
	In	crease	De	ecrease
		(In Tho	บรสก	ds)
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	\$	89	\$	(75)
Effect on health care components of the accumulated postretirement benefit obligation	1.	,501	(1	,269)

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

Plan Assets

The Medical Center's pension plan weighted-average asset allocation at December 31, 2011 and 2010 by asset category is as follows

	Plan Assets as	Plan Assets as of December 31			
	2011	2010			
Asset category					
Equities	46%	52%			
Fixed income	52	47			
Other	2	1			
Total	100%	100%			

Refer to Note 13 for fair value measurement information related to the defined benefit plan asset categories noted in the table above

Investment Strategy

The overall investment philosophy of the Medical Center is to maximize return while minimizing risk in a diversified portfolio. The rate of return of the total fund is compared to the return of a policy portfolio consisting of 50% of Barclays Capital Bond Index, 35% of Russell 3000 Index and 15% of the Morgan Stanley Capital International Europe, Australia and Far East Index. The target asset allocation permissible ranges by asset category are as follows.

Asset Category	Permissible Range
Equities – Domestic	30% to 40%
Equities – Non-U S	12% to 18%
Fixed income	45% to 55%

Cash Flows

Contributions: The Medical Center expects to contribute \$6.0 million to its defined benefit pension plan in 2012

Notes to Financial Statements (continued)

6. Pension Plans and Postretirement Health Care Benefits (continued)

Expected Future Benefit Payments: The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Pension Benefits	He	tretirement ealth Care Benefits
	(In Th	างบรล	nds)
Year			
2012	\$ 6,700	\$	608
2013	7,288		613
2014	6,192		644
2015	6,490		756
2016	7,341		762
2017 to 2021	43,056		4,560

Medicare Prescription Drug, Improvement and Modernization Act of 2003

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 became law It introduced a prescription drug benefit under Medicare ("Medicare Part D") as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Medical Center follows guidelines for companies that sponsor defined benefit postretirement health care plans that provide prescription drug benefits under Medicare Part D. Those guidelines address situations in which a company has determined that the benefit provided is at least actuarially equivalent to Medicare Part D benefits. The Medical Center determined that, as of January 1, 2004, the benefit provided to retirees is actuarially equivalent to Medicare Part D and should be accounted for as such Accordingly, the effect to the accumulated postretirement benefit obligation was a reduction of approximately (in thousands)

2012	\$ 21
2013	20
2014	21
2015	21
2016	20
Thereafter	92

Notes to Financial Statements (continued)

7. Professional Liabilities

Beginning in 1977, the Medical Center has participated in a pooled professional and general liability program with certain other health care facilities (principally hospitals) affiliated with the Federation of Jewish Philanthropies of New York (the "FOJP Program") This participation has been with captive and commercial insurance companies utilizing occurrence basis type coverage At December 31, 2011, the Medical Center retained ownership in three captive insurance companies affiliated with the FOJP Program The captive insurance companies are primarily accounted for using the equity method

In 2011, certain member hospitals of the captive insurance companies purchased the interest of another of its members under an agreement that requires payments to be made over the next three years. This resulted in a change of ownership percentage for each of the remaining members. As a result, the Hospital's equity in the captive insurance companies increased by approximately \$9.7 million and its liabilities increased by \$8.5 million. These amounts are included in equity in captive insurance program, other current assets, other current liabilities and long-term professional liabilities in the accompanying statement of financial position at December 31, 2011.

The aggregate net carrying value of the Medical Center's interests in the insurance program was approximately \$52.7 million and \$47.3 million at December 31, 2011 and 2010, respectively, which is included in equity in captive insurance program in the accompanying statements of financial position

The Medical Center changed its malpractice insurance program for the period from January 1, 1998 through December 31, 1998 Under the terms of the revised program, a portion of the Medical Center's coverage became self-retained Effective January 1, 1999, this program was terminated prospectively and the Medical Center no longer maintains a self-retained component At December 31, 2011 and 2010, the Medical Center's statements of financial position reflected professional liabilities of approximately \$4.9 million and \$4.5 million, respectively, for the actuarial present value of the self-retained component of malpractice insurance based on a study prepared by independent consulting actuaries discounted at 5.0% In conjunction with this program, the Medical Center, together with several other hospitals, invested approximately \$6.7 million at December 31, 1998 (Medical Center's portion) in pooled investment unit trusts At December 31, 2011 and 2010, the fair value of these units is approximately \$3.9 million and \$4.0 million, respectively

Notes to Financial Statements (continued)

7. Professional Liabilities (continued)

Effective January 1, 1999, the Medical Center's malpractice insurance program reverted to a coverage agreement similar to the arrangement that existed prior to January 1, 1998. This program, however, provides for a deferral of premium payments through 2014 for years subsequent to 2009. At December 31, 2011 and 2010, approximately \$35.4 million and \$32.3 million, respectively, represent the estimated present value of future payments. Amounts due in 2012 are included in other current liabilities and the balance is included in long-term professional liabilities in the accompanying statements of financial position.

The Medical Center, as part owner of its malpractice captive, guarantees a certain level of investment return. As a result of market losses in 2011, the Medical Center is required to fund its share of market losses of \$10.4 million. The liability is to be paid over a period of four years beginning in 2012 and is included in other current liabilities and long-term professional liabilities in the accompanying 2011 statement of financial position. At December 31, 2011, approximately \$1.1 million of accrued interest remains from prior years market losses and is included in long-term professional liabilities in the accompanying statements of financial position.

As discussed in Note 1, in 2011, the Medical Center changed the presentation of its statement of financial position to present on a gross basis its professional liabilities and insurance recoveries receivable. The estimate of professional liabilities and the estimate for incidents that have been incurred but not reported is included in estimated insurance claims liabilities in the accompanying statements of financial position at the actuarially determined present value of approximately \$186.7 million and \$188.0 million based on a discount rate of 3.0% at December 31, 2011 and 2010, respectively. The Medical Center has recorded related estimated insurance claims receivable of approximately \$186.7 million and \$188.0 million at December 31, 2011 and 2010, respectively, in consideration of the expected insurance recoveries. The current portion of estimated insurance claims liabilities and the related estimated insurance claims receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months

At December 31, 2011 and 2010, the Medical Center had an unsecured letter of credit for the benefit of one of its captive insurance companies from a bank in the amount of \$1 0 million During the years ended December 31, 2011 and 2010, no drawdowns were made under this letter of credit agreement

Notes to Financial Statements (continued)

8. Transactions with Affiliates

Services provided by MMC Holding of Brooklyn, Inc through its various subsidiaries to the Medical Center include pharmaceuticals, medical supplies and equipment, technical support services, contracted services and management reviews for various Medical Center properties Expenses incurred by the Medical Center for such services approximated \$19.9 million and \$20.2 million during 2011 and 2010, respectively Additionally, MMC Holding of Brooklyn, Inc purchases various goods and services from the Medical Center Revenue generated from such activity approximated \$516,000 and \$616,000 during 2011 and 2010, respectively

The net amounts due from affiliates in the accompanying statements of financial position include a revolving loan receivable and accrued interest thereon from MMC Holding of Brooklyn, Inc of approximately \$2.6 million and \$2.5 million at December 31, 2011 and 2010, respectively. The loan bears interest at 5.75% at December 31, 2011 and 2010 and has no specified repayment date. Also included in the balances each year are amounts due from and to MMC Holding of Brooklyn, Inc. and its subsidiaries for services provided by and to the Medical Center, as previously described.

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31

	 2011		2010
	(In Th	ousai	nds)
Research and education	\$ 1,115	\$	1,346
Plant replacement and expansion	 13,323		13,270
	\$ 14,438	\$	14,616

Permanently restricted net assets at December 31, 2011 and 2010 consist of investments to be held in perpetuity, the income from which is to be used for health care related services

Notes to Financial Statements (continued)

10. Other Revenue

Other revenue consisted of the following for the years ended December 31

	2011		2010		
	(In Thousands)				
Government grant income	\$ 6,762	\$	6,935		
Real estate rentals	4,703		4,743		
Investment income	9,835		2,262		
Special funds income	9,921		12,957		
Dining room and parking lot income	1,458		1,421		
Grants and contributions	2,211		1,220		
Settlements	4,275		4,500		
Insurance company surplus distribution	4,649		6,768		
Other	4,840		3,535		
	\$ 48,654	\$	44,341		

On April 23, 2010, the Medical Center received a settlement from Victory Memorial Hospital of Brooklyn in the amount of \$4 5 million. The settlement was for repayment of cash advances and payment for management support services provided from 2005 to 2007.

As indicated in Note 1, the Medical Center held an investment in a bank/note certificate receivable investment program which was written down to zero at December 31, 2010 In May 2011, the Medical Center reached an agreement with the bank related to the valuation of the investment and received a settlement in the amount of \$2 0 million. The Medical Center also settled a legal matter with a utility company during 2011 in the amount of \$2 3 million related to incorrect charges.

11. Functional Expenses

Functional expenses for the years ended December 31 are as follows

	 2011		2010
	(In Th	OUSG	ınds)
Health care and related services	\$ 790,413	\$	768,639
Program support and general	 196,272		200,642
	\$ 986,685	\$	969,281

Notes to Financial Statements (continued)

12. Concentration of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. Net accounts receivable by payor were as follows.

	December 31			
	2011	2010		
Medicare and Medicaid	42%	40%		
Commercial and managed care	53	55		
Self pay	5	5		
	100%	100%		

At December 31, 2011 and 2010, substantially all of the Medical Center's cash and cash equivalents were held in custodial accounts at four financial institutions Management believes that credit risk related to these deposits is minimal

The Medical Center routinely invests its operating cash in money market funds. These funds generally invest in highly liquid U.S. government and agency obligations. Investments in money market funds are not insured or guaranteed by the U.S. government.

13. Fair Value Measurements

For assets and liabilities required to be measured at fair value, the Medical Center measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from the Medical Center's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements

The Medical Center follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

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

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

Notes to Financial Statements (continued)

13. Fair Value Measurements (continued)

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

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Medical Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible as well as considers counterparty credit risk in its assessment of fair value. Financial assets and liabilities, including the defined benefit plan assets, carried at fair value as of December 31, 2011 are classified in the table below in one of the three categories described above.

	Level 1	Level 2		Level 3		Total
		(In Thousands)				
Assets						
Cash and cash equivalents	\$ 55,725	\$ _	\$	_	\$	55,725
U S government notes and bonds	86,859	_		_		86,859
Corporate bonds	_	25,647		_		25,647
Certificate of deposit	2,630	_		_		2,630
Mutual funds	_	3,917		_		3,917
Total assets at fair value	\$ 145,214	\$ 29,564	\$	_	\$	174,778
						_
Defined benefit plan assets						
Cash and cash equivalents	\$ 1,517	\$ _	\$	_	\$	1,517
Mutual funds – equity	33,376	_		_		33,376
Mutual funds – fixed income	38,463	_		_		38,463
Total defined benefit plan						
assets at fair value	\$ 73,356	\$ 	\$		\$	73,356
Liabilities						
Interest rate swap agreements	\$ _	\$ 5,133	\$		\$	5,133

Notes to Financial Statements (continued)

13. Fair Value Measurements (continued)

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

	Level 1	Level 2	Level 3			Total	
			_				
Assets							
Cash and cash equivalents	\$ 51,431	\$ _	\$	_	\$	51,431	
U S government notes and bonds	79,720	_		_		79,720	
Corporate bonds	_	24,769		_		24,769	
Certificate of deposit	2,630	_		_		2,630	
Mutual funds	_	3,958		_		3,958	
Total assets at fair value	\$ 133,781	\$ 28,727	\$	_	\$	162,508	
Defined benefit plan assets							
Cash and cash equivalents	\$ 581	\$ _	\$	_	\$	581	
Mutual funds – equity	33,376	_		_		33,376	
Mutual funds – fixed income	30,382	_		_		30,382	
Total defined benefit plan assets							
at fair value	\$ 64,339	\$ _	\$	_	\$	64,339	
Liabilities							
Interest rate swap agreements	\$ 	\$ 4,055	\$		\$	4,055	

The following is a description of the Medical Center's valuation methodologies for assets measured at fair value Fair value for Level 1 is based upon quoted market prices Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets Inputs are obtained from various sources including market participants, dealers and brokers The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

Notes to Financial Statements (continued)

13. Fair Value Measurements (continued)

The following table is a rollforward of the statement of financial position amounts for financial instruments (bank note/certificate receivable) classified by the Medical Center in Level 3 of the valuation hierarchy defined above for the year ended December 31, 2010 (in thousands)

Fair value at January 1	\$ 4,835
Unrealized gains	165
Realized losses	(5,000)
Fair value at December 31	\$

The Medical Center's long-term debt obligations are reported at carrying value. The fair value of the Medical Center's long-term debt obligations is approximately \$185.5 million and \$197.9 million at December 31, 2011 and 2010, respectively, based on quoted market prices and other valuation considerations.

14. Operating Lease Obligations

The Medical Center has entered into various agreements under noncancellable operating leases During 2003, the Medical Center entered into an operating lease agreement for a building to provide a site for the development of a comprehensive cancer center Rent payments are recognized as expense on a straight-line basis over the term of the related lease At December 31, 2011 and 2010, the Medical Center had an asset of approximately \$3 3 million and \$2 7 million, respectively, representing rental payments made in excess of rent expense on a straight-line basis

Future minimum payments under noncancellable operating leases with initial or recurring terms of one year or more are as follows (in thousands)

2012	\$ 10,804
2013	10,188
2014	9,408
2015	8,317
2016	6,843
Thereafter	 42,623
Total minimum operating lease payments	\$ 88,183

Total rental expense charged to operations for the years ended December 31, 2011 and 2010 aggregated approximately \$12 8 million and \$11 9 million, respectively

Notes to Financial Statements (continued)

15. Commitments and Contingencies

Various investigations, lawsuits and claims arising out of the normal course of operations are pending or on appeal against the Medical Center While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not materially affect the Medical Center's financial position or results of operations

Approximately 71% of the Medical Center's employees are members of various unions. The Local 1199 union contract expires on April 30, 2015. The New York State Nurses Association contract expires on January 1, 2014 and the Committee on Interns and Residents contract expires on October 31, 2013.

Emst & Young LLP

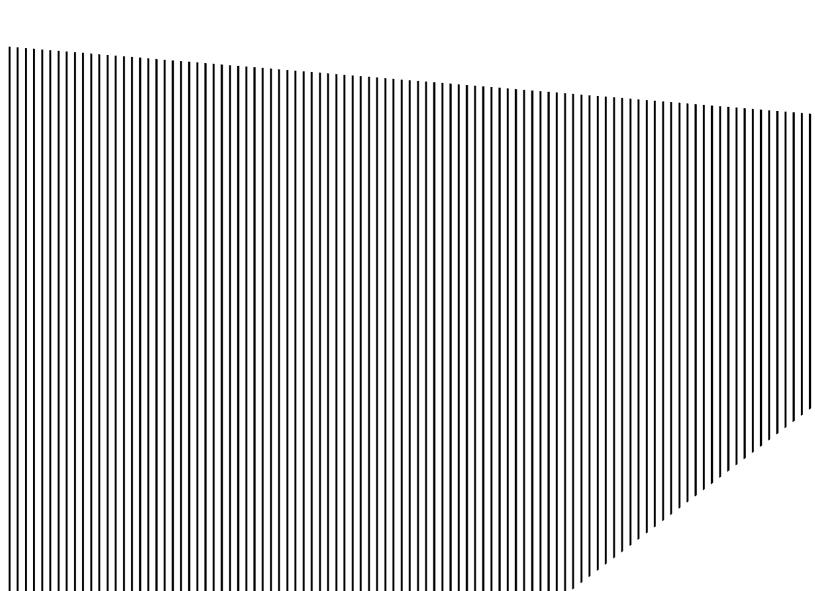
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Software ID: Software Version:

EIN: 11-1635081

Name: Maimonides Medical Center

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per		(ition that		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
John Abi-Habib Trustee	5	Х								
Paul Addison Trustee & Treasurer	5	Х								
Steven Adelsberg Trustee	5	Х								
Donna Astion MD Trustee	5	Х								
A braham Biderman Trustee	5	Х								
Irwin Birnbaum Trustee	5	Х								
Monsignor David Cassato Trustee	5	Х								
Richard Forman Trustee	5	Х								
Marvın Hellman Trustee	5	Х								
Jack A Hidary Trustee	5	Х								
Michael Karfunkel Trustee THRU 5/17/11	5	Х								
Mortimer N Klaus vice chairman/TRUSTEE	5	Х								
Elly Kleinman Trustee andrew kohen	5	Х								
trustee c herbert leshkowitz	5	Х								
vice chairman/TRUSTEE Robert Machinist	5									
trustee Frank Naccarato	5									
TRUSTEE Daniel Z Nelson	5									
Trustee & Vice Chairman Norman A Ohrwashel	5									
trustee Steven Oppenheim	5									
Trustee Martin Payson	5									
Trustee & Chairman Peter Rebenwurzel	5									
TRUSTEE Erminia Rivera	5									
Trustee Gwen A Rowden	5									
TRUSTEE THRU 5/17/11 Veronica Santilli MD	5									
trustee	5	X								

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(tion that a		y)			(D) Reportable compensation from the	(F) Estimated amount of other compensation	
	per week	Individual trustaa or diisetor	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
Alfred Schonberger trustee	5	Х								
Steven R Shamah TRUSTEE & Vice Chairman	5	Х								
Al Sutton TRUSTEE	5	Х								
Isaac M Sutton trustee	5	Х								
Aaron D Twerskı TRUSTEE	5	Х								
Howard Weiss TRUSTEE	5	Х								
Moshe H Wieder Trustee & Secretary	5	х								
Herbert Wolff trustee and honorary chairman	5	Х								
Mıchael L Ziegler Esq Trustee	5	Х								
Herbert Wasserman MD Trst & Med Stf Pres 7/1/11	40 0	Х		x				51,500	0	0
Pamela Brier TRUSTEE, President & CEO	40 0	Х		х				1,270,503		63,796
Mark McDougle Exec Vice Pres & COO 3/01/11	40 0			х				352,839		13,170
Robert Naldı Executive Vice Pres & CFO	40 0			х				818,770		21,365
Joyce Leahy Asst Secretary & VP for Legal	40 0			х				451,026		24,849
Dominick Stanzione Executive Vice President & COO	40 0			х				283,415		26,439
Enrico Ascher MD Director of Vascular Surgery	40 0					Х		3,161,357		23,121
Patrick Borgen MD Chairman, Dept of Surgery	40 0					Х		1,642,890		40,477
Israel Jacobowitz MD Dir Min Invasive Card Surg	40 0					Х		1,300,017		23,121
A mit Schwartz MD Director of Neurosurgery	40 0					Х		1,481,596		40,477
Jack Choueka MD Chairman, Orthopedics	40 0					Х		1,035,991		36,477