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Form 990

## 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)

Department of the Treasury  
Internal Revenue Service

08/10

OMB No. 1545-0047

2007

Open to Public  
Inspection

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

A For the 2007 calendar year, or tax year beginning		November 1, 2007, and ending	October 31, 2008
B Check if applicable:		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<input type="checkbox"/> C Name of organization <b>MAIMONIDES BENEVOLENT SOCIETY</b> Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 30125</b> Room/suite City or town, state or country, and ZIP + 4 <b>ELMONT, NEW YORK 11003-0125</b>	
		<input type="checkbox"/> E Telephone number ( )	
		<input type="checkbox"/> F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
G Website: ►		H and I are not applicable to section 527 organizations	
J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ►	
K Check here ► <input type="checkbox"/> If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return		H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ►		I Group Exemption Number ►	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds . . . . . b Direct public support (not included on line 1a) . . . . . c Indirect public support (not included on line 1a) . . . . . d Government contributions (grants) (not included on line 1a) . . . . . e Total (add lines 1a through 1d) (cash \$ . . . . . noncash \$ . . . . .) 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments . . . . . 4 Interest on savings and temporary cash investments . . . . . 5 Dividends and interest from securities . . . . . 6a Gross rents . . . . . b Less: rental expenses . . . . . c Net rental income or (loss). Subtract line 6b from line 6a . . . . . 7 Other investment income (describe) ► 8a Gross amount from sales of assets other than inventory . . . . . b Less: cost or other basis and sales expenses . . . . . c Gain or (loss) (attach schedule) . . . . . d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . . 9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ . . . . . of contributions reported on line 1b) . . . . . b Less: direct expenses other than fundraising expenses . . . . . c Net income or (loss) from special events. Subtract line 9b from line 9a . . . . . 10a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . . 11 Other revenue (from Part VII, line 103) . . . . . 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .  Expenses 13 Program services (from line 44, column (B)) . . . . . 14 Management and general (from line 44, column (C)) . . . . . 15 Fundraising (from line 44, column (D)) . . . . . 16 Payments to affiliates (attach schedule) . . . . . 17 Total expenses. Add lines 16 and 44, column (A) . . . . .			
Net Assets 18 Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . . 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . . 20 Other changes in net assets or fund balances (attach explanation) <i>Perpetual Care Fund</i> 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . .			

**Part II: Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24	2967	2967	
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	75600	59800	15800
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	212846	172846	40000
27 Pension plan contributions not included on lines 25a, b, and c	27	62173	54173	8000
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	28702	24702	4000
30 Professional fundraising fees	30			
31 Accounting fees	31	6600		6600
32 Legal fees	32	1125		1125
33 Supplies	33			
34 Telephone	34	9386	8186	1206
35 Postage and shipping	35	3387	2387	1000
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	7599	7599	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	19568	19568	
43 Other expenses not covered above (itemize):				
a Cemetery fees	43a	24826		24826
b Cemetery Maintenance	43b	93621	93621	
c Insurance	43c	79099	74099	5000
d Nursery	43d	8087	8087	
e Office	43e	5671	2671	3000
f Utilities	43f	24485	21485	3000
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	665742	552191	113551

**Joint Costs.** Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ►  Yes  No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III. Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Cemetery	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Cemetery Maintenance		
(Grants and allocations \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	549224
b Death & Funeral Benefits		
(Grants and allocations \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2967
c		
(Grants and allocations \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
(Grants and allocations \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	(Grants and allocations \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►		552191

## Part IV Balance Sheets (See the instructions.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45 Cash—non-interest-bearing	244221	45	178704
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	► <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	4095063	4088955
	b Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 510885		
	b Less: accumulated depreciation (attach schedule)	57b 264076	170803	246809
	58 Other assets, including program-related investments (describe ► )		58	
	59 Total assets (must equal line 74). Add lines 45 through 58		4510087	4514468
	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► )		65	
	66 Total liabilities. Add lines 60 through 65		66	
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	414281	67	430371
	68 Temporarily restricted		68	
	69 Permanently restricted	4095806	69	4084097
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4510087	74	4514468

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

Instructions:		a
a	Total revenue, gains, and other support per audited financial statements . . . . .	
b	Amounts included on line a but not on Part I, line 12:	
1	Net unrealized gains on investments . . . . .	b1
2	Donated services and use of facilities . . . . .	b2
3	Recoveries of prior year grants . . . . .	b3
4	Other (specify): _____	b4

Add lines <b>b1</b> through <b>b4</b>	<b>b</b>
<b>c</b> Subtract line <b>b</b> from line <b>a</b>	<b>c</b>
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :	<b>d</b>
1 Investment expenses not included on Part I, line 6b	<b>d1</b>
2 Other (specify):	<b>d2</b>
Add lines <b>d1</b> and <b>d2</b>	
<b>e</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 17:	
1	Donated services and use of facilities . . . . .	<b>b1</b>
2	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>
3	Losses reported on Part I, line 20 . . . . .	<b>b3</b>
4	Other (specify): .....	<b>b4</b>

Add lines <b>b1</b> through <b>b4</b>	<b>b</b>
Subtract line <b>b</b> from line <b>a</b>	<b>c</b>
Amounts included on Part I, line 17, but not on line <b>a</b> :	<b>d</b>
1 Investment expenses not included on Part I, line 6b	<b>d1</b>
2 Other (specify):	<b>d2</b>
Add lines <b>d1</b> and <b>d2</b>	<b>d</b>
Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . ► 7

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . Donald Krosnow & Irwin Krosnow Father & Son

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . . ►

If "Yes," attach a statement that includes the information described in the instructions.

75c X

d Does the organization have a written conflict of interest policy? . . . . .

75d X

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information (See the instructions.)**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 76

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a

b If "Yes," has it filed a tax return on Form 990-T for this year? 78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 79

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a

b If "Yes," enter the name of the organization ► and check whether it is  exempt or  nonexempt 81a

81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81b

b Did the organization file Form 1120-POL for this year? 81b

**Part VI Other Information (continued)**

	<b>Yes</b>	<b>No</b>
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✗
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✗
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	✗
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	89a	
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
90a List the states with which a copy of this return is filed ► <i>New York</i>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	9
91a The books are in care of ► <i>Donald B Krasnow</i> Telephone no. ► ( ) Located at ► <i>P.O. Box 125 Elmont NY</i> ZIP + 4 ► <i>11003</i>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓

Part VI Other Information (continued)		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ►			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income	Excluded by section 512, 513, or 514	(E) Related or exempt function income	
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount
93	Program service revenue:				133669
a	Cemetery Sales				101764
b	Burials, Permits, Foundations				120580
c	Annual Perpetual Care, Plantings, etc.				88590
d	Maintenance - Mt Hope Cemetery				
e					
f	Medicare/Medicaid payments				
g	Fees and contracts from government agencies				
94	Membership dues and assessments				1140
95	Interest on savings and temporary cash investments				
96	Dividends and interest from securities				
97	Net rental income or (loss) from real estate:				
a	debt-financed property				
b	not debt-financed property				
98	Net rental income or (loss) from personal property				
99	Other investment income				
100	Gain or (loss) from sales of assets other than inventory				
101	Net income or (loss) from special events				
102	Gross profit or (loss) from sales of inventory				
103	Other revenue: a				
b					
c					
d					
e					
104	Subtotal (add columns (B), (D), and (E))				177363 445749
105	Total (add line 104, columns (B), (D), and (E))				► 623104

Note: Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Provides burial services, maintenance of cemetery
94	Provides sick, death and funeral benefits to members

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	Signature of officer <i>Donald B Krasnow, Financial Secretary</i>	Date <i>10/10/08</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. inst. X) <i>100-303483</i>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Barbara Kaufman, CPA</i>	Date <i>10/10/08</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. inst. X) <i>100-303483</i>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>316 Devonia Ave MT Vernon NY 10550</i>	EIN <i></i>		Phone no. <i>( )</i>	

**CAPITAL GAINS & (LOSSES) SCHEDULE Page 1 of 2**  
**13-1850868**

NAME Maimonides Benevolent Society YEAR ENDED 10/31/08  
13-1852868

## NAME \_\_\_\_\_

10/31/08  
YEAR END

## TOTAL LONG TERM GAIN 98 (LASS)

## TOTAL SHORT TERM GAIN OR LOSS



Made in Canada

## MAIMONIDES BENEVOLENT SOCIETY 13-1850868

Prepared By

Approved By

Initials

Date

## SCHEDULE OF DEPRECIATION

FYE 10/31/08

1	2	3	4	5	6
	DATE ACQUIRED	COST	ACCUMULATED DEPRECIATION	METHOD YRS	DEPRECIATION
1	OFFICE CONSTRUCTION ✓	6-1-79	35020	35020	
2	✓ ✓	5-1-80	3329	3329	
3	✓ ✓	12-31-80	3050	3050	
4	✓ ✓	2-28-86	7353	7353	
5	✓ ✓	10-31-86	7688	7688	
6	✓ ✓	4-15-95	15374	6098 SL	31 1/2 3,172.487
7	ROOF	3-1-96	9380	3443 SL	3 1/2 3,128.297
8	TRANSPORTATION EQUIP	6-30-94	15500	15500	
9	✓ JEEP	3-1-08	10932	SL	5 1093
10	FURNITURE & FIXTURES	6-1-79	27763	27763	
11	EQUIPMENT	12-1-03	3325	3286 MACRS 7	12,493.415
12	CEMETERY IMPROVEMENTS	5-1-79	13021	13021	
13	BUILDING IMPROVEMENTS	4-1-06	39820	3526 SL	39 1022
14	CEMETERY IMPROVEMENTS	4-1-07	70263	901 SL	39 1802
15	CEMETERY IMPROVEMENTS	5-1-08	841642	SL	39 110885
16			366512	108980	6201
17	CEMETRIES		265062	116216	
18			491573	225196	6201
19			411373	6201	
20				231397	
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Name & Address	Title	Amount Paid
Donald B. Krasnow 40 Park Drive East Syosset, NY 11791	Financial Secretary & Cemetery Administrator	Salaried
Irwin Krasnow c/o Stratem Computer Group 1055 Steward Avenue, Suite 19 Bethpage, NY 11714	President & Trustee	\$800.00
Paul Rubell c/o Meltzer, Lippe 190 Willis Avenue Mineola, NY 11501	Vice President & Trustee	\$400.00
Kenneth Pischel 12 Gerri Road East Northport, NY 11731	Trustee	\$800.00
Daniel Stieglitz 2375 Maple Street Seaford, NY 11783	NY Chapter Representative	<u>\$800.00</u>
	Total	\$2,800.00