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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**MAIMONIDES BENEVOLENT SOCIETY**  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 30125**  
City or town, state or country, and ZIP + 4  
**ELMONT, NEW YORK 11003-0125**

**D** Employer identification number  
**13 1850868**

**E** Telephone number  
( ) ( ) ( )

**F** Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_

**G** Website: \_\_\_\_\_

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group Exemption Number: \_\_\_\_\_

**J** Organization type (check only one) ☒ 501(c) ( 8 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ 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.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: \_\_\_\_\_

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:		
<b>a</b> Contributions to donor advised funds	<b>1a</b>	
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	
<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	444603
<b>3</b> Membership dues and assessments	<b>3</b>	1140
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	
<b>5</b> Dividends and interest from securities	<b>5</b>	177531
<b>6a</b> Gross rents	<b>6a</b>	
<b>b</b> Less: rental expenses	<b>6b</b>	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	
<b>7</b> Other investment income (describe: _____)	<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities <b>8a</b>	(B) Other
<b>b</b> Less: cost or other basis and sales expenses	1965882 <b>8b</b>	
<b>c</b> Gain or (loss) (attach schedule)	1966070 <b>8c</b>	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	( 188 ) <b>8d</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b> Less: cost of goods sold	<b>10b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	623106
<b>13</b> Program services (from line 44, column (B))	<b>13</b>	552191
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	113551
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	665741
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	( 42636 )
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	4510087
<b>20</b> Other changes in net assets or fund balances (attach explanation) <i>Perpetual Care Trust Funds</i>	<b>20</b>	47017
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	4514468

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Revenue

Expenses

Net Assets

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**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b> 2967	2967		
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 75600	59800	15800	
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> 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)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 212846	172846	40000	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 62173	54173	8000	
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 28702	24702	4000	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 6600		6600	
<b>32</b> Legal fees	<b>32</b> 1125		1125	
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b> 9386	8186	1200	
<b>35</b> Postage and shipping	<b>35</b> 3387	2387	1000	
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 7599	7599		
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 19568	19568		
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> Custody Fees	<b>43a</b> 24826		24826	
<b>b</b> Cemetery Maintenance	<b>43b</b> 93621	93621		
<b>c</b> Insurance	<b>43c</b> 79099	74099	5000	
<b>d</b> Nursery	<b>43d</b> 8087	8087		
<b>e</b> Office	<b>43e</b> 5671	2671	3000	
<b>f</b> Utilities	<b>43f</b> 24485	21485	3000	
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 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? <b>Cemetery</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>Cemetery Maintenance</u>	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>549224</b>
<b>b</b> <u>Death &amp; Funeral Benefits</u>	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>2967</b>
<b>c</b>	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>552191</b>

**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 . . . . .		47c	
b	Less: allowance for doubtful accounts . . . . .			
48a	Pledges receivable . . . . .		48c	
b	Less: allowance for doubtful accounts . . . . .			
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) . . . . .		51c	
b	Less: allowance for doubtful accounts . . . . .			
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	54a	4088955
b	Investments—other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments—land, buildings, and equipment: basis . . . . .		55c	
b	Less: accumulated depreciation (attach schedule) . . . . .			
56	Investments—other (attach schedule) . . . . .		56	
57a	Land, buildings, and equipment: basis . . . . .	510885	57c	246809
b	Less: accumulated depreciation (attach schedule) . . . . .	264076		
58	Other assets, including program-related investments (describe ► . . . . .)	170803	58	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	4510087	59	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	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .		66	
67	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.	414281	67	430371
68	Unrestricted . . . . .		68	
69	Temporarily restricted . . . . .	4095806	69	4084092
70	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		70	
71	Capital stock, trust principal, or current funds . . . . .		71	
72	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		72	
73	<b>Total net assets or fund balances.</b> 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	<b>Total liabilities and net assets/fund balances.</b> 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			
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): . . . . .	<b>b4</b>	
	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>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): . . . . .	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>
<b>e</b>	<b>Total revenue</b> (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	
1	Expenses per audited financial statements
2	Less: Expenses per return
3	Amount of difference
4	Reason for difference
5	Amount of difference
6	Reason for difference
7	Amount of difference
8	Reason for difference
9	Amount of difference
10	Reason for difference
11	Amount of difference
12	Reason for difference
13	Amount of difference
14	Reason for difference
15	Amount of difference
16	Reason for difference
17	Amount of difference
18	Reason for difference
19	Amount of difference
20	Reason for difference
21	Amount of difference
22	Reason for difference
23	Amount of difference
24	Reason for difference
25	Amount of difference
26	Reason for difference
27	Amount of difference
28	Reason for difference
29	Amount of difference
30	Reason for difference
31	Amount of difference
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42	Reason for difference
43	Amount of difference
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45	Amount of difference
46	Reason for difference
47	Amount of difference
48	Reason for difference
49	Amount of difference
50	Reason for difference
51	Amount of difference
52	Reason for difference
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54	Reason for difference
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89	Amount of difference
90	Reason for difference
91	Amount of difference
92	Reason for difference
93	Amount of difference
94	Reason for difference
95	Amount of difference
96	Reason for difference
97	Amount of difference
98	Reason for difference
99	Amount of difference
100	Reason for difference

Part I, 6		Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		b. Return	
a	Total expenses and losses per audited financial statements . . . . .			a	
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities . . . . .	b1			
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2			
3	Losses reported on Part I, line 20 . . . . .	b3			
4	Other (specify): .....	b4			
	Add lines b1 through b4 . . . . .			b	
c	Subtract line b from line a . . . . .			c	
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b . . . . .	d1			
2	Other (specify): .....	d2			
	Add lines d1 and d2 . . . . .			d	
e	Total expenses (Part I, line 17). Add lines c and d . . . . . ▶			e	

**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.)

[illegible]

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

Yes	No
-----	----

**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) . . .

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.

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

**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.)

[illegible]**Part VI Other Information** (See the instructions.)

Yes	No
-----	----

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

**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.

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

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

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

**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?

**b** If "Yes," enter the name of the organization ►

and check whether it is ☐ exempt or ☐ nonexempt

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

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

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?		<input checked="" type="checkbox"/>
<b>b</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.)	<b>82b</b>	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
<b>b</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.		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	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?	<b>85h</b>	
<b>86</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	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.	<b>88a</b>	<input checked="" type="checkbox"/>
<b>b</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.	<b>88b</b>	<input checked="" type="checkbox"/>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</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	<b>89b</b>	
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	
<b>g</b>	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?	<b>89g</b>	
<b>90a</b>	List the states with which a copy of this return is filed	New York	
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	9
<b>91a</b>	The books are in care of	Donald B Krasnow	
	Located at	P.O. Box 125 Elmont NY	
	Telephone no.	( )	
	ZIP + 4	11003	
<b>b</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	<b>91b</b>	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**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** ☐ Yes ☒ No

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****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	
<b>93</b> Program service revenue:					
a Cemetery Sales					133669
b Burials, Permits, Foundations					101764
c Annual, Perpetual Care, Plantings, Etc.					120580
d Maintenance - MT Hope Cemetery					88590
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1140
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	177551	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	( 188 )	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))				177363	445749
<b>105</b> Total (add line 104, columns (B), (D), and (E))					623106

Note: Line 105 plus line 1e, 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).
<b>93</b>	Provide burial services, maintenance of cemetery
<b>94</b>	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).

**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.

Yes	No
	<input checked="" type="checkbox"/>

	(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>				

**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.

Yes	No
	<input checked="" type="checkbox"/>

	(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>				

**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?

Yes	No

**Please  
Sign  
Here**

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: Donald B Krasnow, Financial Secretary Date: \_\_\_\_\_  
Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's signature: \_\_\_\_\_ Date: 12/10/08 Check if self-employed: ☒ Preparer's SSN or PTIN (See Gen. inst. X): PO0303483  
Firm's name (or yours if self-employed), address, and ZIP + 4: Barbara Kaufman, CPA  
315 Devonian Ave MT Vernon NY 10593 EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

# CAPITAL GAINS & (LOSSES) SCHEDULE

Page 1 of 2

13-1850868

NAME Maimonides Benevolent Society YEAR ENDED 10/31/08

UNITS	SECURITIES	PURCHASES		SALES		LONG TERM		SHORT TERM	
		DATE	AMOUNT	DATE	AMOUNT	GAIN (LOSS)	GAIN (LOSS)	GAIN (LOSS)	GAIN (LOSS)
65000	US Treasury Note	8/18/04	65 000	11/18/07	65 000				
10000	FHLCB 2.5%	6/13/03	10 000	1/28/08	9 812.50	( 187.50)			
40000	FHLCB 2.5%	6/13/03	40 000	3/27/08	40 000				
28070	FHLCB 5.24%	11/26/02	28 070	1/25/08	28 070	18			
10000	FNMA	11/14/03	100 000	1/28/08	100 000				
27857	FHLCB 5.0% 2/6/14	3/3/04	27 857	1/31/08	27 857	14			
75000	FFCB 4.2%	12/21/04	75 000	2/1/08	75 000				
100000	FHLCB 5.2%	4/20/04	100 000	8/7/08	100 000				
32143	FHLCB 5.0%	3/3/04	32 143	2/14/08	32 143	86			
90000	FNMA 5.0%	11/2/04	90 000	2/17/08	90 000				
75000	FHLCB 4.44%	12/21/04	75 000	2/28/08	75 000				
65000	FHLCMC 4.1%	3/3/04	65 000	3/15/08	65 000				
135000	FNMA 5.03%	9/16/03	135 000	3/23/08	135 000				
40000	FHLCB 2.5%	6/13/03	40 000	3/27/08	40 000				
100000	FHLCB 4.05%	3/16/04	100 000	3/30/08	100 000				
100000	FNMA 5.0%	4/14/03	100 000	4/4/08	100 000				
60000	Hertz	5/9/01	60 000	5/15/08	60 000				
80000	FHLCB 4.375%	4/27/07	80 000	5/28/08	80 000				
125000	FNMA 5.0%	4/11/03	125 000	4/14/08	125 000				
175000	FHLCMC 4.2%	1/3/08	175 000	4/7/08	175 000				
60000	FHLCMC 4.4%	12/15/04	60 000	6/8/08	60 000				
800000	FHLCB 4.25%	12/19/07	800 000	6/18/08	800 000				
TOTAL LONG TERM GAIN OR (LOSS)						( 187.50)	XXX	XXX	XX
TOTAL SHORT TERM GAIN OR (LOSS)							XXX	XX	

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

13-1852868

NAME Maimonides Benefolent + Society

**YEAR ENDED**

10/31/08

[illegible]

MAIMONIDES BENEVOLENT SOCIETY 13-1850888

SCHEDULE OF DEPRECIATION

FYE 1931/08

Prepared By	Initials	Date
Approved By		

		1	2	3	4	5	6
		DATE		COST	ACCUMULATED		DEPRECIATION
		ACQUIRED			DEPRECIATION	METHOD YRS	
	OFFICE CONSTRUCTION ✓		6-1-79	25020	25020		
	✓ ✓		5-1-80	3329	3329		
	✓ ✓		12-31-80	3050	3050		
	✓ ✓		2-28-86	7355	7355		
	✓ ✓		10-31-86	7688	7688		
	✓ ✓		4-15-85	15374	6098	SL	3 1/2 3,172 487
	ROOF		3-1-96	9380	3443	SL	3 1/2 3,172 297
	TRANSPORTATION EQUIP		6-30-94	15500	15500		
	✓ JEEP		3-1-08	10932		SL	5 1093
	FURNITURE & FIXTURES		6-1-79	27763	27763		
	EQUIPMENT		12-1-03	3325	2286	MACRS	7 12,442 415
	CEMETERY IMPROVEMENTS		5-1-79	13021	13021		
	BUILDING IMPROVEMENTS		4-1-06	39870	3526	SL	39 1022
	CEMETERY IMPROVEMENTS		4-1-07	70263	901	SL	39 1802
	CEMETERY IMPROVEMENTS		1-1-08	84642		SL	39 11085
				326512	108980		6205
	CEMETERIES			265062	116216		
				491573	225196		6207
				491573	6207		
					231397		

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, N Y 11731	Trustee	\$800.00
Daniel Stieglitz 2375 Maple Street Seaford, NY 11783	NY Chapter Representative	<u>\$800.00</u>
	Total	\$2,800.00