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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable	C Name of organization Maimonides Medical Center		D Employer identification number 11-1635081
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (718) 283-3900
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 4802 Tenth Avenue		G Gross receipts \$ 928,066,918
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 Brooklyn, NY 11219		

F Name and address of principal officer  
PAMELA S BRIER  
4802 TENTH AVENUE  
BROOKLYN, NY 11219H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.maimonidesmed.org

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1945 M State of legal domicile NY

## Part I Summary

1	Briefly describe the organization's mission or most significant activities MAIMONIDES MEDICAL CENTER, A 711-BED ACUTE CARE VOLUNTARY, NOT-FOR PROFIT HOSPITAL, OFFERS A WIDE ARRAY OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES		
2	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	33
5	Total number of employees (Part V, line 2a) . . . . .	5	6,584
6	Total number of volunteers (estimate if necessary) . . . . .	6	1,713
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . .	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34 . . .	7b	0

8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g) . . . . .	10,164,011	7,945,453
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	932,035,384	913,385,522
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,605,036	5,039,730
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,059,228	1,144,756
		947,863,659	927,515,461

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	20,364	214,748
14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	570,568,244	564,233,608
16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	371,342	219,067
b	Total fundraising expenses (Part IX, column (D), line 25) ► 739,329		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	385,705,608	347,635,097
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	956,665,558	912,302,520
19	Revenue less expenses Subtract line 18 from line 12 . . . . .	-8,801,899	15,212,941

20	Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26) . . . . .	656,270,795	668,153,525
22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	555,697,345	530,245,993
		100,573,450	137,907,532

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		
	2010-11-10 Signature of officer Robert Naldi Exec VP/Finance,cfo Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204			EIN ►
				Phone no ► (317) 681-7000

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

**Part III Statement of Program Service Accomplishments**

- 1** Briefly describe the organization's mission

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

- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 595,498,710 including grants of \$ ) (Revenue \$ 621,010,128 )
INPATIENT SERVICES - This is further described in Schedule O	
<b>4b</b>	(Code ) (Expenses \$ 56,661,388 including grants of \$ ) (Revenue \$ 33,873,202 )
MATERNITY SERVICES - This is further described in SCHEDULE O	
<b>4c</b>	(Code ) (Expenses \$ 42,678,523 including grants of \$ ) (Revenue \$ 32,315,232 )
EMERGENCY DEPARTMENT - This is further described in Schedule O	
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$ 128,850,652 including grants of \$ 174,748 ) (Revenue \$ 226,186,960 )
<b>4e</b>	<b>Total program service expenses \$ 823,689,273</b>

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - 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
  - 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
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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? If "Yes," complete Schedule D, Part X
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No
- If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A  No
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 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
- 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.? If "Yes," complete Schedule F, Part III
- 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
- 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
- 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
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17	Yes	
18	Yes	
19		No
20	Yes	

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

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b>	415
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	7
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	6,584
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</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)?	<b>4a</b>	No
<b>4b</b>	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	<b>4b</b>	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b>	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>10b</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	36	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	33	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>		No
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>		No
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed ► NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes 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  
 (718) 283-3900

## **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. Use Schedule J-2 if additional space is needed.

- 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 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 the organization did not compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	11,922,524	0	292,733
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- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►918**

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

## Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Tashjian Padian Attorney Trust 15 w 36 St NEW YORK, NY 10018	LEGAL FEE FOR stlmnt	1,158,750
THE CENTER FOR WOUND HEALING 155 WHITE PLAINS RD TARRYTOWN, NY 10591	medical services	1,031,087
ERNST AND YOUNG LLP 5 TIMES SQUARE NEW YORK, NY 10036	CONSULTING	587,406
Blum Shapiro Consulting Group LLC 29 South Main St W HARTFORD, CT 06127	consulting	473,029
Nicoletta Pallotta 9201 4th Avenue BROOKLYN, NY 11209	consulting	396,825
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►145</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	472,709			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	173,384			
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,041,549			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,257,811			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		7,945,453			
Program Service Revenue	<b>2a</b> NET PAT SVC REV	Business Code				
		622,110	907,276,906	907,276,906		
	<b>b</b> PARTNERSHIP INCOME	900,099	1,759,731	1,759,731		
	<b>c</b> RENTAL INCOME	531,390	4,348,885	4,348,885		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		913,385,522			
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		4,195,961		4,195,961	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses	843,769					
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss) . . . . .	843,769				843,769	
<b>8a</b> Gross income from fundraising events (not including \$ 472,709 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>a</b> 217,677					
<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b> 551,457		-333,780		-333,780	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue		Business Code				
<b>11a</b> PARKING		812,930	987,978		987,978	
<b>b</b> CAFETERIA		722,310	490,558		490,558	
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		1,478,536				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		927,515,461	913,385,522		6,184,486	

**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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	209,748	209,748		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	5,000	5,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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 . . . . .	2,798,033	161,171	2,636,862	
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	439,780,979	394,227,006	45,281,901	272,072
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	29,248,772	26,126,842	3,103,899	18,031
9 Other employee benefits . . . . .	61,919,744	55,243,980	6,637,642	38,122
10 Payroll taxes . . . . .	30,486,080	27,173,947	3,293,386	18,747
11 Fees for services (non-employees)				
a Management . . . . .	1,327,579		1,327,579	
b Legal . . . . .	1,559,734		1,559,734	
c Accounting . . . . .	270,539		270,539	
d Lobbying . . . . .	311,840	311,840		
e Professional fundraising See Part IV, line 17 . . . . .	219,067			219,067
f Investment management fees . . . . .	319,440		319,440	
g Other . . . . .	20,769,564	19,881,421	888,143	
12 Advertising and promotion . . . . .	2,500,802	2,500,802		
13 Office expenses . . . . .	108,687,399	107,962,267	725,132	
14 Information technology . . . . .	8,487,681	7,570,764	916,917	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	25,981,849	22,784,151	3,197,698	
17 Travel . . . . .	557,042	496,865	60,177	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	794,754	708,897	85,857	
20 Interest . . . . .	13,471,830	11,813,794	1,658,036	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	38,229,099	33,524,079	4,705,020	
23 Insurance . . . . .	34,350,196	30,122,569	4,227,627	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a BAD DEBT	38,150,191	38,150,191		
b MAINTENANCE CONTRACTS	14,156,052	14,156,052		
c OUTSIDE CONTRACTS	8,586,701	8,586,701		
d BILLING FEES	5,876,297		5,876,297	
e FUND OVERHEAD EXPENSES	5,302,492	5,302,492		
f All other expenses	17,944,016	16,668,694	1,102,032	173,290
25 Total functional expenses. Add lines 1 through 24f	912,302,520	823,689,273	87,873,918	739,329
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	21,377,710	<b>1</b> 12,794,895
	2 Savings and temporary cash investments . . . . .	95,208,443	<b>2</b> 99,003,433
	3 Pledges and grants receivable, net . . . . .	941,911	<b>3</b> 884,558
	4 Accounts receivable, net . . . . .	106,598,700	<b>4</b> 108,388,588
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	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 Schedule L . . . . .		<b>6</b>
	7 Notes and loans receivable, net . . . . .	3,175,241	<b>7</b> 3,071,758
	8 Inventories for sale or use . . . . .	8,720,280	<b>8</b> 9,563,177
	9 Prepaid expenses and deferred charges . . . . .	25,247,680	<b>9</b> 9,209,309
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	809,146,733	
	10b Less accumulated depreciation . . . . .	10a 488,958,608	316,288,000
			<b>10c</b> 320,188,125
	11 Investments—publicly traded securities . . . . .	31,383,010	<b>11</b> 25,136,818
	12 Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>
	13 Investments—program-related See Part IV, line 11 . . . . .	33,047,444	<b>13</b> 53,858,746
	14 Intangible assets . . . . .		<b>14</b>
	15 Other assets See Part IV, line 11 . . . . .	14,282,376	<b>15</b> 26,054,118
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	656,270,795	<b>16</b> 668,153,525
Liabilities	17 Accounts payable and accrued expenses . . . . .	136,856,219	<b>17</b> 125,486,026
	18 Grants payable . . . . .		<b>18</b>
	19 Deferred revenue . . . . .		<b>19</b>
	20 Tax-exempt bond liabilities . . . . .	143,030,985	<b>20</b> 179,394,647
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	60,113,891	<b>23</b> 18,108,000
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	25 Other liabilities Complete Part X of Schedule D . . . . .	215,696,250	<b>25</b> 207,257,320
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	555,697,345	<b>26</b> 530,245,993
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	84,476,457	<b>27</b> 122,546,290
	28 Temporarily restricted net assets . . . . .	14,964,710	<b>28</b> 14,228,959
	29 Permanently restricted net assets . . . . .	1,132,283	<b>29</b> 1,132,283
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	33 Total net assets or fund balances . . . . .	100,573,450	<b>33</b> 137,907,532
	34 Total liabilities and net assets/fund balances . . . . .	656,270,795	<b>34</b> 668,153,525

**Part XI Financial Statements and Reporting**

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> 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 <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**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. Provide any other additional information. See instructions

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## **Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 11-1635081  
**Name:** Maimonides Medical Center

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Office	Key employee			
pamela brier TRUSTEE, President, & CEO	40 0	X		X			950,839	0	58,217
warren wexelman md pres medical staff/trustee	40 0	X		X			138,469	0	22,702
john abi-habib Trustee	5	X					0	0	0
paul addison Trustee/TREASURER	5	X					0	0	0
abraham biderman Trustee	5	X					0	0	0
irwin birnbaum Trustee	5	X					0	0	0
monsignor david cassato trustee	5	X					0	0	0
marvin hellman trustee	5	X					0	0	0
michael karfunkel Trustee	5	X					0	0	0
mortimer n klaus vice chairman/TRUSTEE	5	X					0	0	0
elly kleinman Trustee	5	X					0	0	0
andrew kohen trustee	5	X					0	0	0
c herbert leshkowitz vice chairman/TRUSTEE	5	X					0	0	0
joseph c manfredi trustee	5	X					0	0	0
frank naccarato Trustee	5	X					0	0	0
daniel Z nelson vice chairman/TRUSTEE	5	X					0	0	0
norman a ohrwoshel trustee	5	X					0	0	0
steven oppenheim trustee	5	X					0	0	0
martin payson TRUSTEE/chairman	5	X					0	0	0
peter rebenwurzel Trustee	5	X					0	0	0
a gwen rowden trustee	5	X					0	0	0
veronica santilli md Trustee	5	X					0	0	0
alfred schonberger Trustee	5	X					0	0	0
steven r shamah TRUSTEE/vice chairman	5	X					0	0	0
al sutton Trustee	5	X					0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
issac sutton trustee	5	X					0	0	0
aaron d twerski trustee	5	X					0	0	0
howard weiss trustee	5	X					0	0	0
moshe h wieder TRUSTEE/secretary	5	X					0	0	0
herbert wolff TRUSTEE/honorary chairman	5	X					0	0	0
michel l zielger esq trustee	5	X					0	0	0
RICHARD FORMAN TRUSTEE	5	X					0	0	0
ROBERT MACHINIST TRUSTEE	5	X					0	0	0
STEVEN ADELSBERG TRUSTEE	5	X					0	0	0
DONNA ASTION MD TRUSTEE	5	X					0	0	0
JACK A HIDARY TRUSTEE	5	X					0	0	0
mark mcdougle exec vp/coo	40 0		X				671,838	0	28,267
robert naldi exec vp/cfo	40 0		X				573,872	0	16,369
joyce leahy asst sec/vp legal affairs	40 0		X				317,247	0	20,213
ENRICO ASCHER MD DIRECTOR OF VASCULAR SURGERY	40 0			X			3,561,897	0	20,129
AMIT SCHWARTZ MD DIRECTOR OF NEUROSURGERY	40 0			X			1,225,247	0	28,267
STEPHEN LAHEY MD CHIEF, CARDIOTHORACIC SURGERY	40 0			X			1,513,528	0	30,988
PATRICK BORGEN MD CHAIRMAN, DEPT OF SURGERY	40 0			X			1,597,741	0	41,082
ISRAEL JACOBOWITZ MD DIRECTOR MIN INVASIVE CAR SURG	40 0			X			1,371,846	0	26,499

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<b><i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
BAD DEBT	38,150,191	38,150,191		
MAINTENANCE CONTRACTS	14,156,052	14,156,052		
OUTSIDE CONTRACTS	8,586,701	8,586,701		
BILLING FEES	5,876,297		5,876,297	
FUND OVERHEAD EXPENSES	5,302,492	5,302,492		

2009

Open to Public  
Inspection**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

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

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

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

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

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

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

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

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

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**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	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**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? Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		961
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		310,879
<b>j</b> Total lines 1c through 1i			311,840
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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	
<b>5</b> 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 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION PART II-B	PART II-B, LINE 1G	DIRECT CONTACT DIRECT VISIT BY CFO TO ALBANY - \$961 PART II-B, LINE 1I OTHER ACTIVITIES LOBBYING PORTION OF DUES PAID - \$164,507 PAYMENTS MADE TO LOBBYISTS - \$146,372 TOTAL - \$310,879

2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Maimonides Medical Center**Employer identification number**

11-1635081

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

- 2 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
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

- d**  Loan or exchange programs  
**e**  Other

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

- b If "Yes," explain the arrangement in Part XIV

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

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	16,096,993	15,352,310			
<b>b</b> Contributions . . . . .	2,883,855	2,882,195			
<b>c</b> Investment earnings or losses . . . . .	0	76,718			
<b>d</b> Grants or scholarships . . . . .	0	0			
<b>e</b> Other expenditures for facilities and programs . . . . .	3,619,606	2,214,230			
<b>f</b> Administrative expenses . . . . .	0	0			
<b>g</b> End of year balance . . . . .	15,361,242	16,096,993			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 0 % %

b Permanent endowment ► 7 000 % %

c Term endowment ► 93 000 % %

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

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		4,982,750			4,982,750
<b>b</b> Buildings . . . . .		325,005,580	82,452,432		242,553,148
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		479,158,403	406,506,176		72,652,227
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					320,188,125

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B), line 12.)		

**Total.** (Column (b) should equal Form 990, Part X, col (B), line 1)

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CAPTIVE INSURANCE CO	42,182,392	F
SELF-INSURANCE TRUST	3,565,748	F
VAR HEALTH CARE RELATED ENT	6,130,808	F
LT INVESTMENT FUNDS	1,979,798	F

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total** (Column (b) should equal Form 990, Part X, col (B) line 15)

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

total. (Column (b) should equal Form 990, Part X, col (B) line 25) 207,257,321

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	927,515,461
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	912,302,520
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	15,212,941
4	Net unrealized gains (losses) on investments	4	21,127,134
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	991,007
9	Total adjustments (net) Add lines 4 - 8	9	22,118,141
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,331,082

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

1	Total revenue, gains, and other support per audited financial statements	1	928,142,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,037,294
e	Add lines 2a through 2d	2e	3,037,294
3	Subtract line 2e from line 1	3	925,104,942
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,410,519
c	Add lines 4a and 4b	4c	2,410,519
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	927,515,461

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

1	Total expenses and losses per audited financial statements	1	919,623,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	551,457
e	Add lines 2a through 2d	2e	551,457
3	Subtract line 2e from line 1	3	919,071,716
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-6,769,196
c	Add lines 4a and 4b	4c	-6,769,196
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	912,302,520

**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 additional information

Identifier	Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	TEMPORARILY RESTRICTED NET ASSETS ARE AVAILABLE FOR THE FOLLOWING PURPOSES RESEARCH AND EDUCATION - \$975,000 PLANT REPLACEMENT AND EXPANSION - \$13,253,959 PERMANENTLY RESTRICTED NET ASSETS OF \$1,132,283 CONSIST OF INVESTMENTS TO BE HELD IN PERPETUITY, THE INCOME FROM WHICH IS TO BE USED FOR HEALTH CARE RELATED SERVICES TOTAL - \$15,361,242
PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMTS	NET DIFF BETWEEN TAX & BOOK PARTNERSHIP REV & EXP - \$991,007
PART XII, LINE 2D	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS W/REVENUE PER RETURN	NET ASSETS RELEASED FROM RESTRICTIONS - \$3,037,294
PART XII, LINE 4B	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STMTS W/REVENUE PER RETURN	RESTRICTED CONTRIBUTIONS, GRANTS, AND OTHER RECEIPTS - \$2,883,855 Net capital ASSET ACQUISITIONS - \$249,688 INVESTMENT FEES RECLASSSED TO OTHER EXPENSES - \$319,440 NET DIFFERENCE BETWEEN TAX AND BOOK PARTNERSHIP REVENUE & EXPENSES - (\$991,007) DIRECT EXPENSES ATTRIBUTABLE TO FUNDRAISING EVENTS - (\$551,457) FOJP RISK MGMT GRANTS FOR VAPS - \$500,000 TOTAL OF OTHER - \$2,410,519
PART XIII, LINE 2D	RECONCILIATION OF EXPENSES PER AUDITED FIN STMTS W/ EXPENSES PER RETURN	DIRECT EXPENSES ATTRIBUTABLE TO FUNDRAISING EVENTS - \$551,457
PART XIII, LINE 4B	RECONCILIATION OF EXPENSES PER AUDITED FIN STMTS W/ EXPENSES PER RETURN	CAPTIVE INSURANCE PROGRAM INTEREST RATE SHORTFALL - (\$8,074,000) CHANGE IN ACCRUED PENSION & POSTRETIREMENT BENEFITS LIAB - \$485,364 FOJP RISK MGMT GRANTS FOR VAPS - \$500,000 INVESTMENT FEES RECLASSSED TO OTHER EXPENSES - \$319,440 TOTAL OF OTHER - (\$6,769,196)
PART X	FIN 48 FOOTNOTE	THERE WAS NO LIABILITY FOR UNCERTAIN TAX POSITION UNDER FIN 48 MAKING THE FOOTNOTE UNNECESSARY

**SCHEDULE F**  
**(Form 990)**

## Statement of Activities Outside the United States

OMB No 1545-0047

2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Maimonides Medical Center

**Employer identification number**

11-163508

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

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

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

**3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .  Use Schedule F-1 (Form 990) if additional space is needed.

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

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

## **Part IV Supplemental Information**

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

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

OMB No. 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete 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

Employer identification number

11-1635081

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- |  |  |
|--|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations                | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and e-mail solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations               | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> 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 activities? Yes  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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SANKY COMMUNICATIONS	DIRECT MAIL		No	29,700	56,685	-26,985
GHS CONSULTING	STRATEGIC PLANNING		No	0	60,700	-60,700
CONVIO	ONLINE FUNDRAISING		No	6,245	32,780	-26,535
SUSAN ULIN ASSOCIATES LTD	EVENT PLANNING		No	496,191	68,902	427,289
<b>Total . . . . .</b>			►	532,136	219,067	313,069

**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

NY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GALA ANNUL BALL</u> (event type)	<u>GOLF CLASSIC</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts . . .	543,261	144,875	2,250	690,386
	2 Less Charitable contributions . . .	368,361	102,098	2,250	472,709
	3 Gross income (line 1 minus line 2) . . .	174,900	42,777		217,677
Direct Expenses	4 Cash prizes . . .		13,791		13,791
	5 Non-cash prizes . . .	8,354	10,735		19,089
	6 Rent/facility costs . . .	54,708	1,125		55,833
	7 Food and beverages . . .	265,465	14,665		280,130
	8 Entertainment . . .	8,750	20,375		29,125
	9 Other direct expenses . . .	138,439	15,050		153,489
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				551,457
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				-333,780

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> 12	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>a</b> The organization's facility . . . . .	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>b</b> An outside facility . . . . .	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> <b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<input type="checkbox"/> <b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	<input type="checkbox"/> <b>17a</b>	

2009

Open to Public  
InspectionSCHEDULE H  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Hospitals

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

► Attach to Form 990.

► See separate instructions.

Name of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

## Part I Charity Care and Certain Other Community Benefits at Cost

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a . . . . .
- b** If "Yes," is it a written policy? . . . . .
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals
- Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients
- a** Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care
- 100%  150%  200%  Other 300 %
- b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care
- 200%  250%  300%  350%  400%  Other \_\_\_\_\_
- c** If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .
- 6a** Does the organization prepare an annual community benefit report? . . . . .
- 6b** If "Yes," does the organization make it available to the public? . . . . .
- Complete the following table using the worksheets provided in the Schedule H Instructions. Do not submit these worksheets with the Schedule H

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>	Yes	
<b>5c</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	

## 7 Charity Care and Certain Other Community 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 benefit expense	(f) Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .			11,062,581	0	11,062,581	1 270 %
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			106,330,675	75,809,361	30,521,314	3 490 %
<b>c</b> Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			159,050,036	146,908,136	12,141,900	1 390 %
<b>d</b> <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			276,443,292	222,717,497	53,725,795	6 150 %
<b>e</b> Other Benefits						
Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			6,528,019	64,297	6,463,722	0 740 %
Health professions education (from Worksheet 5) . . . . .			90,625,987	51,066,480	39,559,507	4 520 %
Subsidized health services (from Worksheet 6) . . . . .			28,778,818	22,433,370	6,345,448	0 730 %
Research (from Worksheet 7) . . . . .			816,680		816,680	0 090 %
Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			589,118		589,118	0 070 %
<b>j</b> <b>Total</b> Other Benefits . . . . .			127,338,622	73,564,147	53,774,475	6 150 %
<b>k</b> <b>Total.</b> Add lines 7d and 7j . . . . .			403,781,914	296,281,644	107,500,270	0

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			181,367	0	181,367	0 020 %
<b>8</b> Workforce development			14,870	0	14,870	
<b>9</b> Other						
<b>10 Total</b>			196,237	0	196,237	0 020 %

**Part III Bad Debt, Medicare, & Collection Practices**
**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit

	Yes	No
<b>1</b>	Yes	
<b>2</b>	38,150,191	
<b>3</b>	14,719,706	
<b>4</b>		
<b>5</b>	266,054,250	
<b>6</b>	292,059,985	
<b>7</b>	-26,005,735	
<b>9a</b>	Yes	
<b>9b</b>	Yes	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5 This is the surplus or (shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used

Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy? . . . . .
- 9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
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<b>11</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					

**Part V Facility Information**

Name and address	ER-other	Other (Describe)
Licensed hospital	ER-24 hours	
General medical & surgical	Research facility	
MAIMONIDES MEDICAL CENTER 4802 TENTH AVENUE BROOKLYN, NY 11219	X	X
X	X	X
Teaching hospital	X	X
Children's hospital	Critical access hospital	
General	Research	
Medical	Facility	
&	Critical	
Access	Teaching	
Hospital	Children's	
Critical	Teaching	
Access	Children's	
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Hospital		

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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400-600-100

For further information, contact: [www.mca.gov.hk](http://www.mca.gov.hk) (the MCA) or [www.hktdc.com](http://www.hktdc.com) (HKTD).

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 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 In 2009, 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 The application of the 2009 amended charity care and financial aid policy resulted in additional patients qualifying for charity care and a reduction to bad debt expense for 2009 of approximately \$9.7 million Total uncompensated care for all patient services approximated \$98 million and \$87 million in 2009 and 2008, respectively Included in supplies and other expenses is the provision for bad debt expense of approximately \$38 million and \$32 million for the years ended December 31, 2009 and 2008, respectively Bad Debt is recorded at cost

Fair Billing and Collection Practices Maimonides Medical Center is committed to fair billing and collections practices. A patient account will

not be sent to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, for the time that the hospital is considering the application. A patient is provided at least thirty days written notice on the bill before debts are referred to collection. By contract the Medical Center's collection agencies are not permitted to freeze the debtor's bank account, garnish the debtor's payroll check unless authorized by a Vice President of the Medical Center, seek civil arrest, seek a forced sale or foreclosure of a primary residence. Collection agencies are required to obtain the Medical Center's written consent prior to commencing legal action.

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The New York City Department of Health and Mental Hygiene is an increasingly effective, real time source of information and health care needs at the community and neighborhood level. Maimonides Medical Center also has a role in this process.

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

charity care policy  
ACCESS TO INFORMATION - All written information is available in multiple languages. Patients are informed of the hospital's financial assistance policy 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

**4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

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.

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 ten languages in addition to English Italian, French, Russian, Spanish, Urdu, Arabic, Yiddish, Hebrew, Polish, Chinese and Creole

our support of collective advocacy we participate in strengthening the role modern health care has in the improvement of the health of our communities. The medical center also allows a college-university based nursing program to conduct advanced nursing undergraduate and graduate classes. These classes increase the knowledge base of the nursing community which further develops their skill sets that directly affect care to patients both in Maimonides' community as well as the communities served by the nurses attending these classes.

6 Provide any other information important to describing how the organization's hospitals 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.)

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 developed an Affiliate status and a highly effective hospitalist service to assist physicians in joining or retaining membership on the medical staff, 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 an efficient and meaningful exchange of health information.

7 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

• If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**Schedule I  
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States****2009**

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

► Attach to Form 990

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Maimonides Medical Center**Employer identification number**

11-1635081

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .  ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hatzolah of Flatbush1880 Ocean Ave brooklyn, NY 11230	133213138	501(c)(3)	45,000				general support
United Hospital Fund of NY 350 Fifth Avenue New York, NY 10118	131562656	501(C)(3)	29,000				general support
Chevra Hatzolah Crown Heights383 Kingston Ave brooklyn, NY 11213	112420013	501(c)(3)	20,000				general support
Hatzolah of Williamsburgh 183 wilson st brooklyn, NY 11211	113376135	501(c)(3)	18,000				general support
Guardians of the Sick Inc 5216 11 ave brooklyn, NY 11219	116003433	501(C)(3)	10,360				general support
Hatzolah of Mill Basin6363 Avenue U brooklyn, NY 11234	364600064	501(c)(3)	10,000				general support
health sci ctr brooklyn fnd 450 clarkston Ave brooklyn, NY 11203	112418771	501(c)(3)	5,250				general support
Staten Island Hatzolah22 Niles Pl Staten Island, NY 10314	020738155	501(C)(3)	25,000				general support
Hatzolah of Boro Park5215 16 Ave Brooklyn, NY 11204	113043090	501(C)(3)	15,000				general support

- 2 Enter total number of section 501(c)(3) and government organizations . . . . .  ► 9
- 3 Enter total number of other organizations . . . . .  ► 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
Schedule I, Part I	description of procedures for monitoring the use of grant funds	General support is given to various health related organizations whose activities have been determined are compatible and complimentary to those of Maimonides Medical Center

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**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.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**  
Maimonides Medical Center**Employer identification number**

11-1635081

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) 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

**a** The organization?

**b** Any related organization?

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

**a** The organization?

**b** Any related organization?

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-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>	Yes	
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**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	Part I, Line 4B	THE FOLLOWING PERSONS PARTICIPATED IN A 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN *PAMELA S BRIER - \$41,925 *MARK MCDOUGLE - \$26,387 *ROBERT NALDI - \$22,585 *JOYCE LEAHY - \$6,398 PART I, LINE 6A THE ORGANIZATION PAYS, PURSUANT TO INDIVIDUAL EMPLOYMENT CONTRACT AGREEMENTS, A PORTION OF FACULTY PRACTICE EARNINGS, NET OF EXPENSES

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds****2009**

► 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.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Maimonides Medical Center**Employer identification number**

11-1635081

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased	(h) On Behalf of Issuer
							Yes	No
A	dormitory authority of the state of new york	14-6000293	64983twb5	06-24-2004	114,252,556	See Schedule O		X X
B	new york city capital resource corporation	20-4099098	649437aa8	05-25-2006	31,200,000	See Schedule O		X X

**Part II Proceeds**

		A	B	C	D	E
1	Total proceeds of issue	114,252,556	31,200,000			
2	Gross proceeds in reserve funds	8,831,112	0			
3	Proceeds in refunding or defeasance escrows	0	0			
4	Other unspent proceeds	314,420	0			
5	Issuance costs from proceeds	2,697,122	511,898			
6	Working capital expenditures from proceeds	0	0			
7	Capital expenditures from proceeds	102,920,434	30,688,102			
8	Year of substantial completion	2009	2007			
		Yes	No	Yes	No	Yes
9	Were the bonds issued as part of a current refunding issue?		X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X	
11	Has the final allocation of proceeds been made?	X		X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		

**Part III Private Business Use**

	A	B	C	D	E
	Yes	No	Yes	No	Yes
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X		X	
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X	

**Part III Private Business Use (Continued)**

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %			0 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %			0 %				
6 Total of lines 4 and 5			0 %			0 %				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

**Part IV Arbitrage**

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E 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?	X		X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b Name of provider		bank of america		bank of america						
c Term of hedge			19 6		19 6					
4a Were gross proceeds invested in a GIC?	X			X						
b Name of provider		mbia								
c 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?	X			X						
6 Did the bond issue qualify for an exception to rebate?	X		X							

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Maimonides Medical Center**Employer identification number**

11-1635081

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

<b>1</b> (a) Name of disqualified person	<b>(b) Description of transaction</b>	<b>(c) Corrected?</b>
		Yes      No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ➤ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ➤ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

<b>(a) Name of interested person and purpose</b>	<b>(b) Loan to or from the organization?</b>	<b>(c) Original principal amount</b>	<b>(d) Balance due</b>	<b>(e) In default?</b>	<b>(f) Approved by board or committee?</b>	<b>(g) Written agreement?</b>
Total . . . . .						

<b>Total</b> . . . . . ➤ \$		
-----------------------------	--	--

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<b>(a) Name of interested person</b>	<b>(b) Relationship between interested person and the organization</b>	<b>(c) Amount of grant or type of assistance</b>
--------------------------------------	--	--

**Part IV Business Transactions Involving Interested Persons.**

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

<b>(a) Name of interested person</b>	<b>(b) Relationship between interested person and the organization</b>	<b>(c) Amount of transaction</b>	<b>(d) Description of transaction</b>	<b>(e) Sharing of organization's revenues?</b>
745-64TH REALTY ASSOC INC	ANDREW KOHEN,TRUSTEE/OWN	879,444	REAL ESTATE RENTAL	No
RMNDS REALTY ASSOC	ANDREW KOHEN,TRUSTEE/OWN	573,194	REAL ESTATE RENTAL	No

2009

Open to Public  
InspectionSCHEDULE O  
(Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.Department of the Treasury  
Internal Revenue ServiceName of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

Identifier	Return Reference	Explanation
Form 990 Supplemental Information		<p>Part I, line 6 Volunteers At Maimonides we are fortunate to have a large corps of dedicated volunteers who enhance the services provided by our staff. There were 1,713 volunteers in 2009 who served 220,557 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.</p> <p>PART III, LINE 4D OTHER PROGRAM SERVICES</p> <p>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. 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. 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. In 2009, 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. The application of the 2009 amended charity care and financial aid policy resulted in additional patients qualifying for charity care and a reduction to bad debt expense of approximately \$9.7 million. Total uncompensated care for all patient services approximated \$98 million. Included in supplies and other expenses is the provision for bad debt expense of approximately \$38 million. During 2009, the Medical Center provided approximately 46,000 inpatient discharges and 400,000 outpatient visits which included 123,000 emergency room visits. We provided care to persons covered by government programs and the uninsured at payment rates below cost. Our surgeons performed 9,445 inpatient and 13,495 outpatient operations in a full range of surgical specialties in 2009. Our tertiary cardiology and cardiac surgery programs serve all of Brooklyn and are widely recognized in the region for excellence in interventional cardiology. A comprehensive array of cancer services is also provided. Maimonides is a designated regional perinatal center and operates one of the busiest obstetrical services on the East Coast. In 2009 there were approximately 7,704 deliveries. A Level 3 Neonatal Intensive Care Unit provides highly specialized care for babies born prematurely or with birth defects. The adult and child psychiatric outpatient programs provide walk-in services for any members of the surrounding communities. Maimonides Medical Center is a 939 designated psychiatric receiving hospital. We provide full-time (24 hours/365 days per year) emergency services regardless of ability to pay and operate a 911 paramedic ambulance service under contract with the New York City Fire Department to an 800-block area including all of Boro Park and sections of Flatbush, Bensonhurst and Bay Ridge. The Medical Center supports a program of health promotion and education activities for employees and residents of its surrounding communities, including mammography and colon cancer screenings. The Medical Center is a teaching affiliate of the SUNY Downstate Medical Center. Maimonides has fully accredited residency-training programs with over 450 interns and residents.</p>

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 6	The organization has a member, Maimonides Health Resources, Inc (MHRI),	<p>which is its sole corporate member. Part VI, Section A, Line 7a MHRI elects the trustees. The board of trustees of Maimonides Medical Center (MMC) is its governing body. Part VI, Section A, Line 7b MHRI is a New York not-for-profit corporation. It is the sole member of MMC. MHRI has the following power pursuant to the MMC bylaws: (1) MHRI elects trustees to the governing body of MMC at the annual meeting the member of MMC (Vacancies are filled by 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 York's 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 disposition of all or substantially all of the assets of MMC requires MHRI's consent.</p> <p>PART VI, SECTION B, Line 11a A copy of the Form 990 is reviewed by the Vice President for Legal Affairs/General Counsel, Vice President of Financial Operations/Controller and in-house tax preparer in conjunction with review by an outside tax preparer who signs off on the return. The reviewed return 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 prior to filing.</p> <p>PART VI, SECTION B, LINE 12C It is 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 detail any activities or interests which may conflict or appear to conflict with the Medical Center's best interest. The following are required to complete a conflict of interest certificate: (1) trustees and officers of the Board, (2) non-trustee officers, chairmen and division chiefs and members of the purchasing department, (3) employees and members of the medical staff, who are in a position to influence vendor selection, to approve a transaction with a third party or approve the expenditure of funds, and (4) such other employees or members of the medical staff as determined from time to time by the President. Employees and members of the medical staff who violate this policy will be subject to disciplinary action up to and including termination or removal from the staff. Members of the Board and officers will be subject to removal. The Audit and Legal Committee of the Board of Trustees shall advise the President and the Chairman of the Board concerning specific conflicts of interest referred to it by the Vice President for Legal Affairs, decide particular matters referred to them for review, and assist in the overall administration and monitoring of the implementation of the policy. The Vice President for Legal Affairs and General Counsel is responsible for reviewing apparent conflicts of interest and other potentially improper activities as referred by the Director of Internal Audit and/or the Audit and Legal Committee. A report of all conflicts of interest shall be made by the Chairman of the Audit and Legal Committee at least annually to the Board of Trustees.</p> <p>Part VI, Section B, Line 14 A written document retention and destruction policy is currently in the process of being developed.</p> <p>PART VI, SECTION B, LINES 15A &amp; 15B The process for determining compensation includes the following: The Medical Center's compensation committee reviews compensation surveys and data obtained from the Greater New York Hospital organization. Approval for all decisions must be agreed upon by the compensation committee and is then recorded in the minutes. This process was last done in 2009 for the CEO, COO, CFO and General Counsel/Assistant Secretary.</p> <p>PART VI, SECTION C, LINE 19 The organization's articles of incorporation may be obtained from the NYS Secretary of State's office. They are also available together with the by-laws upon special request to the Executive Office of Maimonides Medical Center at 4802 Tenth Ave, Admin Bldg, 2nd floor, Brooklyn, NY 11219. The conflict of interest policy is available on the Medical Center's website "maimonidesmed.org" in the vendor information section. The audited financial statements are available upon request to the Medical Center's Executive Office and are posted on the NYS Charitable Bureau website, oag.state.ny.us.</p> <p>Schedule K, Part I Bond Issues A(a) Issuer Name - Dormitory Authority of the State of New York A(c) CUSIP # - 64983TWB5 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(c) CUSIP# - 649437AA8 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.</p> <p>Schedule K, Part IV Arbitrage 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 designer engineer and subcontractor over the hvac system design and constructability of the system. 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.</p>



SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

2009

► 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.

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
---	-------------------------	--	----------------------------	---	----------------------------------

MAIMONIDES RESEARCH &amp; DEVELOPMENT FND

4802 TENTH AVENUE

RESEARCH

NY

501(C)(3)

11 type I NA

BROOKLYN, NY 11219  
11-2608229

MAIMONIDES HEALTH RESOURCES INC

4802 TENTH AVENUE

SUPPORT ORG

NY

501(c)(3)

11 type I NA

BROOKLYN, NY 11219  
11-3018258

**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) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		
								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
MMC HOLDING OF BROOKLYN INC 4510 16TH AVENUE BROOKLYN, NY11204 11-2683298	ADMIN SERVICE	NY	NA	C CORP			

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
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	(b) Transaction type(a-r)	(c) Amount involved
(1) MMC HOLDING OF BROOKLYN INC		i	595,732
(2) MMC HOLDING OF BROOKLYN INC		o	20,399,047
(3) MMC HOLDING OF BROOKLYN INC		r	910,732
(4) Maimonides Research & Development Foundation		c	174,810
(5) Maimonides Research & Development Foundation		j	515,000
(6) Maimonides Research & Development Foundation		p	114,702

**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) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes      No		Yes      No		Yes      No

**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) Amount Involved (\$)
(1)	MMC HOLDING OF BROOKLYN INC	I	595,732
(2)	MMC HOLDING OF BROOKLYN INC	O	20,399,047
(3)	MMC HOLDING OF BROOKLYN INC	R	910,732
(4)	Maimonides Research & Development Foundation	C	174,810
(5)	Maimonides Research & Development Foundation	J	515,000
(6)	Maimonides Research & Development Foundation	P	114,702

**TY 2009 Earnings and Profits Other  
Adjustments Statement****Name:** Maimonides Medical Center**EIN:** 11-1635081

Description	Amount
LOSSES	1,025,486

**TY 2009 Earnings and Profits Other  
Adjustments Statement****Name:** Maimonides Medical Center**EIN:** 11-1635081

Description	Amount
PREMIUM INCOME	112,092,000
PREMIUMS CEDED	-22,833,000
investment income	97,362,000
losses	-238,183,000
REINSURANCE EXPENSE RECOVERY	63,170,000

## TY 2009 Earnings and Profits Other Adjustments Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

Description	Amount
INVESTMENT income	2,018,788
RETURN OF CAPITAL DISTRIBUTION	376,000

## TY 2009 Investment in Subsidiaries Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

Description	Beginning Amount	Ending Amount
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## TY 2009 Itemized Other Current Liabilities Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

## TY 2009 Itemized Other Assets Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

**TY 2009 Itemized Other Current Assets  
Schedule****Name:** Maimonides Medical Center**EIN:** 11-1635081

## TY 2009 Other Deductions Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
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## TY 2009 Itemized Other Investments Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

## TY 2009 Itemized Other Liabilities Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

## TY 2009 Other Income Statement

**Name:** Maimonides Medical Center**EIN:** 11-1635081

Description	Foreign Amount	Amount
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