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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **Lincoln Hospital Auxiliary, Inc.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **234 East 149th Street** Room/suite

City or town, state or country, and ZIP + 4 **Bronx, New York 10451**

D Employer identification number **13 : 3040671**

E Telephone number **( 718 ) 579-6203**

G Gross receipts $ **868,712**

F Name and address of principal officer. **Mirian Moses 990 Tinton Ave., Bronx, NY 10456**

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(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: ▶

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

L Year of formation:

M State of legal domicile

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: **To enhance patient care at Lincoln Hospital**

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 | 11 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 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 |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | | |
| 9 | Program service revenue (Part VIII, line 2g) | 686,397 | 802,299 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,981 | 1,800 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 17,281 | 39,689 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 ) | 705,659 | 843,788 |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 1,110,832 | 1,104,029 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,110,832 | 1,104,029 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (405,173) | (260,241) |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,399,485 | 1,040,899 |
| 21 | Total liabilities (Part X, line 26) | 184,835 | 86,490 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,214,650 | 954,409 |

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## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Mir Mirian L. Moses — Signature of officer — Date 08/09/11

Mirian L. Moses — Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature — Date 7/29/11 — Check if self-employed ▶ ☑ — Preparer's identifying number (see instructions) P00535597

Firm's name (or yours if self-employed), address, and ZIP + 4: **Samuel Estabillo, CPA**, **424 Emory Road, Mineola, NY 11501** — EIN ▶ — Phone no ▶ ( 516 ) 236-6019

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

SCANNED AUG 24 2011

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
To enhance patient care at Lincoln Hospital

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.

4a (Code: ) (Expenses $ 1,103,214 including grants of $ ) (Revenue $ )

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

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

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses ▶** 1,103,214

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?. | 2 | | ✓ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | ✓ |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | ✓ |
| 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* | 5 | | ✓ |
| 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* | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | ✓ |
| 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* | 10 | | ✓ |
| 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* | 11 | | ✓ |
| | • 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* | 12 | ✓ | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No) | 12A | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | ✓ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| 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* | 14b | | ✓ |
| 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 United States? *If "Yes," complete Schedule F, Part II.* | 15 | | ✓ |
| 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 United States? *If "Yes," complete Schedule F, Part III* | 16 | | ✓ |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | ✓ |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | ✓ |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III.* | 19 | | ✓ |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | ✓ |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | ✓ |
| 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 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25.* | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓ |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | ✓ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | ✓ |
| 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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | ✓ |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | ✓ |
| 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 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | ✓ | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable . . . . . | 1a 0 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . . . . | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | ✓ |
| 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. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?. . . . . | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. . . . . | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | | ✓ |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?. . . . . | 7h | | ✓ |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person?. . . . . | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. . . . . | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | 11b | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |

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

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body . . . . . | 1a 11 | | |
| b | Enter the number of voting members that are independent . . . . . | 1b 11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓ |
| 6 | Does the organization have members or stockholders? . . . . . | 6 | | ✓ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | 7a | | ✓ |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? . . . . . | 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . | 9a | | ✓ |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . . | 10a | | ✓ |
| 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? . . . . | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . | 11 | | ✓ |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | | ✓ |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* . . . . . | 12c | | |
| 13 | Does the organization have a written whistleblower policy? . . . . . | 13 | | ✓ |
| 14 | Does the organization have a written document retention and destruction policy? . . . . . | 14 | | ✓ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | | |
| b | Other officers or key employees of the organization . . . . . | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | ✓ |
| 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? . . . . . | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **UT, NY**

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ **Lincoln Hospital Auxiliary 234 E 149th Street, Bronx, NY 10451 Tel. 718-579-6203**

## 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. 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, and 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 officer, director, or trustee

| (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 | Officer | Key employee | Highest compensated employee | Former | | | |
| Mirian Moses-Chairperson | 5 hrs | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Carmen Allende-Vice-Chair | 5 hrs | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Elizabeth Perez-De Jesus-Secretary | 5 hrs | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Anita Vega- Treasurer | 5 hrs | ✓ | | ✓ | | | | 0 | 0 | 0 |
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (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 | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total ▶ | | | | | | | | | | |

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 ▶ **None**

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | ✓ |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual.* | | ✓ |
| 5 | 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* | | ✓ |

**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.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| **None** | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

**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 | 1a Federated campaigns 1a | | | | |
| | b Membership dues 1b | | | | |
| | c Fundraising events 1c | | | | |
| | d Related organizations 1d | | | | |
| | e Government grants (contributions) 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g Noncash contributions included in lines 1a-1f: $ | | | | |
| | h **Total.** Add lines 1a–1f ▶ | | | | |
| Program Service Revenue | | Business Code | | | |
| | 2a **Commission** | | 795,939 | 795,939 | |
| | b **Telephone Sales** | | 6,360 | 6,360 | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g **Total.** Add lines 2a–2f ▶ | | 802,299 | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,800 | 1,800 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | 5 Royalties ▶ | | | | |
| | | (i) Real / (ii) Personal | | | |
| | 6a Gross Rents | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | |
| | | (i) Securities / (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | | | | |
| | 8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a 58,705 | | | | |
| | b Less: direct expenses b 24,924 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | 33,781 | 33,781 | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less: cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | |
| | Miscellaneous Revenue | Business Code | | | |
| | 11a **Miscellaneous Income** | | 5,908 | 5,908 | |
| | b | | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | e **Total.** Add lines 11a–11d ▶ | | 5,908 | | |
| | 12 **Total revenue.** See instructions. ▶ | | 843,788 | 843,788 | |

## 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 | | | | |
| 2 Grants and other assistance to individuals in the U.S See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 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 **See Attached Statement** | **1,104,029** | **1,103,214** | **815** | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24f | **1,104.029** | **1,103,214** | **815** | |
| 26 **Joint costs.** Check here ▶ ☐ 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**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | 1,332,695 | 1 | 825,714 |
| | 2 | Savings and temporary cash investments | | 2 | 163,165 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 66,790 | 4 | 52,020 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a | | | |
| | b | Less: accumulated depreciation — 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 1,399,485 | 16 | 1,040,899 |
| Liabilities | 17 | Accounts payable and accrued expenses | 177,861 | 17 | 86,490 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 6,974 | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 184,835 | 26 | 86,490 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 1,214,650 | 27 | 954,409 |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 1,214,650 | 33 | 954,409 |
| | 34 | Total liabilities and net assets/fund balances | 1,399,485 | 34 | 1,040,899 |

## Part XI Financial Statements and Reporting

| | | Yes | No |
|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | ✓ | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | ✓ | |
| 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 separate 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? | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Lincoln Hospital Auxiliary, Inc. | 13 3040671 |

**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 described in **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 33⅓% 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 33⅓% 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.

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

**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?

| | Yes | No |
|---|---|---|
| **(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? 11g(i) | | |
| **(ii)** A family member of a person described in (i) above? 11g(ii) | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | | |

**h** Provide the following information about the supported organization(s).

| (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 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 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 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 | 4,419 | 2,487 | 2,327 | 1,981 | 1,800 | 13,014 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 460 | 10 | 0 | 990 | 5,908 | 7,368 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 20,382 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12 802,299

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 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 | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

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

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 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 | % |

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

## SECTION I – CURRENT YEAR FINDINGS AND RECOMMENDATIONS-CONTINUED

**Internal Control Over Financial Reporting - Continued**

**09-3. Revenue account in the current year is overstated.**

Criteria

Generally accepted accounting standard in the United States of America requires that financial statements be prepared using the accrual method of accounting. Revenue is recorded in the period earned.

Finding

The Auxiliary failed to record a receivable in 2008 totaling $7,705. The amount due represents cash receipts from 2008 gala fund raising event held on October 16th 2008. The payments were received in 2009 and recorded as revenue in 2009 As a result, the fundraising revenue account in the current year is overstated by $7,705 as follows

| Payor | Description | Check Date | Amount |
|---|---|---|---|

Impact

The recognition of revenues in the proper accounting period is essential to achieve proper determination of net income

Recommendation

The Auxiliary should accrue all receivables and revenue in the proper accounting period

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Lincoln Hospital Auxiliary, Inc.

Employer identification number
13 : 3040671

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ 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.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

- a Board designated or quasi-endowment ► ..... %
- b Permanent endowment ► ..... %
- c Term endowment ► ..... %

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

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

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.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ► | | | | |

**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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶ | | |

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶ | | |

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | |

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

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | |

**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 Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 843,788 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,104,029 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | (260,241) |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | (260,241) |

## 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 | 868,712 |
| 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 | 58,705 | | |
| e | Add lines **2a** through **2d** | | | 2e | 58,705 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 810,007 |
| 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 | 33,781 | | |
| c | Add lines **4a** and **4b** | | | 4c | 33,781 |
| 5 | Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12 )* | | | 5 | 843,788 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,128,953 |
| 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 | 24,924 | | |
| e | Add lines **2a** through **2d** | | | 2e | 24,924 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,104,029 |
| 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 | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 1,104,029 |

## 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, line 2; 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.

**Part X11, Line 2-d Fund raising events ( Gross) $ 58,705**

**Part X11, Line 4-b Net Income from Fund raising events**

**Gross Income from Fund raising events $ 58,705**

**Less: Direct Fund raising expenses 24,924**

**Net Income from Fund raising events $ 33,781**

**Part XIV Supplemental Information** *(continued)*

**Part X111, Line 2-d Fund raising direct expenses $ 24,924**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

# 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Lincoln Hospital Auxiliary, Inc.

Employer identification number

13 : 3040671

Part VI Line 11A The chair of the Board of Directors was given a copy of Form 990 for review and approval before filing.

Part VI Line 19 The chair of the Board of Directors posted a Notice in the auxiliary office that conflict of interest policy and financial statements are available for inspection upon request.

Lincoln Hospital Auxiliary, Inc,
Form 990
12/31/09

| Part 1X Line 24 (990) Other expenses | (A) Total Expenses | (B) Program Services Expenses | (C) Management and General | (D) Fundraising Expenses |
|---|---|---|---|---|
| Equipment purchase | $ 960,460 | $ 960,460 | $ 0 | $ 0 |
| Transportation | 80,951 | 80,951 | | |
| Supplies and Materials | 55,362 | 55,362 | | |
| Television service | 4,604 | 4,604 | | |
| Telephone | 1,549 | 1,549 | | |
| Catering services/food | 288 | 288 | | |
| Accounting and Bookkeeping | 475 | | 475 | |
| NYS filing fees | 275 | | 275 | |
| Miscellaneous | 65 | | 65 | |
| Total Expenses | $ 1,104,029 | $ 1,103,214 | $ 815 | $ 0 |

# LINCOLN HOSPITAL AUXILIARY, INC.

234 EAST 149TH STREET
BRONX, NEW YORK 10451-9998
TELEPHONE (718) 579-6203

FINANCIAL STATEMENTS
AND AUDITORS' REPORTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

TCBA WATSON RICE LLP
CERTIFIED PUBLIC ACCOUNTANTS

## LINCOLN HOSPITAL AUXILIARY, INC.

### TABLE OF CONTENTS

TCBA Watson Rice LLP

# INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
New York City Health and Hospitals Corporation

We have audited the accompanying financial statements of Lincoln Hospital Auxiliary, Inc. (the "Auxiliary") as of and for the years ended December 31, 2009 and 2008, as listed in the accompanying table of contents These financial statements are the responsibility of the management of the Auxiliary Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the *NYC Health and Hospitals Corporation's Operating Procedure No 10-20, Auxiliaries, July 1987* Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Auxiliary as of December 31, 2009 and 2008, and its results of operations, changes in its net assets, functional expenses and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

## INDEPENDENT AUDITORS' REPORT – CONTINUED

In accordance with *Government Auditing Standards*, we have also issued our report dated April 27, 2010, on our consideration of the Auxiliary's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information listed in the accompanying table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole

TCBA Watson Rice LLP

New York, New York
April 27, 2010

**LINCOLN HOSPITAL AUXILIARY, INC.**
**STATEMENTS OF FINANCIAL POSITION**
**DECEMBER 31, 2009 AND 2008**

| | 2009 | 2008 |
|---|---|---|
| **Assets** | | |
| Cash and cash equivalents (Note 1) | $ 825,714 | $ 1,170,776 |
| Investments (Note 2) | 163,165 | 161,919 |
| Commissions receivable (Schedule 3) | 50,310 | 66,790 |
| Miscellaneous receivable | 1,710 | - |
| **Total Assets** | $ 1,040,899 | $ 1,399,485 |
| **Liabilities and Net Assets** | | |
| Liabilities | | |
| Accounts payable and accrued expenses (Schedule 4) | $ 86,490 | $ 184,835 |
| | 86,490 | 184,835 |
| Net Assets | | |
| Unrestricted | 954,409 | 1,214,650 |
| **Total Liabilities and Net Assets** | $ 1,040,899 | $ 1,399,485 |

See notes to the financial statements

LINCOLN HOSPITAL AUXILIARY, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2009 AND 2008

| | 2009 | | | 2008 | | |
|---|---|---|---|---|---|---|
| | Unrestricted | Temporarily Restricted | Total | Unrestricted | Temporarily Restricted | Total |
| **Support and Revenues** | | | | | | |
| Commission income | $ 795,939 | $ - | $ 795,939 | $ 675,397 | $ - | $ 675,397 |
| Fundraising (Schedule 2) | 58,705 | - | 58,705 | 54,125 | | 54,125 |
| Interest income | 1,800 | | 1,800 | 1,981 | - | 1,981 |
| Miscellaneous income | 5,908 | - | 5,908 | 990 | - | 990 |
| Telephone sales | 6,360 | - | 6,360 | 11,000 | - | 11,000 |
| Total Support and Revenues | 868,712 | - | 868,712 | 743,493 | - | 743,493 |
| **Expenses** | | | | | | |
| Program services | 1,103,214 | - | 1,103,214 | 1,109,457 | - | 1,109,457 |
| General and administrative | 815 | - | 815 | 1,375 | - | 1,375 |
| Fundraising (Schedule 2) | 24,924 | - | 24,924 | 37,834 | - | 37,834 |
| Total Expenses | 1,128,953 | - | 1,128,953 | 1,148,666 | - | 1,148,666 |
| Changes in Net Assets | (260,241) | - | (260,241) | (405,173) | - | (405,173) |
| Net Assets, Beginning of Year | 1,214,650 | - | 1,214,650 | 1,619,823 | - | 1,619,823 |
| Net Assets, End of Year | $ 954,409 | $ - | $ 954,409 | $ 1,214,650 | $ - | $ 1,214,650 |

See notes to the financial statements

LINCOLN HOSPITAL AUXILLARY, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2009

| | PROGRAM SERVICES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Medical Equipment | Direct Patient Care | Outreach Program | Patient Transportation | Other Patient Programs | Total Program | General and Administrative | Fundraising | Total |
| Equipment | $ 960,460 | $ - | $ - | $ - | $ - | $ 960,460 | $ - | $ - | $ 960 460 |
| Transportation | - | - | - | 80 951 | - | 80,951 | - | - | 80,951 |
| Supplies and materials | - | 55 188 | 174 | - | - | 55,362 | - | 24,924 | 80.286 |
| Television services | - | - | - | - | 4 604 | 4,604 | - | - | 4,604 |
| Telephone | - | - | - | - | 1,549 | 1.549 | - | - | 1,549 |
| Catering services/Food | - | 288 | - | - | - | 288 | - | - | 288 |
| Accounting and bookkeeping | - | - | - | - | - | - | 475 | - | 475 |
| NYS filing fees | - | - | - | - | - | - | 275 | - | 275 |
| Miscellaneous expense | - | - | - | - | - | - | 65 | - | 65 |
| Total Expenses | $ 960,460 | $ 55 476 | $ 174 | $ 80,951 | $ 6,153 | $ 1 103,214 | $ 815 | $ 24,924 | $ 1,128,953 |

See notes to the financial statements

LINCOLN HOSPITAL AUXILIARY, INC
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2008

| | PROGRAM SERVICES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Medical Equipment | Direct Patient Care | Outreach Program | Patient Transportation | Other Patient Programs | Total Program | General and Administrative | Fundraising | Total |
| Equipment | $ 942,769 | $ - | $ - | $ - | $ - | $ 942,769 | $ | $ - | $ 942,769 |
| Transportation | - | | - | 103,549 | - | 103,549 | - | - | 103,549 |
| Supplies and materials | | 19,753 | 12,450 | | 2,786 | 34,989 | - | 37,834 | 72,823 |
| Television services | | 20,379 | | | | 20,379 | | | 20,379 |
| Telephone | - | - | - | | 5,263 | 5,263 | - | - | 5,263 |
| Catering services/Food | - | - | - | - | 2,508 | 2,508 | - | - | 2,508 |
| Accounting and bookkeeping | - | | - | | - | - | 375 | - | 375 |
| NYS filing fees | | - | - | - | - | - | 275 | - | 275 |
| Miscellaneous expense | | - | | | - | - | 725 | - | 725 |
| Total Expenses | $ 942,769 | $ 40,132 | $ 12,450 | $ 103,549 | $ 10,557 | $ 1,109,457 | $ 1,375 | $ 37,834 | $ 1,148,666 |

See notes to the financial statements

LINCOLN HOSPITAL AUXILIARY, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| **Cash Flows from Operating Activities** | | |
| Changes in net assets | $ (260,241) | $ (405,173) |
| Adjustments to reconcile change in net assets to net cash used in operating activities | | |
| Changes in assets and liabilities | | |
| Commissions receivable | 16,480 | (14,668) |
| Miscellaneous receivables | (1,710) | - |
| Accounts payable | (98,345) | (7,086) |
| Other liabilities | - | 6,974 |
| Total adjustments | (83,575) | (14,780) |
| Net cash used in operating activities | (343,816) | (419,953) |
| **Cash Flows from Investing Activities** | | |
| Purchase of investments | (1,246) | (161,919) |
| Net decrease in cash and cash equivalents | (345,062) | (581,872) |
| Cash and cash equivalents - beginning of year | 1,170,776 | 1,752,648 |
| Cash and cash equivalents - end of year | $ 825,714 | $ 1,170,776 |

See notes to the financial statements

LINCOLN HOSPITAL AUXILIARY, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Nature of Auxiliary

Lincoln Hospital Auxiliary, Inc (the "Auxiliary") is a not-for-profit organization providing services to enhance patient care at Lincoln Medical and Mental Health Center (the "Facility")

### Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, which require that the Auxiliary report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, described as follows

Unrestricted Net Assets – The portion of net assets that is neither permanently nor temporarily restricted by donor-imposed stipulations.

Temporarily Restricted Net Assets – Net assets resulting from contributions and other inflows of assets restricted by the donors for improvement to the Auxiliary, acquisitions and renovations When a restriction expires with the passage of time or can be fulfilled or otherwise removed by actions of the Auxiliary, temporarily restricted assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions

Permanently Restricted Net Assets – Net assets resulting from contributions and other inflows of assets whose use by the Auxiliary is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by actions of the Auxiliary

As of December 31, 2009, the Auxiliary only had unrestricted net assets

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

### Use of Estimates

The preparation of financial statements is in conformance with accounting principles generally accepted in the United States of America, which requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements in addition to reported revenue and expense amounts made during the reporting period Actual results could differ from those estimates

### Support

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending upon the existence and/or nature of any donor restrictions Restricted net assets are reclassified to unrestricted net assets upon satisfaction of the time or purpose restrictions

Unconditional promises to give cash or other assets are recorded as contributions at the time the unconditional promise is made Unconditional promises for contributions that are due in subsequent years are reported at the present value, using risk-free interest rates applicable to the years in which the promises are to be received

### Contributed Services and Property

Contributions of donated non-cash assets are to be recorded at their fair value in the period in which they are received Contributions of donated services that create or enhance non-financial assets or that require specialized skills, provided by individuals possessing those skills that would typically need to be purchased if not provided by donation, are recorded at their fair value in the period in which the services are provided A substantial number of volunteers have donated significant amounts of time to the Auxiliary's program services, however, these donated services are not reflected in the financial statements since they do not meet the recognition criteria of contributed services

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

### Cash and Cash Equivalents

For financial statement purposes, the Auxiliary considers all cash and other highly liquid instruments with original maturities of three months or less to be cash equivalents

The Auxiliary maintains cash balances at three banks. Accounts at each bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. Non-interest transaction accounts and low-interest NOW accounts (defined as interest no higher than 0 50% ) at New York National Bank and the Hudson Valley Bank are fully guaranteed by the FDIC for the entire amount in the account under the FDIC's Transaction Account Guarantee program

Balances at investment firms are insured up to $500,000 (with a limit of $100,000 for cash) by the Securities Investor Protection Corporation (SIPC).

As of December 31, 2009, the Auxiliary had no uninsured cash balance. As of December 31, 2008 the Auxiliary had uninsured cash balances of $420,775.

### Investments

Investments in marketable securities with readily determinable fair values and all investments in certificate of deposits, money market fund and mutual fund are reported at their fair value in the Statement of Financial Position Unrealized gains and losses are included in the change in unrestricted net assets.

### Adoption of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820 *Fair Value Measurements and Disclosures*

The Auxiliary adopted FASB ASC 820 which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements This pronouncement does not require any new fair value measurements

### Fair Value Hierarchy

FASB ACS 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements) The three levels of the fair value hierarchy are as follows

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

### Fair Value Hierarchy – Continued

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Auxiliary has the ability to access at the measurement date
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

### Equipment

Equipment purchases are expensed as incurred as the title of ownership is in the name of the facility

### Functional Allocation of Expenses

The cost of providing various programs and supporting services have been summarized on a functional basis in the Statement of Activities and Changes in Net Assets. There were no allocated costs incurred during the years ended December 31, 2009 and 2008 As such, expense charges made to each of the programs represent direct operating costs incurred during the year

### Income Taxes

The Auxiliary is a not-for-profit exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code

### Reclassification

Certain balances in the December 31, 2008 financial statements have been reclassified to conform to the December 31, 2009 financial statements

## 2. INVESTMENTS

Investments consist of certificates of deposit and money market funds, which are stated at fair value. Investments as of December 31, 2009 and 2008 are summarized as follows:

| | 2009 | | 2008 | |
|---|---|---|---|---|
| | Cost | Fair Market Value | Cost | Fair Market Value |
| Money market fund | $ 136,693 | $ 136,693 | $ 135,539 | $ 135,539 |
| Chase CD | 26,472 | 26,472 | 26,380 | 26,380 |
| | $ 163,165 | $ 163,165 | $ 161,919 | $ 161,919 |

## 3. FAIR VALUES

The following table presents by level, within the fair value hierarchy, the Auxiliary's assets at fair value as of December 31, 2009

| Investment Category: | 12/31/2009 | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
|---|---|---|---|---|
| Money market fund | $ 136,693 | $ - | $ 136,693 | $ - |
| Chase CD | 26,472 | - | 26,472 | - |
| Total investments | $ 163,165 | $ - | $ 163,165 | $ - |

## 4. OFF BALANCE SHEET ACCOUNT

On June 14, 2002, the Auxiliary, together with Metropolitan Hospital Center Auxiliary and Harlem Hospital Center Auxiliary, purchased an ultra-sound machine, which was placed at Metropolitan Hospital. The machine cost of $196,950 was agreed to be equally split by the three Auxiliaries The medical equipment was purchased by Lincoln and reported as part of Lincoln's equipment purchases for the year ended December 31, 2002.

The Metropolitan Hospital Center Auxiliary paid Lincoln Hospital Auxiliary, Inc $65,650, in fulfillment of its agreement relative to the cost of said machine Harlem Hospital Center Auxiliary, on the other hand, has not yet paid the amount it owes Lincoln, and there is no receivable recognized on the books of Lincoln as of December 31, 2009

LINCOLN HOSPITAL AUXILIARY, INC.
SCHEDULE OF QUESTIONED PAYMENTS
YEAR ENDED DECEMBER 31, 2009

SCHEDULE 1

None

LINCOLN HOSPITAL AUXILIARY, INC. SCHEDULE 2
SCHEDULE OF FUNDRAISING REVENUES AND EXPENSES
YEAR ENDED DECEMBER 31, 2009

| Vendor | Revenues | Expenses |
|---|---|---|
| 270th Anniversary Gala Fundraising | $ 51,000 | $ 20,079 |
| 269th Anniversary Gala Fundraising | 7,705 | 4,845 |
| Total | $ 58,705 | $ 24,924 |

LINCOLN HOSPITAL AUXILIARY, INC.
SCHEDULE OF COMMISSIONS RECEIVABLE
DECEMBER 31, 2009

SCHEDULE 3

| Concessionaire | Amount | Subsequent Collections |
|---|---|---|
| Director's Metro Food | $ 11,310 | $ 11,310 |
| G&R Parking | 37,500 | 37,500 |
| Lincoln's Gift Shop | 1,500 | 1,500 |
| Total | $ 50,310 | $ 50,310 |

LINCOLN HOSPITAL AUXILIARY, INC.
SCHEDULE OF ACCOUNTS PAYABLE AND ACCRUED EXPENSES
DECEMBER 31, 2009

SCHEDULE 4

| Vendor | Description | Amount |
|---|---|---|
| Iridex Corporation | Oculight Visible Integrated Workstation System Package | $ 80,480 |
| September Associates | Custom Printed Pink Manicure Set | 510 |
| KCI Inc | V.A.C Therapy Essentials Rental for patient | 5,500 |
| Total | | $ 86,490 |

**LINCOLN HOSPITAL AUXILIARY, INC.**
**SUMMARY OF EXIT CONFERENCE**
**YEAR ENDED DECEMBER 31, 2009**

On April 27, 2010 representatives from Lincoln Hospital Auxiliary, Inc waived the conduct of the exit conference

TCBA Watson Rice LLP

# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
New York City Health and Hospitals Corporation

We have audited the basic financial statements of Lincoln Hospital Auxiliary, Inc (the "Auxiliary") as of and for the year ended December 31, 2009, and have issued our report thereon dated April 27, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the *NYC Health and Hospitals Corporation's Operating Procedure No 10-20 Auxiliaries, July 1987* (hereinafter referred to as "Operating Procedure 10-20")

## Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Auxiliary's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Auxiliary's internal control over financial reporting Accordingly, we do not express an opinion on the effectiveness of the Auxiliary's internal control over financial reporting

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above. However, we identified certain deficiencies in internal control over financial reporting, described in the accompanying schedule of findings and recommendations that we consider to be significant deficiencies in internal control over financial reporting Such items are indexed as 09-1 to 09-3 A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance

LINCOLN HOSPITAL AUXILIARY, INC.
SCHEDULE OF FINDINGS AND RECOMMENDATIONS
YEAR ENDED DECEMBER 31, 2008

## SECTION I – CURRENT YEAR FINDINGS AND RECOMMENDATIONS

### Internal Control Over Financial Reporting

**09-01. Untimely cash depositions.**

Criteria

Internal controls over cash receipt functions require that records to document the actual date of receipt be maintained to keep track of the timeliness and completeness of the deposits made

Finding

The Auxiliary did not maintain a cash receipts log of dates of cash collections, precluding our ability to evaluate the timeliness of deposits made during the year.

Impact

The risk of cash not being deposited timely can result to potential errors cash fraud schemes

Recommendation

The Auxiliary should maintain a cash receipts log to record all cash receipts

Auxiliary's Response

We disagree with this finding. A cash receipts log was already in place (see attached) that includes all checks received over the counter at the Finance Department. This log includes both Lincoln Hospital and Lincoln Hospital Auxiliary checks. Lincoln Hospital Auxiliary checks are identified as such in the comments column of the log We have implemented a separate log effective April 2010 for the Auxiliary for ease in audit, but believe that this finding should be removed as proper controls were in place as evidenced by the attachment

Auditor's Comment on Auxiliary's Response

The response provided by the Auxiliary is duly noted However, during the audit, copies of these check log sheets, maintained at the Facility's Finance Department, were not provided for our review We maintain that the Auxiliary should have had copies of these check log sheets as part of the supporting documentation for receipts

## SECTION I – CURRENT YEAR FINDINGS AND RECOMMENDATIONS-CONTINUED

**Internal Control Over Financial Reporting - Continued**

**09-2. Expense account in the current year is overstated.**

Criteria

Generally accepted accounting standard in the United States of America requires that financial statements be prepared using the accrual method of accounting Expenses are recorded in the period which incurred

Finding

During our audit we noted that in 2009, the Auxiliary recorded and made payments on invoices for goods and services rendered in 2008 As a result, the expenditure account in the current year is overstated by $9,490 as follows

| Vendor | Invoice Date | Date Paid | Amount |
|---|---|---|---|
| Cardinal Health | 11/20/2008 | 6/15/2009 | $ 2,000 |
| Emergacare of New York LLC | 12/1/2008 | 3/12/2009 | 2,645 |
| Preferred Business forms Inc | 9/4/2008 | 9/18/2009 | 4,845 |
| | | | $ 9,490 |

Impact

The recognition of expenses in the proper accounting period is essential to achieve proper determination of net income

Recommendation

The Auxiliary should ensure expenses are recorded in the proper period, in accordance with generally accepted accounting principles

Auxiliary's Response

Although we concur with this finding, invoices and receiving reports did not become available until the following CY at which time expenses were recorded. Previous year's books were already closed, thus necessitating the issuance of an entry in the current year Auxiliary will monitor more closely moving forward

## SECTION I – CURRENT YEAR FINDINGS AND RECOMMENDATIONS-CONTINUED

09-03 Continued

Auxiliary's Response

We concur with this finding and will comply immediately

**Compliance and Other Matters**

09-4 **Oral agreement that needs to be in writing to be enforceable.**

Criteria

Agreements with third parties should be in writing to protect the interest of each contracting party This helps to establish which party has the right of claim and the party that incurs the obligation

Finding

On June 14, 2002, The Lincoln Hospital Auxiliary, Inc. made a verbal agreement with Harlem Hospital Center Auxiliary and Metropolitan Hospital Center Auxiliary (MHC) to purchase an ultra-sound machine in the amount of $196,950 Thus, the total cost of the ultra-sound machine was agreed to be equally divided by the three Auxiliaries and the machine to be placed at MHC This equipment was purchased by Lincoln Hospital Auxiliary and was reported in the Financial Statements for year ended December 31, 2002 As of December 31, 2008, Harlem Hospital Center Auxiliary has not fulfilled their portion of their oral agreement of $65,650

As of December 31, 2009, the Auxiliary has not collected the due from/due to outstanding balance of $65,650 from Harlem Hospital Center Auxiliary for the ultra-sound machine purchased in 2002. In addition, the Auxiliary failed to recognize a receivable for monies due from Harlem Hospital

Recommendation

The Auxiliary should write a letter to the Executive Director requesting for his assistance in resolving this matter. The Auxiliary should recognize a receivable for the amount due from Harlem Auxiliary upon resolution of the matter by way of Harlem Auxiliary's concurrence, in writing, that it owes Lincoln for its share in the cost of the equipment

## SECTION I – CURRENT YEAR FINDINGS AND RECOMMENDATIONS-CONTINUED

**Compliance and Other Matters - Continued**

09-4 Continued

Impact

The Auxiliary has no right to claim against Harlem Hospital Auxiliary until after Harlem acknowledges the agreement in writing

Auxiliary's Response

We concur. Auxiliary has already booked and recognized this receivable A letter will be prepared by the Auxiliary requesting the Executive Director's assistance in resolving this matter.

## SECTION II – PRIOR YEAR FINDINGS AND RECOMMENDATIONS

**Internal Control Over Financial Reporting**

08-1 Finding

The Auxiliary had cash balances, as of December 31, 2008, in excess of the Federal Deposit Insurance Corporation (FDIC) limit of $250,000 per bank, per depositor Uninsured cash balances at the close of the year were $420,775.

Current Year Status

The condition no longer exists

08-2 Finding

We noted two outstanding checks totaling $278 that have been outstanding since 2007, as listed below. Outstanding checks that are aged more than one year need to be aged appropriately and written off when no longer viable The Auxiliary has not written off transactions that are more than a year old

Chase Checking Bank Account

| Date | Payor | Amount |
|---|---|---|
| 10/01/07 | Lorraine Rosen | $ 128 |
| 11/14/07 | Nadia Model Manag | 150 |
| | | $ 278 |

## SECTION II – PRIOR YEAR FINDINGS AND RECOMMENDATIONS - CONTINUED

**Internal Control Over Financial Reporting - Continued**

08-2. Continued

Current Year Status

The condition no longer exists

08-3 Finding

In November 5, 2008, the Auxiliary received a commission payment from Lincoln's Gift Shop for $1,143 The payment was recorded in the general ledger and deposited as a cash receipt instead of commission income As of year-end the cash account is overstated and the revenue is understated by $1,143

Current Year Status

The condition no longer exists.

08-4 Finding

We noted a difference between the accounts receivable subsidiary and the general ledger balances during our audit, as follows

| | |
|---|---|
| Amount per subsidiary ledger | $ 65,339 |
| Amount per general ledger | 66,790 |
| Difference-GL is over by | $ 1,451 |

Current Year Status

The condition no longer exists

08-5 Finding

During our audit, we noted that cash sales were not deposited on a timely manner There were three (3) transactions totaling $2,600 with deposit dates ranging from 28 days to 95 days from the date of receipt Details as follows

| Sales | Number of Days | Receipt Date | Deposit Date | Deposit Amount |
|---|---|---|---|---|
| Telephone | 32 | December-07 | 1/24/2008 | $ 840 |
| Telephone | 95 | May-08 | 8/4/2008 | 1,200 |
| Telephone | 28 | November-08 | 12/5/2008 | $ 560 |

## SECTION II – PRIOR YEAR FINDINGS AND RECOMMENDATIONS - CONTINUED

**Internal Control Over Financial Reporting - Continued**

08-5 Continued

Current Year Status

We do not know if this condition still exists as the Auxiliary is not maintaining a cash receipts log Sec Finding 09-1

**Compliance and Other Matters**

08-6. Finding

*NYC Health and Hospitals Corporation's Operating Procedure No 10-20, Auxiliaries, July 1987* Section 3e(4)(b), the Auxiliary is prohibited from paying expenditures of a personal nature on behalf of officers, Auxiliary or hospital employees or their relatives, or any other purpose unrelated to the enhancement of patient care We noted one questionable payment to the United Hospital Fund totaling $195.

Current Year Status

The condition no longer exists.

08-7 Finding

General Vision Services has not paid their monthly commission for the period of March through May 2008 and September through November 2008 Also, the facility has not assessed penalties for late payment charges against the concessionaire As of December 31 2008, penalties for late payment total approximately $9,750

Current Year Status

The condition no longer exists

## SECTION II – PRIOR YEAR FINDINGS AND RECOMMENDATIONS – CONTINUED

**Compliance and Other Matters - Continued**

08-8 Finding

On June 14, 2002, The Lincoln Hospital Auxiliary, Inc. made a verbal agreement with Harlem Hospital Center Auxiliary and Metropolitan Hospital Center Auxiliary (MHC) to purchase an ultra-sound machine in the amount of $196,950. Thus, the total cost of the ultra-sound machine was agreed to be equally divided by the three Auxiliaries and the machine to be placed at MHC. This equipment was purchased by Lincoln Hospital Auxiliary and was reported in the Financial Statements for year ended December 31, 2002 As of December 31, 2008, Harlem Hospital Center Auxiliary has not fulfilled their portion of their oral agreement of $65,650.

As of December 31, 2008, the Auxiliary has not collected the due from/due to outstanding balance of $65,650 from Harlem Hospital Center Auxiliary for the ultra-sound machine purchased in 2002 In addition, the Auxiliary failed to recognize a receivable for monies due from Harlem Hospital

Current Year Status

The condition still exists, see finding 09-4

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► ☑
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I** **Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only ► ☑

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile*

| Type or print<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br>Lincoln Hospital Auxiliary Inc | Employer identification number<br>13 3040671 |
|---|---|---|
| | Number, street, and room or suite no If a P O box see instructions<br>234 East 149th Street | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>Bronx NY 10451 | |

**Check type of return to be filed** (file a separate application for each return)

| | | |
|---|---|---|
| ☑ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1011-A | ☐ Form 8870 |

- The books are in the care of ► Lincoln Hospital Auxiliary Inc

Telephone No ► ( 718 ) 579 6203 FAX No ► ( 718 ) 579 4710

- If the organization does **not** have an office or place of business in the United States, check this box ► ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until , 20 , to file the exempt organization return for the organization named above The extension is for the organization's return for
► ☑ calendar year 20 09 or
► ☑ tax year beginning Janauary 01 , 20 09 and ending December 31, , 20 09

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☑ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . . $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ _____

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ ☐
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

**Part II** **Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

| Type or print | Name of Exempt Organization | | Employer identification number |
|---|---|---|---|
| File by the extended due date for filing the return See instructions | Number street, and room or suite no If a P O box see instructions | | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address see instructions | | |

Check type of return to be filed (File a separate application for each return)

| | | |
|---|---|---|
| ☐ Form 990 | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-BL | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-EZ | ☐ Form 1041-A | ☐ Form 8870 |
| ☐ Form 990-PF | ☐ Form 4720 | |

**STOP** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶
Telephone No ▶ ( ) FAX No ▶ ( )
• If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
• If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ ☐ If it is for **part** of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until , 20
5 For calendar year , or other tax year beginning , 20 , and ending , 20
6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF 990-T, 1720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $
c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $

## Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶ 4/19/10

## Notice to Applicant—To Be Completed by the IRS

☐ We have approved this application Please attach this form to the organization's return
☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
☐ We have not approved this application After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
☐ Other

By
Director Date

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| Type or print | Name |
|---|---|
| | Number and street (include suite, room, or apt no ) or a P.O box number |
| | City or town, province or state, and country (including postal or ZIP code) |