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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  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

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

**C** Name of organization  
 Maimonides Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 4802 Tenth Avenue

City or town, state or country, and ZIP + 4  
 Brooklyn, NY 11219

**D** Employer identification number  
 11-1635081

**E** Telephone number  
 (718) 283-3900

**G** Gross receipts \$ 1,003,564,147

**F** Name and address of principal officer  
 PAMELA S BRIER  
 4802 TENTH AVENUE  
 BROOKLYN, NY 11219

**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)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J** Website: ▶ www.maimonidesmed.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1945 **M** State of legal domicile NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Maimonides Medical Center, a 711-bed acute care voluntary, not-for PROFIT HOSPITAL, OFFERS A WIDE ARRAY OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES See Schedule O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	34
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	6,826
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,720
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-150,534
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 10,603,575	<b>Current Year</b> 20,565,009
	<b>9</b> Program service revenue (Part VIII, line 2g)	984,950,720	970,399,141
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,169	10,017,220
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	919,811	812,564
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	996,527,275	1,001,793,934
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	261,564	428,374
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	608,105,688	629,440,346
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	69,765	49,000
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 257,309		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	357,342,623	377,066,560
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	965,779,640	1,006,984,280	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	30,747,635	-5,190,346	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 946,015,718	<b>End of Year</b> 970,174,815
	<b>21</b> Total liabilities (Part X, line 26)	761,048,934	791,952,793
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	184,966,784	178,222,022

**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**

Signature of officer: \_\_\_\_\_ Date: 2013-01-29

ROBERT NALDI CFO, Executive VP  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP  
 111 MONUMENT CIRCLE SUITE 2600  
 INDIANAPOLIS, IN 46204

Preparer's taxpayer identification number (see instructions): \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no ▶ (317) 681-7000

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

SEE SCHEDULE O

**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 671,093,089 including grants of \$ 0 ) (Revenue \$ 673,116,157 )  
 INPATIENT SERVICES - This is further described in Schedule O

**4b** (Code ) (Expenses \$ 58,601,012 including grants of \$ 0 ) (Revenue \$ 40,673,637 )  
 MATERNITY SERVICES - This is further described in SCHEDULE O

**4c** (Code ) (Expenses \$ 48,615,277 including grants of \$ 0 ) (Revenue \$ 39,671,242 )  
 EMERGENCY DEPARTMENT - This is further described in Schedule O

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 111,807,940 including grants of \$ 428,374 ) (Revenue \$ 216,938,105 )

**4e Total program service expenses** \$ 890,117,318

**Part IV Checklist of Required Schedules**

	Yes	No	
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	1	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	2	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>	3		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	4	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>	5		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>	6		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>	7		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	8		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	9		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	10	Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	11a	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	11b		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	11c	Yes	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	11d	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11e	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	11f		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	12a	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	12b		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	14b	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>	15		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>	16		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	17	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	18	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>	19		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	20a	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements. <input checked="" type="checkbox"/>	20b	Yes	

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

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	Yes	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (31), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ROBERT NALDI EXEC VP CFO 4802 TENTH AVENUE BROOKLYN, NY 11219 (718) 283-3900



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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							11,849,904	0	313,292	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,069**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BROOKLYN HEALTH INFORMATION EXCHANG 6323 Seventh Avenue BROOKLYN, NY 11220	INFORMATION TECH	1,489,432
Deloitte Touche LLP 2 BELFORD/HARBOR WAY-WORLD FINANCIA NEW YORK, NY 10281	CONSULTING	1,295,655
MSI SURGICAL SOLUTIONS 751 SUMMA AVE WESTBURY, NY 11590	STERILIZATION	799,994
P1 BILLING LLC 25 ROBERT PITT DR MONSEY, NY 10952	BILLING & TRANSCRIP	748,046
THE CENTER FOR WOUND HEALING 155 WHITE PLAINS ROAD TARRYTOWN, NY 10591	HYPERBARIC OXYGEN	626,087

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **46**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	638,935				
	<b>d</b>	Related organizations . . . . . <b>1d</b>	266,881				
	<b>e</b>	Government grants (contributions) <b>1e</b>	16,727,753				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	2,931,440				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <u>1,075,413</u>					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	20,565,009				
<b>Program Service Revenue</b>	<b>2a</b>	NET PAT SVC REV	622110	966,520,116	966,520,116		
	<b>b</b>	RENTAL INCOME	531390	3,879,025	3,879,025		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		970,399,141			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,032,019		3,032,019	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	<b>5</b>	Royalties . . . . . ▶		0			
	<b>6a</b>		(i) Real				
			(ii) Personal				
			Gross rents	824,312			
		<b>b</b>	Less rental expenses	974,846			
	<b>c</b>	Rental income or (loss)	-150,534				
	<b>d</b>	Net rental income or (loss) . . . . . ▶		-150,534		-150,534	
	<b>7a</b>		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory	954,546	6,030,655		
		<b>b</b>	Less cost or other basis and sales expenses				
	<b>c</b>	Gain or (loss)	954,546	6,030,655			
	<b>d</b>	Net gain or (loss) . . . . . ▶		6,985,201		6,985,201	
<b>8a</b>	Gross income from fundraising events (not including \$ <u>638,935</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . ▶		-494,312		-494,312		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . ▶		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶		0				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	PARKING	812930	417,826		417,826		
<b>b</b>	CAFETERIA	722310	1,039,584		1,039,584		
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		1,457,410				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		1,001,793,934	970,399,141	-150,534	10,980,318	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	428,374	428,374		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	3,377,672	51,500	3,326,172	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	472,820,089	420,190,315	52,515,581	114,193
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,948,900	43,274,586	5,662,555	11,759
<b>9</b>	Other employee benefits	72,002,311	63,629,797	8,355,224	17,290
<b>10</b>	Payroll taxes	32,291,374	28,513,656	3,777,718	0
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	1,315,035	0	1,315,035	0
<b>b</b>	Legal	1,889,346	0	1,889,346	0
<b>c</b>	Accounting	500,569	0	500,569	0
<b>d</b>	Lobbying	470,440	470,440	0	0
<b>e</b>	Professional fundraising See Part IV, line 17	49,000			49,000
<b>f</b>	Investment management fees	337,233	0	337,233	0
<b>g</b>	Other	30,954,483	28,544,275	2,410,208	0
<b>12</b>	Advertising and promotion	2,563,535	2,563,535	0	0
<b>13</b>	Office expenses	17,475,433	14,480,866	2,994,567	0
<b>14</b>	Information technology	9,821,353	8,672,368	1,148,985	0
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	28,059,527	26,598,383	1,461,144	0
<b>17</b>	Travel	524,404	463,055	61,349	0
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	1,005,994	888,304	117,690	0
<b>20</b>	Interest	10,312,483	8,898,705	1,413,778	0
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	45,995,474	39,689,779	6,305,695	0
<b>23</b>	Insurance	59,481,501	51,326,955	8,154,546	0
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	MEDICAL SUPPLIES	100,482,702	100,482,702	0	0
<b>b</b>	BAD DEBT	15,121,090	15,121,090	0	0
<b>c</b>	MAINTENANCE CONTRACTS	14,388,704	14,388,704	0	0
<b>d</b>	OUTSIDE CONTRACTS	9,980,549	9,980,549	0	0
<b>e</b>					
<b>f</b>	All other expenses	26,386,705	11,459,380	14,862,258	65,067
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1,006,984,280	890,117,318	116,609,653	257,309
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,974,601	<b>1</b>	19,463,234
	<b>2</b> Savings and temporary cash investments . . . . .	116,508,825	<b>2</b>	123,017,804
	<b>3</b> Pledges and grants receivable, net . . . . .	762,493	<b>3</b>	694,144
	<b>4</b> Accounts receivable, net . . . . .	119,692,901	<b>4</b>	131,916,057
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,713,770	<b>7</b>	2,624,902
	<b>8</b> Inventories for sale or use . . . . .	9,948,215	<b>8</b>	8,851,064
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,956,140	<b>9</b>	6,776,141
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	917,517,987		
	<b>b</b> Less accumulated depreciation . . . . .	576,563,707	<b>10c</b>	340,954,280
	<b>11</b> Investments—publicly traded securities . . . . .	27,505,834	<b>11</b>	29,269,824
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	57,770,496	<b>13</b>	69,108,026
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	248,518,241	<b>15</b>	237,499,339
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	946,015,718	<b>16</b>	970,174,815	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	138,442,991	<b>17</b>	136,391,369
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	195,162,826	<b>20</b>	179,712,653
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	16,408,000	<b>23</b>	18,408,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	411,035,117	<b>25</b>	457,440,771
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	761,048,934	<b>26</b>	791,952,793
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	169,219,274	<b>27</b>	162,652,388
	<b>28</b> Temporarily restricted net assets . . . . .	14,615,227	<b>28</b>	14,437,351
	<b>29</b> Permanently restricted net assets . . . . .	1,132,283	<b>29</b>	1,132,283
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	184,966,784	<b>33</b>	178,222,022	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	946,015,718	<b>34</b>	970,174,815	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,001,793,934
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,006,984,280
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-5,190,346
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	184,966,784
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-1,554,416
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	178,222,022

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

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

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

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 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?  
 (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 the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization Maimonides Medical Center

Employer identification number

11-1635081

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION PART II-B	PART II-B, LINE 1G	Other activities Payments made to lobbyists \$170,665 Lobbying portion of dues paid \$299,775 ----- Total \$470,440 Payments made to lobbyists were in relation to capital funding for hospital equipment and ambulance, as well as modification to large scale community facility plan

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number 11-1635081

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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, 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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance . . . . .	15,747,510	15,361,242	16,096,993	15,352,310	
<b>b</b> Contributions . . . . .	1,936,968	2,863,808	2,883,855	2,882,195	
<b>c</b> Investment earnings or losses . . . . .			0	76,718	
<b>d</b> Grants or scholarships . . . . .			0	0	
<b>e</b> Other expenditures for facilities and programs . . . . .	2,114,844	2,477,540	3,619,606	2,214,230	
<b>f</b> Administrative expenses . . . . .			0	0	
<b>g</b> End of year balance . . . . .	15,569,634	15,747,510	15,361,242	16,096,993	

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

- a** Board designated or quasi-endowment
- b** Permanent endowment  7 000 %
- c** Term endowment  93 000 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	4,980,000			4,980,000
<b>b</b> Buildings . . . . .	358,911,086		107,009,152	251,901,934
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	553,626,901		469,554,555	84,072,346
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				340,954,280



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	1,001,793,934
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	1,006,984,280
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-5,190,346
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-479,000
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-1,075,413
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-1,554,413
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-6,744,759

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	993,216,377
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	3,885,057
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,885,057
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	989,331,320
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	12,462,614
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	12,462,614
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,001,793,934

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	986,685,216
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	1,770,213
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,770,213
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	984,915,003
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	22,069,277
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	22,069,277
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,006,984,280

**Part XIV Supplemental Information**

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

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







**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No



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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Maimonides Medical Center

Employer identification number  
11-1635081

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

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

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

NY

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>ANNUAL BALL</b> (event type)	<b>GOLF CLASSIC</b> (event type)	<b>1</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	613,581	150,559	175,850	939,990
	<b>2</b> Less Charitable contributions . . . . .	462,381	100,079	76,475	638,935
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	151,200	50,480	99,375	301,055
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .		18,316		18,316
	<b>6</b> Rent/facility costs . . . . .	159,592	49,800	89,914	299,306
	<b>7</b> Food and beverages . . . . .	160,088		1,500	161,588
	<b>8</b> Entertainment . . . . .	71,500		9,800	81,300
	<b>9</b> Other direct expenses . . . . .	183,921	11,063	39,873	234,857
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 795,367 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				-494,312	

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

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

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Addresses for Professional fundraisers		Sanky Communications 589 Eighth Avenue New York, New York 10018 Convio 11501 Domain Drive Austin, Texas 78758

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number 11-1635081

Part I Charity Care and Certain Other Community Benefits at Cost

- 1a Did the organization have a charity care policy? If "No," skip to question 6a
b If "Yes," is it a written policy?
2 If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care?
b Did the organization use FPG to determine eligibility for providing discounted care?
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care
4 Did the organization's policy provide free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 3a, 3b, 4, 5a, 5b, 5c, 6a, 6b.

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			190,584		190,584	0.020 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			190,584		190,584	0.020 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense	<b>2</b>		15,121,090
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	<b>3</b>		10,205,224
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	241,879,004
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	269,003,914
<b>7</b> Subtract line 6 from line 5. This is the surplus or (shortfall)	<b>7</b>	-27,124,910
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures** (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

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

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

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

MAIMONIDES MEDICAL CENTER

Name of Hospital Facility: \_\_\_\_\_

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

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply)	<b>1</b>	
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	<b>5</b>	
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
<b>d</b> <input type="checkbox"/> Participation in community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in the community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	Yes
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>9</b>	Yes

**Part V Facility Information** *(continued)*

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Income level <b>b</b> <input checked="" type="checkbox"/> Asset level <b>c</b> <input checked="" type="checkbox"/> Medical indigency <b>d</b> <input checked="" type="checkbox"/> Insurance status <b>e</b> <input checked="" type="checkbox"/> Uninsured discount <b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare <b>g</b> <input checked="" type="checkbox"/> State regulation <b>h</b> <input type="checkbox"/> Other (describe in Part VI)	Yes	
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	Yes	
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <b>a</b> <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site <b>b</b> <input checked="" type="checkbox"/> The policy was attached to all billing invoices <b>c</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms <b>d</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices <b>e</b> <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility <b>f</b> <input checked="" type="checkbox"/> The policy was available upon request <b>g</b> <input type="checkbox"/> Other (describe in Part VI)	Yes	

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency <b>b</b> <input type="checkbox"/> Lawsuits <b>c</b> <input type="checkbox"/> Liens on residences <b>d</b> <input type="checkbox"/> Body attachments or arrests <b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency <b>b</b> <input type="checkbox"/> Lawsuits <b>c</b> <input type="checkbox"/> Liens on residences <b>d</b> <input type="checkbox"/> Body attachments <b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		No
<b>17</b>	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) <b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy upon admission <b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge <b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills <b>d</b> <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** *(continued)*

**Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>18</b>	Yes	

**Individuals Eligible for Financial Assistance**

**19** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

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

If "Yes," explain in Part VI

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

. . . . .

If "Yes," explain in Part VI

<b>20</b>		No
<b>21</b>		No

**Part V Facility Information** *(continued)***Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 13

Name and address

Type of Facility (Describe)

<b>1</b>	See Additional Data Table
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Complete this part to provide the following information

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

Identifier	ReturnReference	Explanation
1 Required Descriptions		<p>Part I, line 7, column (f) The amount of bad debt expense that was excluded in determining the percentages shown in Column (f) was \$15,121,090 Part I, line 7 A cost to charge ratio was utilized This ratio was derived from Worksheet 2, Ratio of Patient Care Cost to Charges Part II, Line 7 - Community Health Improvement Advocacy Maimonides Medical Center is a member of various health care associations that promote high quality, more affordable health care Through our support of collective advocacy we participate in strengthening the role modern health care has in the improvement of the health of our communities Part III, Line 4 - Uncompensated Care For financial reporting purposes, Maimonides Medical Center (the Medical Center) reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debt expense During the registration, billing and collection process, a patient's eligibility for charity care is determined For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care The Medical Center amended its charity care and financial aid policy in order to authorize use of additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care The additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial aid in accordance with the Medical Center's policies For patients who were determined by the Medical Center to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay Bad Debt is recorded at cost Part III, line 8 - Shortfall Costs The shortfall costs should be treated a community benefit as we are treating the elderly patients of the community The costing methodology applies the worksheet 2 ratio of patient care cost to charges as Maimonides Medical Center became a charge structure institution in 2011 Part III, line 9b - Fair Billing and Collection Practices Maimonides Medical Center is committed to fair billing and collections practices A patient account will not be sent to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, for the time that the hospital is considering the application A patient is provided at least thirty days written notice on the bill before debts are referred to collection By contract the Medical Center's collection agencies are not permitted to freeze the debtor's bank account, garnish the debtor's payroll check, report debtor to credit agencies, seek civil arrest, seek a forced sale or foreclosure of a primary residence, unless authorized by a vice president of the medical center Collection agencies are required to obtain the Medical Center's written consent prior to commencing legal action Part V, Section B, line 19d - Individuals Eligible for Financial Assistance The hospital uses Medicare rates for outpatient services rendered and Medicaid DRG rates for inpatient services rendered</p>

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

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

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

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

Identifier	ReturnReference	Explanation
7 State filing of community benefit report		NY

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

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

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

How many non-hospital facilities did the organization operate during the tax year? 13

Name and address

Type of Facility  
(Describe)

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

9th Ave Women's Primary Care Center  
4422 9th Avenue  
Brooklyn, NY 11219

Womens' Primary Care Center

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number

11-1635081

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

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

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

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

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Hospital Fund 350 Fifth Ave New York, NY 10118	13- 1562656	501(c)(3)	34,700				General Support
Chevra Hatzalah of Crown Heights 383 Kingston Ave BROOKLYN, NY 11213	11- 2420013	501(C)(3)	26,000				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Hatzolah of Mill Basin 6363 Avenue U Bklyn, NY 11234	36-4600064	501(c)(3)	10,000				General Support
HATZOLAH OF FLATBUSH 1880 OCEAN AVE BROOKLYN, NY 11230	13-3213138	501(c)(3)	70,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Hunter College Foundation 695 PARK AVENUE NEW YORK, NY 10065	13-3598671	501(c)(3)	9,825				GENERAL SUPPORT
Haitian Solidarity 415 E 17TH ST STE 35 BROOKLYN, NY 11226	27-2590851	501(c)(3)	9,540				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Primary Care Development Corp 22 CORTLAND ST NEW YORK, NY 10007	13-3711803	501(c)(3)	8,500				GENERAL SUPPORT
Metropolitan Jewish Health System 6323 Seventh Ave BROOKLYN, NY 11220	11-3538607	501(C)(3)	5,850				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Satmar Bikur Cholim 5422 14TH AVE BROOKLYN, NY 11219	11- 6081323	501(C)(3)	7,500				GENERAL SUPPORT
St Athanasius Church 2154 61ST ST BROOKLYN, NY 11204	11- 1639837	501(C)(3)	5,500				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH PROJECT DBA CALLEN-LORDE 365 WEST 18TH ST NEW YORK, NY 10011	13-3409680	501(C)(3)	10,500				GENERAL SUPPORT

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Maimonides Medical Center

**Employer identification number**

11-1635081

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?  
If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?  
If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

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

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

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

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
Supplemental Information	Part I, Line 4B	THE FOLLOWING PERSONS PARTICIPATED IN THE ORGANIZATION'S 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND EARNED VESTED BENEFITS DURING 2011 WHICH ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(iii) PAMELA S BRIER - \$42,575 MARK MCDOUGLE - \$28,903 ROBERT NALDI - \$30,991 JOYCE LEAHY - \$13,377 PART I, LINE 6A THE ORGANIZATION PAYS, PURSUANT TO INDIVIDUAL EMPLOYMENT CONTRACT AGREEMENTS, A PORTION OF FACULTY PRACTICE EARNINGS, NET OF EXPENSES PART I, LINE 7 Non fixed payments are paid based upon the approval from the compensation committee of the Board

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Maimonides Medical Center

Employer identification number

11-1635081

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	DORMITORY AUTHORITY OF THE STATE OF NY	14-6000293	64983TWB5	06-24-2004	114,252,556	SEE BELOW		X		X		X
<b>B</b>	NEW YORK CITY CAPITAL RESOURCE CORPORATION	20-4099098	649437AA8	05-25-2006	31,200,000	SEE BELOW		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired	10,235,000		4,855,000					
<b>2</b>	Amount of bonds defeased	0		0					
<b>3</b>	Total proceeds of issue	114,252,556		31,200,000					
<b>4</b>	Gross proceeds in reserve funds	8,831,111		0					
<b>5</b>	Capitalized interest from proceeds	10,230,124		0					
<b>6</b>	Proceeds in refunding escrow	0		0					
<b>7</b>	Issuance costs from proceeds	1,356,852		460,698					
<b>8</b>	Credit enhancement from proceeds	1,340,270		31,200					
<b>9</b>	Working capital expenditures from proceeds	0		0					
<b>10</b>	Capital expenditures from proceeds	92,494,199		30,708,102					
<b>11</b>	Other spent proceeds	0		0					
<b>12</b>	Other unspent proceeds	0		0					
<b>13</b>	Year of substantial completion	2009		2007					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue?		X		X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue?		X		X				
<b>16</b>	Has the final allocation of proceeds been made?	X		X					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

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

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

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
<b>2</b> Is the bond issue a variable rate issue?		X	X					
<b>3a</b> Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
<b>b</b> Name of provider	0		BANK OF AMERICA					
<b>c</b> Term of hedge			19 6					
<b>d</b> Was the hedge superintegrated?		X		X				
<b>e</b> Was a hedge terminated?		X		X				
<b>4a</b> Were gross proceeds invested in a GIC?	X			X				
<b>b</b> Name of provider	MBIA		0					
<b>c</b> Term of GIC	29 1							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			X				
<b>6</b> Did the bond issue qualify for an exception to rebate?		X	X					

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . .  Yes  No

**Part VI Supplemental Information**

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

Identifier	Return Reference	Explanation
SEE SCHEDULE O	0	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number 11-1635081

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

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

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

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

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number

11-1635081

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Row 20 is highlighted with data: X, 29,735, 1,075,413, QUANTIFIED BY DONOR.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding contribution reporting and policies.

**Part II**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
Maimonides Medical Center

**Employer identification number**

11-1635081

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

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

Identifier	Return Reference	Explanation
Form 990 Supplemental Information	Form 990, Part III, LINE 4	<p>Maimonides Medical Center, a 711 bed acute care voluntary, not-for profit hospital, offers a wide array of inpatient and outpatient healthcare services. Our commitment has always been to serve the community providing quality healthcare services and healthcare education regardless of race, creed, sex, natural origin, age, handicap or ability to pay. The Medical Center's estimated costs for charity care were \$37.0 million for 2011. This does not include the service loss of treating the Medicaid population. Additionally, patients who do not qualify for charity care and all uninsured inpatients who do not qualify for Medicaid assistance are billed at the Medical Center's rates. Uncollected balances for these patients are categorized as bad debts. Total uncompensated care as a result of bad debts for all patient services approximated \$15.0 million in 2011. For financial reporting purposes, the Medical Center reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied. Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debt expense. During the registration, billing and collection process, a patient's eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care. The Medical Center amended its charity care and financial aid policy in order to authorize use of additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care. The additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial aid in accordance with the Medical Center's policies. For patients who were determined by the Medical Center to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense. Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay. During 2011, the Medical Center provided 46,114 inpatient discharges and 406,054 outpatient visits which included 113,515 emergency room visits. We provided care to persons covered by government programs and the uninsured at payment rates below cost. Our surgeons performed 8,612 inpatient and 11,664 outpatient procedures in a full range of surgical specialties. Our tertiary cardiology and cardiac surgery programs serve all of Brooklyn and are widely recognized in the region for excellence in interventional cardiology. A comprehensive array of cancer services is also provided. Maimonides, a designated regional perinatal center, operates one of the busiest obstetrical services on the East Coast with 7,955 deliveries in 2011. A Level 3 Neonatal Intensive Care Unit provides highly specialized care for babies born prematurely or with birth defects. The adult and child psychiatric outpatient programs provide walk-in services for any members of the surrounding communities. Maimonides Medical Center is a 9/39 designated psychiatric receiving hospital. We provide full-time (24 hours/365 days per year) emergency services regardless of ability to pay and operate a 911 paramedic ambulance service under contract with the New York City Fire Department to an 800-block area including all of Boro Park and sections of Flatbush, Bensonhurst and Bay Ridge. The Medical Center supports a program of health promotion and education activities for employees and residents of its surrounding communities, including mammography and colon cancer screenings. The Medical Center is a teaching affiliate of SUNY Downstate Medical Center, St George's University and Ross University School of Medicine. Maimonides has fully accredited residency-training programs with over 460 interns and residents.</p>

Identifier	Return Reference	Explanation
Form 990 Supplemental Information	Form 990, Part VI, Governance, Management, and Disclosure 2010	<p>Section A Governing Body and Management 6 The organization has a member, Maimonides Health Resources, Inc (MHRI) a not-for-profit, federally tax exempt corporation which is its sole corporate member</p> <p>7a MHRI elects the trustees The board of trustees of Maimonides Medical Center (MMC) is its governing body</p> <p>7b The powers of MHRI are described below MHRI is a New York not-for-profit corporation It is the sole member of MMC MHRI has the following powers pursuant to the MMC bylaws (1) MHRI elects trustees to the governing body of MMC at the annual meeting (Vacancies between annual meetings are filled by the board of trustees of MMC, not MHRI) (2) MHRI has the power to amend, modify or repeal the bylaws of MMC The board of trustees of MMC also has such power MHRI has the following power under New York's not-for-profit corporation law (1) Authorization of merger or consolidation requires MHRI's consent (2) Non-judicial dissolution requires MHRI's consent (3) MHRI has the power to petition the court for judicial dissolution (4) The sale or other disposition of all or substantially all of the assets of MMC requires MHRI's consent (5) The two boards are identical</p> <p>Section B Policies 11b A copy of the Form 990 is reviewed by senior executive staff, outside bond counsel and the outside tax preparer who signs off on the return The reviewed return and attachments are then presented to the President and Audit and Legal Committee of the Board of Trustees to whom the responsibility for reviewing the Form 990 has been delegated for their comments and questions prior to filing</p> <p>12c It is the responsibility of all trustees, officers, employees and members of the medical staff to familiarize themselves with the conflicts of interest policy and to comply and ensure compliance of family members where applicable They are required to disclose in detail any activities or interests which may conflict or appear to conflict with the Medical Center's best interest The following are required to complete a conflict of interest certificate (1) trustees and officers of the Board, (2) non-trustee officers, chairmen and division chiefs and members of the purchasing department, (3) employees and members of the medical staff, who are in a position to influence vendor selection, to approve a transaction with a third party or approve the expenditure of funds, and (4) such other employees or members of the medical staff as determined from time to time by the President Employees and members of the medical staff who violate this policy are subject to disciplinary action up to and including termination or removal from the staff Members of the Board of Trustees and of ficers are subject to removal The Audit and Legal Committee of the Board of Trustees advises the President and the Chairman of the Board concerning specific conflicts of interest referred to it by the Senior Vice President for Legal Affairs and General Counsel The Committee decides particular matters referred to them for review, and assists in the overall administration and monitoring of the implementation of the policy The Corporate Compliance Department assists in ensuring compliance with completion of the Certificate by all relevant employees The Senior Vice President for Legal Affairs and General Counsel is responsible for reviewing apparent conflicts of interest and other potentially improper activities as referred by the Corporate Compliance Officer and/or the Audit and Legal Committee A report of all conflicts of interest is made by the Chairman of the Audit and Legal Committee at least annually to the Board of Trustees</p> <p>15 The process for determining compensation includes the following The Medical Center's compensation committee reviews compensation surveys from independent consultants and data obtained from the Greater New York Hospital organization Approval for all decisions must be agreed upon by the compensation committee and is then recorded in the minutes of that committee This process was last done in 2010 for the COO, CEO and VP for legal Affairs/General Counsel/Assistant Secretary and in 2011 for the CFO (there were no other raises in 2011)</p> <p>Section C Disclosure 19 The organization's articles of incorporation may be obtained from the NYS Secretary of State's office They are also available together with the by-laws upon special request to the Executive Office of Maimonides Medical Center at 4802 Tenth Ave, Admin Bldg, 2nd floor, Brooklyn, NY 11219 The conflict of interest policy is available on the Medical Center's website "maimonidesmed.org" in the vendor information section The audited financial statements are available upon request to the Medical Center's Executive Office and are posted on the NYS Charitable Bureau website, oag.state.ny.us</p> <p>Part VI, Line 5 - Other changes in net assets ROUN DING \$(3) Net change in unrealized gains and losses on investments \$1,248,000 Change in equity in captive insurance program \$(1,727,000) Non</p>

Identifier	Return Reference	Explanation
Form 990 Supplemental Information	Form 990, Part VI, Governance, Management, and Disclosure 2010	cash Contributions \$(1,075,413) Total of other changes in net assets \$(1,554,416)

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

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

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Maimonides Medical Center

**Employer identification number**

11-1635081

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
<b>(1)</b> MAIMONIDES RESEARCH & DEVELOPMENT FND 4802 TENTH AVENUE BROOKLYN, NY 11219 11-2608229	RESEARCH	NY	501(C)(3)	11a	MAIMONIDES M	Yes	
<b>(2)</b> MAIMONIDES HEALTH RESOURCES INC 4802 TENTH AVENUE BROOKLYN, NY 11219 11-3018258	SUPPORT ORG	NY	501(C)(3)	11a	NA		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MMC HOLDING OF BROOKLYN INC 4510 16TH AVENUE BROOKLYN, NY 11204 11-2683298	ADMIN SERVICE	NY	NA	C CORP			

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>	Yes	
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> MMC HOLDING OF BROOKLYN INC	I	518,579	COST
<b>(2)</b> MMC HOLDING OF BROOKLYN INC	O	20,413,236	COST
<b>(3)</b> MMC HOLDING OF BROOKLYN INC	R	145,349	COST
<b>(4)</b> MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	C	266,881	COST
<b>(5)</b> MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	J	515,000	COST
<b>(6)</b> MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	P	203,724	COST



**Part VII Supplemental Information**

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

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

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

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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(1)</b> MMC HOLDING OF BROOKLYN INC	I	518,579	COST
<b>(2)</b> MMC HOLDING OF BROOKLYN INC	O	20,413,236	COST
<b>(3)</b> MMC HOLDING OF BROOKLYN INC	R	145,349	COST
<b>(4)</b> MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	C	266,881	COST
<b>(5)</b> MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	J	515,000	COST
<b>(6)</b> MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	P	203,724	COST

# TY 2011 Earnings and Profits Other Adjustments Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

Description	Amount
INVESTMENT LOSS	120,766

# TY 2011 Earnings and Profits Other Adjustments Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

# TY 2011 Earnings and Profits Other Adjustments Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

# TY 2011 Earnings and Profits Other Adjustments Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

Description	Amount
PREMIUM INCOME	219,576,000

## TY 2011 Investment in Subsidiaries Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

## TY 2011 Itemized Other Current Liabilities Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

## TY 2011 Itemized Other Assets Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

**TY 2011 Itemized Other Current Assets  
Schedule**

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

## TY 2011 Other Deductions Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

## TY 2011 Itemized Other Investments Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

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

## TY 2011 Itemized Other Liabilities Schedule

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

### TY 2011 Itemized Other Liabilities Schedule

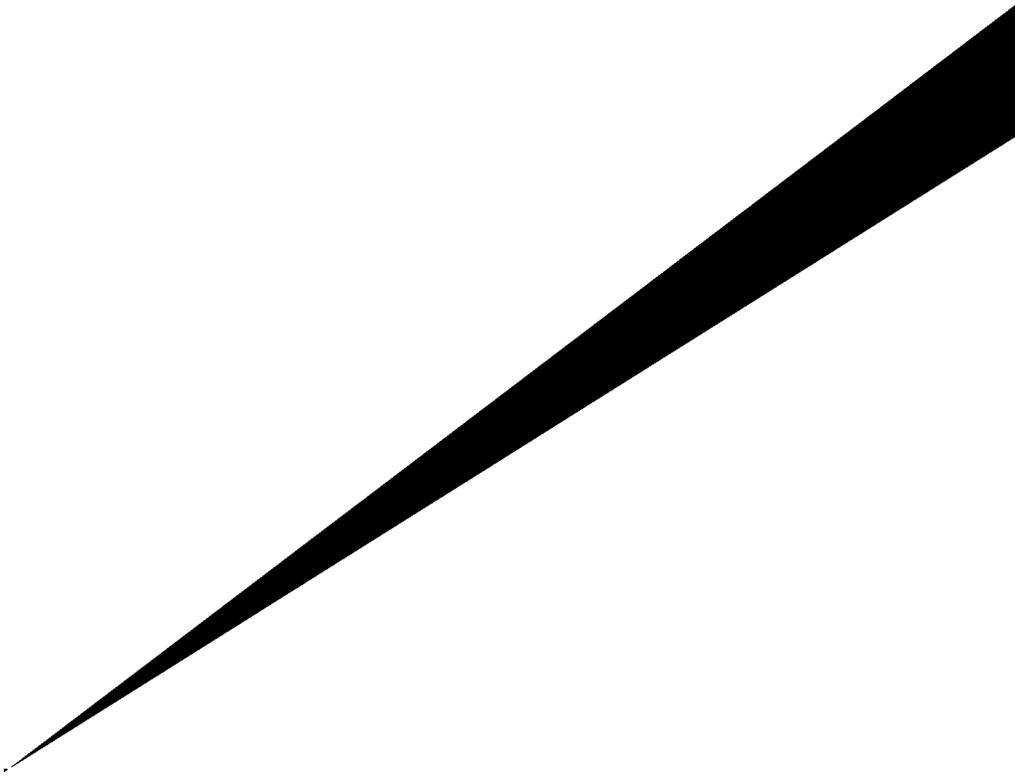
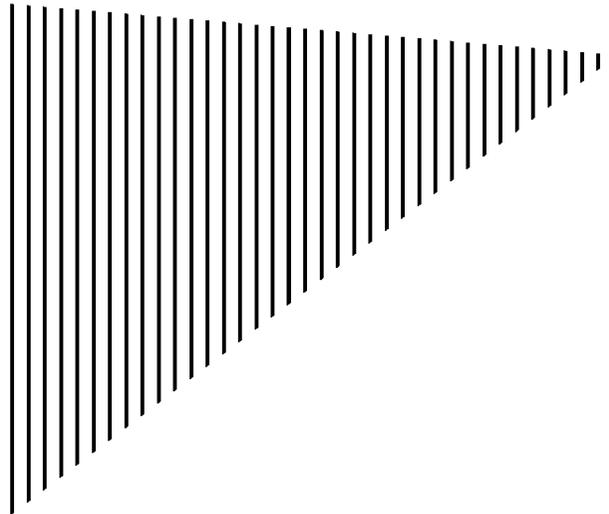
Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OUTSTANDING LOSS RESERVE	527,484	60,477

## TY 2011 Other Income Statement

**Name:** Maimonides Medical Center

**EIN:** 11-1635081

Description	Foreign Amount	Amount
GAINS		67,008



FINANCIAL STATEMENTS

Maimonides Medical Center  
Years Ended December 31, 2011 and 2010  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

# Maimonides Medical Center

## Financial Statements

Years Ended December 31, 2011 and 2010

### **Contents**

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

## Report of Independent Auditors

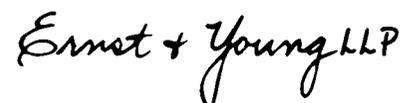
The Board of Trustees  
Maimonides Medical Center

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

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

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

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

A handwritten signature in cursive script that reads 'Ernst & Young LLP'.

April 30, 2012

Maimonides Medical Center  
Statements of Financial Position

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

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

*See accompanying notes.*

## Maimonides Medical Center

### Statements of Operations and Changes in Net Assets

	<b>Year Ended December 31</b>	
	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue <i>(Note 2)</i>	\$ 942,798	\$ 950,578
Other revenue <i>(Note 10)</i>	48,654	44,341
Net assets released from restrictions	1,765	2,337
Total operating revenue	<u>993,217</u>	<u>997,256</u>
Operating expenses		
Salaries and wages	476,048	472,167
Employee benefits	142,293	133,241
Supplies and other expenses	311,638	310,895
Depreciation and amortization	46,098	41,507
Interest and amortization of deferred financing costs	10,608	11,471
Total operating expenses	<u>986,685</u>	<u>969,281</u>
Excess of operating revenue over operating expenses before other items	6,532	27,975
Change in captive insurance program interest rate shortfall <i>(Note 7)</i>	(10,383)	5,249
Change in equity in captive insurance program <i>(Note 7)</i>	(1,727)	5,074
Medical residents FICA refund <i>(Note 1)</i>	-	10,723
(Deficiency) excess of revenue over expenses before net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements	(5,578)	49,021
Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements <i>(Note 5)</i>	1,248	169
(Deficiency) excess of revenue over expenses	(4,330)	49,190
Change in accrued pension and postretirement benefits liabilities to be recognized in future periods	(11,099)	(2,659)
Grants for capital asset acquisitions and net assets released from restrictions used for capital asset acquisitions	8,863	140
(Decrease) increase in unrestricted net assets	<u>(6,566)</u>	<u>46,671</u>
Temporarily restricted net assets		
Restricted contributions, grants and other receipts	1,937	2,864
Net assets released from restrictions		
Operating expenses	(1,765)	(2,337)
Capital asset acquisitions	(350)	(140)
(Decrease) increase in temporarily restricted net assets	<u>(178)</u>	<u>387</u>
(Decrease) increase in net assets	(6,744)	47,058
Net assets at beginning of year	184,966	137,908
Net assets at end of year	<u>\$ 178,222</u>	<u>\$ 184,966</u>

*See accompanying notes*

# Maimonides Medical Center

## Statements of Cash Flows

	<b>Year Ended December 31</b>	
	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
<b>Operating activities</b>		
(Decrease) increase in net assets	\$ (6,744)	\$ 47,058
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities		
Change in accrued pension and postretirement benefits liabilities to be recognized in future periods	11,099	2,659
Depreciation and amortization	46,098	41,507
Amortization of deferred financing costs	359	365
Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements	(1,248)	(169)
Restricted contributions, grants and other receipts	(1,937)	(2,864)
Changes in operating assets and liabilities		
Receivables for patient care	(12,223)	(11,304)
Due from affiliates	(2,526)	(632)
Other assets	(11,276)	(30,481)
Accounts payable and accrued expenses and accrued salaries and related liabilities	(1,065)	10,486
Other current liabilities	21,506	13,480
Other liabilities	11,733	2,797
Net cash provided by operating activities	<u>53,776</u>	<u>72,902</u>
<b>Investing activities</b>		
Redemption of investments	307	3,951
Acquisitions of property, plant and equipment – net	(29,851)	(32,189)
Redemption (purchase) of assets limited as to use	378	(1,203)
Purchase of sinking funds	(1,630)	(1,450)
Net cash used in investing activities	<u>(30,796)</u>	<u>(30,891)</u>
<b>Financing activities</b>		
Repayments of long-term debt and capital lease obligations	(21,725)	(16,994)
Restricted contributions, grants and other receipts	1,937	2,864
Line of credit drawdown (repayments)	2,000	(1,700)
Proceeds from financing	–	153
Net cash used in financing activities	<u>(17,788)</u>	<u>(15,677)</u>
Net increase in cash and cash equivalents	5,192	26,334
Cash and cash equivalents at beginning of year	43,996	17,662
Cash and cash equivalents at end of year	<u>\$ 49,188</u>	<u>\$ 43,996</u>
<b>Supplemental disclosures of cash flow information</b>		
Cash paid for interest	<u>\$ 10,302</u>	<u>\$ 11,123</u>
Capital lease arrangements	<u>\$ 6,275</u>	<u>\$ 32,762</u>

See accompanying notes

# Maimonides Medical Center

## Notes to Financial Statements

December 31, 2011

### **1. Organization and Summary of Significant Accounting Policies**

#### **Organization**

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

#### **Use of Estimates**

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

#### **Cash and Cash Equivalents**

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

#### **Investments**

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

# Maimonides Medical Center

## Notes to Financial Statements (continued)

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

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

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

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

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

# Maimonides Medical Center

## Notes to Financial Statements (continued)

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

#### **Net Patient Service Revenue and Accounts Receivable**

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

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

#### **Assets Limited as to Use**

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

#### **Property, Plant and Equipment**

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

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

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

#### **Other Assets**

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

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

# Maimonides Medical Center

## Notes to Financial Statements (continued)

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

#### **Equity Investments**

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

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

#### **Temporarily and Permanently Restricted Net Assets**

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

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

#### **Faculty Practice Revenue**

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

# Maimonides Medical Center

## Notes to Financial Statements (continued)

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

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

#### **Performance Indicator**

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

#### **Uncompensated Care**

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

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

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

#### **Interest Rate Swap Agreements**

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

#### **Tax Status**

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

##### **New Accounting Pronouncements**

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

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

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

##### **Change in Accounting Principle**

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

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

#### **Medical Residents FICA Refund**

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

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

#### **Reclassifications**

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

# Maimonides Medical Center

## Notes to Financial Statements (continued)

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

#### Subsequent Events

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

#### 2. Third-Party Payor System

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

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### **2. Third-Party Payor System (continued)**

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

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

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

Maimonides Medical Center

Notes to Financial Statements (continued)

**3. Investments and Assets Limited as to Use**

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

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

Maimonides Medical Center

Notes to Financial Statements (continued)

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

Investment income comprises the following for the years ended

	<b>December 31</b>	
	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
Interest income	\$ 2,696	\$ 2,849
Net realized gains (losses) on investments reported at fair value and equity in earnings of alternative investments	5,659	(2,972)
Equity in earnings of investees	1,480	2,385
	<b>\$ 9,835</b>	<b>\$ 2,262</b>

**4. Property, Plant and Equipment**

A summary of property, plant and equipment is as follows

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 4. Property, Plant and Equipment (continued)

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

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

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

A summary of long-term debt is as follows

	<b>December 31</b>	
	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
1996 FHA Section 242 insured mortgage loan (a)	<b>\$ 10,669</b>	\$ 11,325
2004 FHA Section 241 insured mortgage loan (b)	<b>94,041</b>	96,520
Construction bank loans (c)	<b>2,822</b>	3,986
Capital lease obligations (d)	<b>45,836</b>	55,902
2006 New York City Capital Resource Corporation loan (e)	<b>26,345</b>	27,430
	<b>179,713</b>	195,163
Less current portion	<b>21,181</b>	21,049
	<b>\$ 158,532</b>	\$ 174,114

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

Other proceeds from the 1996 mortgage loan (\$16.8 million) were used to finance the expansion and modernization of the Medical Center's facilities. For this element of the loan, monthly payments of approximately \$115,000 are applied to principal and interest, at 6.55% per annum, through October 2022.

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

- (b) In June 2004, the Medical Center entered into an FHA Section 241 loan in the amount of \$104.7 million. Proceeds of the loan, which were raised by DASNY through the issuance of tax-exempt revenue bonds, supported the Medical Center's major modernization project. The loan is insured by FHA. The loan bore interest at 7.5% during the construction period (based on amounts drawn) until final endorsement and thereafter at a rate of 5.45% with monthly payments commencing April 1, 2007 through 2032. This project was completed in 2009. Although final endorsement is expected to occur in 2012, effective November 2009, DASNY approved the monthly interest rate of 5.45%.

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

- (c) The Medical Center entered into a ten-year, \$8.0 million construction bank loan in February 2004 for the renovation of the property to house a comprehensive cancer center. The interest rate is variable and was 1.51% at December 31, 2011 and 2010. Monthly payments are due through January 2014.

During 2005, the Medical Center entered into a second construction loan for ten years in the amount of \$2.5 million for additional renovations of the cancer center. The interest rate for this loan is variable and was 1.52% and 1.61% at December 31, 2011 and 2010, respectively. Monthly payments are due through August 2015.

- (d) The Medical Center has various capital lease obligations with interest rates ranging up to 6.7%.
- (e) On May 25, 2006, the Medical Center entered into a loan agreement in the amount of \$31.2 million. The proceeds of the loan, which were raised by the New York City Capital Resource Corporation through the issuance of tax-exempt revenue bonds, are to be used to renovate, improve, repair and equip the Medical Center's facilities. The loan bears interest at a variable rate, which was 1.82% and 2.37% (including letter of credit fees) at December 31, 2011 and 2010, respectively, with monthly payments through 2026. A portion of the proceeds was utilized to repay a line of credit which was used for interim capital financing. The loan is secured by a letter of credit of approximately \$26.6 million which expires on May 25, 2016. The Medical Center is in the process of refinancing this debt which is approximately \$25.2 million and anticipates it will close the transaction in the second quarter of 2012.

Maimonides Medical Center

Notes to Financial Statements (continued)

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

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

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

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

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

As discussed in Note 7, the Medical Center also has a letter of credit from a bank of \$10 million at December 31, 2011, for the benefit of one of its captive insurance companies. This letter of credit expires on November 1, 2012. During the years ended December 31, 2011 and 2010, no drawdowns were made under this letter of credit agreement. The Medical Center expects to extend this letter of credit in 2012.

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

In addition, the Medical Center maintains two lines of credit with two banks, in the amount of \$20.0 million each. At December 31, 2011 and 2010, approximately \$18.4 million and \$16.4 million were outstanding on these two lines of credit, respectively. The drawdowns were for interim financing of capital expenditures and working capital needs. The average interest rate charged in 2011 was 2.3% on one line (2.3% in 2010) and 2.2% on the other (2.3% in 2010). These lines of credit expire on June 22, 2012 and July 31, 2012, respectively. The Medical Center intends to renew these lines of credit in 2012.

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

#### Interest Rate Swap Agreements

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

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

Notional Amount	Maturity Date	Fixed Payment Rate	2011 Fair Value (All Liabilities)
\$ 26,345,000	January 1, 2026	4.14%	\$ 4,974,997
1,904,762	January 31, 2014	6.19	92,080
916,667	August 15, 2015	5.985	66,221
			\$ 5,133,298

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

Notional Amount	Maturity Date	Fixed Payment Rate	2010 Fair Value (All Liabilities)
\$ 27,430,000	January 1, 2026	4 14%	\$ 3,779,114
2,819,047	January 31, 2014	6 19	183,053
1,166,667	August 15, 2015	5 985	92,571
			\$ 4,054,738

#### 6. Pension Plans and Postretirement Health Care Benefits

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

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

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

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

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

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

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

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

Maimonides Medical Center

Notes to Financial Statements (continued)

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

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

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

	<b>Pension Benefits</b>		<b>Postretirement Health Care Benefits</b>	
	<b>2011</b>	<b>2010</b>	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>			
Unrecognized prior service (cost) credit	\$ (278)	\$ (335)	\$ 198	\$ 113
Unrecognized actuarial loss	<b>(41,140)</b>	(29,829)	<b>(3,950)</b>	(4,020)
	<b>\$ (41,418)</b>	\$ (30,164)	<b>\$ (3,752)</b>	\$ (3,907)

The net prior service cost and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension and postretirement cost during the year ending December 31, 2012 is approximately \$3.6 million.

Maimonides Medical Center

Notes to Financial Statements (continued)

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

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

	Pension Benefits		Postretirement Health Care Benefits	
	2011	2010	2011	2010
	<i>(In Thousands)</i>			
Change in benefit obligation				
Benefit obligation, beginning of year	\$ 98,873	\$ 84,644	\$ 12,279	\$ 10,540
Service cost	5,546	4,862	190	161
Interest cost	4,990	4,671	555	631
Plan amendments	–	–	(158)	–
Medicare Part D reimbursements	–	–	20	38
Actuarial losses	14,612	6,052	46	1,381
Net benefits paid and expected expenses	(3,255)	(1,356)	(597)	(472)
Benefit obligation, end of year	<u>120,766</u>	<u>98,873</u>	<u>12,335</u>	<u>12,279</u>
Change in plan assets				
Fair value of plan assets, beginning of year	64,339	53,243	–	–
Actual return on plan assets	6,021	6,452	–	–
Contributions	6,298	6,000	597	472
Benefits paid and actual expenses	(3,302)	(1,356)	(597)	(472)
Fair value of plan assets, end of year	<u>73,356</u>	<u>64,339</u>	<u>–</u>	<u>–</u>
Unfunded status	<u>\$ (47,410)</u>	<u>\$ (34,534)</u>	<u>\$ (12,335)</u>	<u>\$ (12,279)</u>

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

	Pension Benefits		Postretirement Health Care Benefits	
	2011	2010	2011	2010
	<i>(In Thousands)</i>			
Accrued benefit liability – noncurrent	\$ (47,410)	\$ (34,534)	\$ (11,760)	\$ (11,813)
Accrued benefit liability – current	–	–	(575)	(466)
	<u>\$ (47,410)</u>	<u>\$ (34,534)</u>	<u>\$ (12,335)</u>	<u>\$ (12,279)</u>

Maimonides Medical Center

Notes to Financial Statements (continued)

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

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

	<b>December 31</b>	
	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
Projected benefit obligation	<b>\$ 120,766</b>	\$ 98,873
Accumulated benefit obligation	<b>105,205</b>	85,170
Fair value of plan assets	<b>73,356</b>	64,339

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

	<b>Pension Benefits</b>		<b>Postretirement Health Care Benefits</b>	
	<b>2011</b>	<b>2010</b>	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>			
Service cost	<b>\$ 5,546</b>	\$ 4,862	<b>\$ 190</b>	\$ 161
Interest cost on projected benefit obligation	<b>4,990</b>	4,671	<b>555</b>	631
Expected return on plan assets	<b>(5,049)</b>	(4,192)	-	-
Net amortization and deferral	<b>2,433</b>	2,421	<b>43</b>	93
Net periodic pension cost	<b>\$ 7,920</b>	\$ 7,762	<b>\$ 788</b>	\$ 885

Maimonides Medical Center

Notes to Financial Statements (continued)

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

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

	Pension Benefits		Postretirement Health Care Benefits	
	2011	2010	2011	2010
Weighted-average assumptions used to determine benefit obligations as of December 31				
Discount rate	<b>4.25%</b>	5.25%	<b>4.25%</b>	5.25%
Rate of compensation increase (2011)	<b>4.0</b>	2.5	<b>4.0</b>	2.5
Rate of compensation increase (2012 and future)	<b>4.0</b>	4.5	<b>4.0</b>	4.5
Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31				
Discount rate	<b>5.25%</b>	5.75%	<b>5.25%</b>	5.75%
Expected return on plan assets	<b>8.0</b>	8.0	N/A	N/A
Rate of compensation increase (2011)	<b>4.0</b>	2.5	<b>4.0</b>	2.5
Rate of compensation increase (2012 and future)	<b>4.0</b>	4.5	<b>4.0</b>	4.5

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

Maimonides Medical Center

Notes to Financial Statements (continued)

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

	<b>2011</b>	<b>2010</b>
Assumed health care cost trend rates at December 31		
Pre-65 Medical		
Initial rate for health care costs	<b>12.9%</b>	7.3%
Ultimate rate for health care costs	<b>4.3%</b>	4.7%
Ultimate year of health care increase	<b>2083</b>	2082
Post-65 Medical		
Initial rate for health care costs	<b>9.0%</b>	7.3%
Ultimate rate for health care costs	<b>4.3%</b>	4.7%
Ultimate year of health care increase	<b>2083</b>	2082
Dental		
Initial rate for health care costs	<b>94.0%</b>	5.0%
Ultimate rate for health care costs	<b>4.3%</b>	4.7%
Ultimate year of health care increase	<b>2083</b>	2082

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

	<b>1% Increase</b>	<b>1% Decrease</b>
	<i>(In Thousands)</i>	
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	\$ 89	\$ (75)
Effect on health care components of the accumulated postretirement benefit obligation	1,501	(1,269)

## Maimonides Medical Center

### Notes to Financial Statements (continued)

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

##### Plan Assets

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

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

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

##### Investment Strategy

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

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

##### Cash Flows

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

Maimonides Medical Center

Notes to Financial Statements (continued)

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

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

Year	<b>Pension Benefits</b>	<b>Postretirement Health Care Benefits</b>
	<i>(In Thousands)</i>	
2012	\$ 6,700	\$ 608
2013	7,288	613
2014	6,192	644
2015	6,490	756
2016	7,341	762
2017 to 2021	43,056	4,560

**Medicare Prescription Drug, Improvement and Modernization Act of 2003**

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### **7. Professional Liabilities**

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

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

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### **7. Professional Liabilities (continued)**

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

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

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

At December 31, 2011 and 2010, the Medical Center had an unsecured letter of credit for the benefit of one of its captive insurance companies from a bank in the amount of \$1.0 million. During the years ended December 31, 2011 and 2010, no drawdowns were made under this letter of credit agreement.

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 8. Transactions with Affiliates

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

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

#### 9. Temporarily and Permanently Restricted Net Assets

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

	<u>2011</u>	<u>2010</u>
	<i>(In Thousands)</i>	
Research and education	\$ 1,115	\$ 1,346
Plant replacement and expansion	<b>13,323</b>	13,270
	<u><b>\$ 14,438</b></u>	<u>\$ 14,616</u>

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 10. Other Revenue

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

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

On April 23, 2010, the Medical Center received a settlement from Victory Memorial Hospital of Brooklyn in the amount of \$4.5 million. The settlement was for repayment of cash advances and payment for management support services provided from 2005 to 2007.

As indicated in Note 1, the Medical Center held an investment in a bank/note certificate receivable investment program which was written down to zero at December 31, 2010. In May 2011, the Medical Center reached an agreement with the bank related to the valuation of the investment and received a settlement in the amount of \$2.0 million. The Medical Center also settled a legal matter with a utility company during 2011 in the amount of \$2.3 million related to incorrect charges.

#### 11. Functional Expenses

Functional expenses for the years ended December 31 are as follows

	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
Health care and related services	\$ 790,413	\$ 768,639
Program support and general	196,272	200,642
	<b>\$ 986,685</b>	<b>\$ 969,281</b>

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 12. Concentration of Credit Risk

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

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

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

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

#### 13. Fair Value Measurements

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

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

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 13. Fair Value Measurements (continued)

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

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 13. Fair Value Measurements (continued)

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

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

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

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### 13. Fair Value Measurements (continued)

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

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

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

#### 14. Operating Lease Obligations

The Medical Center has entered into various agreements under noncancellable operating leases. During 2003, the Medical Center entered into an operating lease agreement for a building to provide a site for the development of a comprehensive cancer center. Rent payments are recognized as expense on a straight-line basis over the term of the related lease. At December 31, 2011 and 2010, the Medical Center had an asset of approximately \$3.3 million and \$2.7 million, respectively, representing rental payments made in excess of rent expense on a straight-line basis.

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

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

Total rental expense charged to operations for the years ended December 31, 2011 and 2010 aggregated approximately \$12.8 million and \$11.9 million, respectively.

## Maimonides Medical Center

### Notes to Financial Statements (continued)

#### **15. Commitments and Contingencies**

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

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

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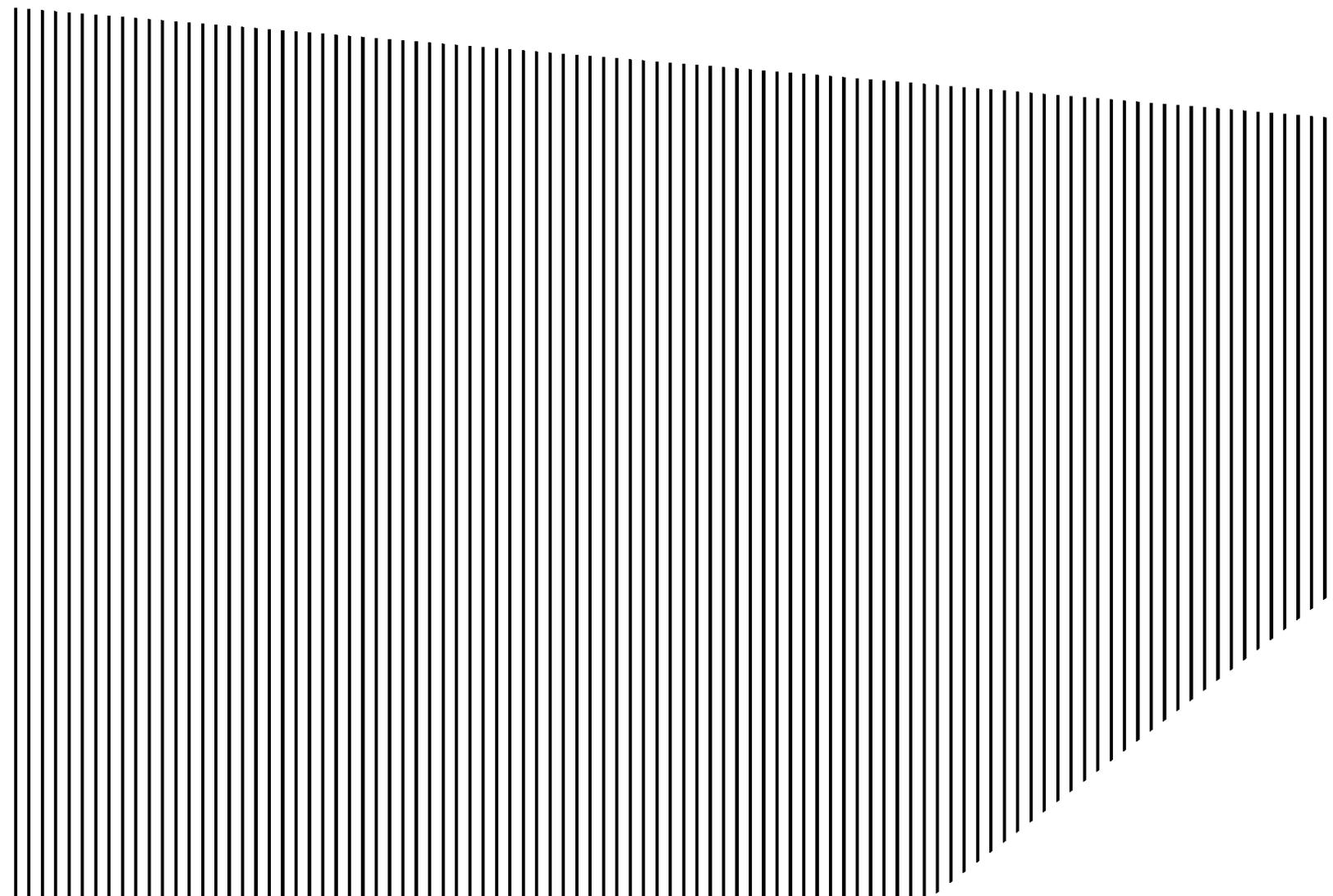
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**Additional Data**

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

**Form 990, Special Condition Description:**

**Special Condition Description**

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

(A) Name and Title	(B) Average hours per 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			
John Abi-Habib Trustee	5	X								
Paul Addison Trustee & Treasurer	5	X								
Steven Adelsberg Trustee	5	X								
Donna Astion MD Trustee	5	X								
Abraham Biderman Trustee	5	X								
Irwin Birnbaum Trustee	5	X								
Monsignor David Cassato Trustee	5	X								
Richard Forman Trustee	5	X								
Marvin Hellman Trustee	5	X								
Jack A Hidary Trustee	5	X								
Michael Karfunkel Trustee THRU 5/17/11	5	X								
Mortimer N Klaus vice chairman/TRUSTEE	5	X								
Elly Kleinman Trustee	5	X								
andrew kohan trustee	5	X								
c herbert leshkowitz vice chairman/TRUSTEE	5	X								
Robert Machinist trustee	5	X								
Frank Naccarato TRUSTEE	5	X								
Daniel Z Nelson Trustee & Vice Chairman	5	X								
Norman A Ohrwashel trustee	5	X								
Steven Oppenheim Trustee	5	X								
Martin Payson Trustee & Chairman	5	X								
Peter Rebenwurz TRUSTEE	5	X								
Erminia Rivera Trustee	5	X								
Gwen A Rowden TRUSTEE THRU 5/17/11	5	X								
Veronica Santilli MD trustee	5	X								

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

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