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DLN: 93493029006163

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable Montefiore Medical Center Address change 13-1740114 Doing Business As E Telephone number Name change (914) 378-6480 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 2,686,826,398 111 East 210th St Terminated Amended return City or town, state or country, and ZIP + 4 Bronx, NY 10467 Application pending Name and address of principal officer **H(a)** Is this a group return for STEVEN SAFYER MD affiliates? 111 EAST 210TH STREET BRONX, NY 10467 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▼** 501(c)(3) Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 H(c) Website: ► www montefiore ord K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile NY L Year of formation 1884 Summary Part I Briefly describe the organization's mission or most significant activities delivering outstanding healthcare in a manner that advances the health of those served through research, education, wellness, disease management and integrated clinical and community service programs Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 45 19,408 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 750 6 Total number of volunteers (estimate if necessary) 7a 18,653,273 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b -76,249 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 62,745,043 73,711,408 2,509,995,209 2,584,134,162 Program service revenue (Part VIII, line 2g) . 19,774,250 17,832,952 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 30,393,192 5,897,843 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,622,907,694 2,681,576,365 13 7,460,855 6,313,294 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 1,638,569,022 1,724,435,736 Expenses 175,000 60,000 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,884,734}{}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 874,639,729 906,960,942 2,520,844,606 2,637,769,972 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 102,063,088 43,806,393 Assets or defined by the control of **Beginning of Current End of Year** Year 2,513,816,770 20 Total assets (Part X, line 16) . 1,940,655,537 End Fund 21 Total liabilities (Part X, line 26) . . . 1,406,164,635 1,948,268,039 22 534,490,902 565,548,731 Net assets or fund balances Subtract line 21 from line 20 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. 2013-01-24 Signature of officer Date Sign Here JOEL A PERLMAN EXEC VP & CFO
Type or print name and title Check if Preparer's taxpayer identification number sıgnature Paid employed 🕨 🔽

ERNST & YOUNG US LLP

111 MONUMENT CIRCLE

INDIANAPOLIS, IN 46204

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name (or yours

if self-employed), address, and ZIP + 4

Preparer's

Use Only

Yes T No

Phone no (317) 681-7000

Form	990 (2	11) Page 2
Part		Statement of Program Service Accomplishments Theck if Schedule O contains a response to any question in this Part III
FOUF SERV SERV RESE	Briefly EAL, Tr R PART E - TH ICE PF	describe the organization's mission TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES WE SERVE MONTEFIORE'S UNIQUE MISSION FOCUSES ON DELIVERING OUTSTANDING CARE IN A MANNER THAT ADVANCES THE HEALTH OF THOSE WE OUGH EDUCATION, WELLNESS, DISEASE MANAGEMENT AND OTHER INTEGRATED CLINICAL AND COMMUNITY OGRAMS, EDUCATING THE NEXT GENERATION OF CAREGIVERS AND CREATING NEW KNOWLEDGE THROUGH MONTEFIORE IS DISTINGUISHED BY ITS UNIQUE COMMITMENT TO COMMUNITY SERVICE AS AN ACADEMIC
2	the pri	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program
4	Descri	describe these changes on Schedule O the organizations for each of its three largest program services, as measured by es Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	deliver and m far bey brings and pc patient cardiac comming programment of the patient of the pa	are Established in 1884 as a hospital for patients with chronic illnesses, Monteflore has grown and evolved to become a full-service integrated healthcare system serving a large and complex urban population, a distinguished cademic medical center with renowned faculty and record of pioneening research lical "firsts" and an exceptionally dedicated community partner with an unparalleled roster of innovative programs and services that address needs ranging in direction and exceptionally dedicated community partner with an unparalleled roster of innovative programs and services that address needs ranging in direction and exceptionally dedicated community partner with an unparalleled roster of innovative programs and services that address needs ranging in direction and exceptionally dedicated community partner with an unparalleled roster of innovative programs and services that address needs ranging in direction and the control of advance the health of the community with partner of the simple partner of the programs and services as a tertiary care referral center for from across children's health, tissue and organ transplantation, women's health, surgery and surgery and surgers becautes, including cardiology and surgery, cancer care, children's health, tissue and organ transplantation, women's health, surgery and surgeral subspecialties. Montefore combines its deep ment to the community with nationally-renowned expertise to reach people in locations most convent for them. Through the Montefore School Health (the largest and most comprehensive school-based health program in the country), Primary Care at Home programs, mobile medical and dental health (the largest and most comprehensive school-based health program in the country), Primary Care at Home programs, mobile medical and dental health (the largest and most comprehensive school-based peoplary provides and school-based health control of its sckest patients. The school-based
4b	for me rapidly training accred and 8 the contransla areas is ethical practition resourchealth includii organizareas is suppor transla centers \$22 m	(Expenses \$ 345,384,607 including grants of \$ 1,175,944) (Revenue \$ 190,921,187) Education & Research Medical Education Montefiore is the University Hospital for Albert Einstein College of Medicine, one of the nation's premier institutions call education, basic research and clinical investigations. This strong alignment enables Montefiore to advance clinical and translational research results more to the bedside and to the medical community, and educate the next generation of physicians, healthcare leaders and investigators. In place are extensive programs for medical students, residents and fellows. Over 600 medical students and releaders and investigators. In place are extensive programs at the Children's Hospital at Montefiore, Moses and Weiler Divisions sponsored by Albert Einstein College of Medicine sidency and fellowship programs at the North Division sponsored by New York Medical College making Montefiore the second largest residency program in stry. Montefiore and Einstein's partnership provides residents and fellows with an exceptional environment for research training and participation in basic, onal and clinical activities. Montefiore provides the doctors of tomorrow a unique opportunity for education and training in one of the most diverse urban the country caring for a global population where the disease burden is high and the need for quality care is great. Montefiore is dedicated to cultivating the nd professional development of all postgraduate trainees and offers robust mentorship throughout their training. Founded in 1976, the Center for Continuing Education (CCME) at Montefiore Medical Center and Albert Einstein College of Medicine is accredited by the Accreditation Council for Continuing Medical news. Recognizing the vital importance of developing and embracing innovative techniques and treatments, Montefiore is committed to the utilization of so for the advancement of physicians' education and delivery of care. The Medical Center also participates in other training programs in nursing a
4c	Center and excapacification from the control of the) (Expenses \$ 987,450,016 including grants of \$ 622,495) (Revenue \$ 806,498,937) Inity Services Services to the community are an explicit and essential component of Montefiore's mission and one of its most valued traditions. The Medical leas a long history of reaching beyond the walls of its hospitals to identify and meet the needs of its community and has been a national leader in organizing and ing community-based services. MMC commitment to the community has required a multifaceted, continually evolving response, in which the unique set of the academic medical center are mobilized to improve the lives of the people and the communities served-not just medically, but socially, economically informentally, wherever and whenever resources can make a difference. The Medical Center has maintained and expanded its range of community services, out to and serving un-met health needs, including those with poor access to comprehensive primary care, at-risk and hard to reach children and their underserved and at-risk senior citizens, those affected by cancer, those affected by the continuing HIV epidemic in the Bronx, persons with or at-risk for sois infection, persons affected with problems of substance abuse, the homeless, adults and children with limited access to primary dental care and those by chronic health care diseases such as congestive heart failure, diabetes and asthma. The community served by Montefiore, by several measures, faces hallenges. It is ranked the poorest urban county in the country, leads the nation in rates of diabetes and obesity and other chronic conditions and leads. New yin a host of significant markers people in "fair or poor health", low birth weight, teen pregnancy, children in poverty, disabled individuals and families living the poverty line. Montefiore is continuously working to help our community maintain a sense of security and economic stability, as well as to improve such of-life fundamentals as education and affordable housing. We are seeking to advance life in the Bronx beyond

4d

4e

Other program services (Describe in Schedule O) $\,$

Total program service expenses \$\ 2,362,314,082

including grants of \$

Form **990** (2011)

) (Revenue \$

Form 990 (2011)
Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	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? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV</i>	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	201-	Vac	

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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 666			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	10	163	
_	return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4 a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	1
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	Lisc	امما		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
-	If "Vac " has it filed a Form 720 to report these nauments? If "No " provide an explanation in Schodule O	7 4 L		

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.

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-	Yes	
b	more members of the governing body?	7a 7b	Yes	
8	or persons other than the governing body?			
	year by the following		V	
a	The governing body?	8a 8b	Yes	
ь 9	Each committee with authority to act on behalf of the governing body?	H	res	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
RE	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed <mark>▶NY</mark>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 DAVID INGBER

6 EXECUTIVE PLAZA SUITE 112A yonkers, NY 10701

(914) 378-6480

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a					(C) psition (do not check more than one box, nless person is both an officer and a		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title		(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						com fr organ	(D) portable pensation om the ization (W- 99-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensation from the organization an	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	ddıtıonal Data Table													
												_		
												_		
												+		
1b	Sub-Total					٠.					1	I		
c	Total from continuation sheets Total (add lines 1b and 1c) .							•		20,537,408		0		607,122
2	Total number of individuals (incl		nited to	thos	e lıs	ted) who	receiv		an			,
	\$100,000 of reportable compen	sation from the	organız	atıonl	► 3,4	472								
3	Did the organization list any for								or highe	st compens	ated employee		Yes	No
4	on line 1a? If "Yes," complete Sci For any individual listed on line organization and related organiz	1a, is the sum o	f report	able d	com	pens	sation	and				3	Yes	
	individual	acions greater ti		•	•	•	• •	•		· · ·		4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										or individual for	5		No
														110
<u>Se</u>	ction B. Independent Con Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio												
	· · · · · · · · · · · · · · · · · · ·	(A) me and business ad	dress							Desc	(B) ription of services		(C Comper	
DEPA	NFF INC RTMENT 1452 ER, CO 80291									TEMPORARY	NURSES		11	,086,230
75 M <i>A</i>	GOTHAM PER DIEM INC 75 MAIDEN LANE 7TH FLOOR NEW YORK, NY 10038 7							,396,210						
Bells Nursing Reg Emp Agency Inc 90-50 Parsons Blvd Suite 207 JAMAICA, NY 11432 temporary personnel								5	,007,119					
122 E NEW '	on Staffing Services Inc ast 42nd Street Suite 320 YORK, NY 10168									Temporary p	personnel		3	,471,415
1 met	Transcare New York Inc 1 metrotech Ctr-20th Floor BROOKLYN, NY 11201 Ambulance Services							3	,108,806					
	<u>'</u>													

Deut VIIII C						Page 9
Statem	ent of Revenue	(A)	<u> </u>	(B)	(C)	(D)
		Total rev		Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
4 4 1a Federate	d campaigns 1a 31	0,000				
필등 b Members	hıp dues 1b					
C Fundrais	ng events 1c 2,73	1,222				
d Related	rganizations 1d					
e Governme	it grants (contributions) 1e 38,95	2,961				
를 f All other co	ntributions, gifts, grants, and 1f 31,71	7,225	į	į		İ
돌호 g Noncash	contributions included in					
b Members c Fundrais d Related e Governme f All other of similar am g Noncash lines 1a- h Total. Ad	1f \$ \(\frac{1,206,710}{}{}\)					
중등 h Total. Ad	d lines 1a-1f	7:	3,711,408			
	Business C	ode				
2a INPATIENT	SERVICES	623000 1,560	0,940,538	1,560,940,538		
b OUTPATIEI HOMECAR		621400 854	4,737,801	854,361,674	376,127	
C HOME HEA		621610 62	2,303,804	62,303,804		
d CONTRACT			4,554,235	31,000,264	13,553,971	
2a INPATIENT b OUTPATIENT HOMECAR C HOME HEA SERV ESTAN E MEDICAL E The All other					. ,	
e MEDICAL I	program service revenue		4,642,926	14,642,926	4 200 FZF	
Š Allocher	program service revenue	46	6,954,858	42,664,283	4,290,575	
	d lines 2a-2f	2,584	4,134,162			
	ent income (including dividends, interest	1/	6,270,630		136,935	16,133,695
	r similar amounts)		0,270,030		130,933	10,133,093
	· · · · · · · · · · · · · · · · · · ·	. 🕨	0			
	(i) Real (ii) Person	nal				
6a Gross re	nts 3,848,522					
b Less renta expenses	3,921,485					
c Rental inco	me -72,963					
	l income or (loss)	▶	-72,963			-72,963
	(ı) Securities (ıı) O the	r				
7a Gross amo from sales						
assets other	I I					
b Less cost other basis	or					
sales expe	nses					
c Gain or (lo		<u>.</u>	1,562,322		295,665	1,266,657
	or (loss)		1,302,322		233,003	1,200,037
0,000	ot including					
\$	2,731,222 utions reported on line 1c)					
See Part	IV, line 18					
<u>.</u>		96,782				
	ect expenses b 1,32 ne or (loss) from fundraising events	27,848 ▶ -	-631,066			-631,066
_	come from gaming activities	-	,			331,000
	IV, line 19					
		13,630				
	ect expenses b ne or (loss) from gaming activities	700 ,⊫ -	12,930			12,930
	les of inventory, less		,			
	nd allowances .					
	st of goods sold b					
	ne or (loss) from sales of inventory		0			
	aneous Revenue Business C		4,041,069			4,041,069
11a CAFETE b PARKIN	CIA INCOME		2,398,563			2,398,563
	3 INCOME	900002	149,310			149,310
	ION RENTAL INCOME revenue		5,510			115,510
	d lines 11a-11d					
Cotan A		•	6,588,942			
_	enue. See Instructions	▶				

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

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>	<u> </u>	<u>)</u>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,913,537	5,913,537		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	399,757	399,757		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	8,237,859	5,430,012	2,807,847	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	1,319,059,857	1,173,107,923	144,954,028	997,906
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	89,602,270	81,404,287	8,130,585	67,398
9	Other employee benefits	216,522,705	192,291,068	24,074,661	156,976
10	Payroll taxes	91,013,045	79,029,800	11,919,224	64,021
11	Fees for services (non-employees)				-
а	Management	3,464,822	2,855,484	609,338	0
ь	Legal	2,779,626	1,049,963	1,729,663	0
С	Accounting	685,397	, ,	685,397	0
d	Lobbying	1,444,843	1,444,843	0	0
e	Professional fundraising See Part IV, line 17	60,000	, ,		60,000
f	Investment management fees	1,067,996		1,067,996	0
q	Other	92,109,279	75,713,057	16,346,222	50,000
12	Advertising and promotion	3,925,335	399,573	3,525,762	0
13	Office expenses	103,415,678	85,806,231	17,207,719	401,728
14	Information technology	29,606,485	20,106,455	9,479,213	20,817
15	Royalties	0	0	0	0
16	Occupancy	99,216,791	85,638,694	13,572,724	5,373
17	Travel	8,836,989	7,873,166	956,158	7,665
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	3,201,865	2,543,468	658,397	
20	Interest	1,377,842	1,231,193	146,649	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	97,883,048	90,995,066	6,883,817	4,165
23	Insurance	137,805,279	134,518,645	3,286,634	
24	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)				
а	MEDICAL SUPPLIES EXPENSE	297,080,485	297,079,536	949	
ь	CONTINUING MEDICAL EDUCATION	13,481,214	13,481,214		
С	BILLING & COLLECTIONS	4,917,148		4,917,148	
d	PATIENT TRANSPORTATION EXP	3,772,129	3,772,129		
е					
f	All other expenses	888,691	228,981	611,025	48,685
25	Total functional expenses. Add lines 1 through 24f	2,637,769,972	2,362,314,082	273,571,156	1,884,734
26	Joint costs. Check here ► ☐ 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				m 990 (2011)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,315,370	1	4,977,786
	2	Savings and temporary cash investments	195,508,920	2	45,231,143
	3	Pledges and grants receivable, net	6,446,921	3	6,947,050
	4	Accounts receivable, net	189,443,392	4	192,728,032
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
60		Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	518,945	7	442,243
SS	8	Inventories for sale or use	22,558,316	8	22,613,983
⋖	9	Prepaid expenses and deferred charges	19,262,729	9	21,006,005
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> 2,194,408,871			
	b	Less accumulated depreciation 10b 1,506,711,524	668,566,667	10c	687,697,347
	11	Investments—publicly traded securities	676,288,117	11	877,272,551
	12	Investments—other securities See Part IV, line 11	126,544,900	12	137,154,311
	13	Investments—program-related See Part IV, line 11	1,229,641	13	1,243,207
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	29,971,619	15	516,503,112
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,940,655,537	16	2,513,816,770
	17	Accounts payable and accrued expenses .	392,207,205	17	396,149,650
	18	Grants payable	0	18	0
	19	Deferred revenue	31,975,375	19	42,208,625
	20	Tax-exempt bond liabilities	535,971,384	20	520,245,741
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L	О	22	0
ï	23	Secured mortgages and notes payable to unrelated third parties	13,850,638	23	10,469,054
	24	Unsecured notes and loans payable to unrelated third parties	1,000,000	24	1,000,000
	25	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	40.4.400.000		070.404.000
		D	431,160,033		978,194,969
	26	Total liabilities. Add lines 17 through 25	1,406,164,635	26	1,948,268,039
Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
튭	27	Unrestricted net assets	436,696,903	27	467,404,555
e E	28	Temporarily restricted net assets	72,443,966	28	72,794,143
Ξ	29	Permanently restricted net assets	25,350,033	29	25,350,033
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	534,490,902	33	565,548,731
Z	34	Total liabilities and net assets/fund balances	1,940,655,537	34	2,513,816,770

Pa	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,681,5	576,36
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,637,7	
3	Revenue less expenses Subtract line 2 from line 1	3		43,8	306,39
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		534,4	190,90
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-12,7	748,56
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		565,5	548,73
Par	The contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493029006163

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Montefiore Medical Center

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

							13-1740		
Part I		Public Charity Sta						instructions	;
he organı		vate foundation becaus							
1 [A church, conve	ention of churches, or a	ssociation	of churches	section 170(b)(1)(A)(i)).		
2	A school descri	bed in section 170(b)(1	L)(A)(ii). (A	ttach Sche	dule E)				
3 ▼	A hospital or a d	cooperative hospital se	rvice organ	ızatıon des	cribed in secti	on 170(b)(1)(A)(iii).		
4	A medical resea hospital's name	rch organization opera , city, and state	ted in conju	inction with	a hospital des	scribed in s	ection 170(b)	/(1)(A)(iii).	Enter the
5	An organization	operated for the benefi	t of a colleg	ge or univer	sity owned or	operated by	a governme	ntal unit des	 cribed in
	section 170(b)(1)(A)(iv). (Complete P	art II)						
6	A federal, state,	, or local government o	r governme	ntal unit des	scribed in sect	ion 170(b)	(1)(A)(v).		
7	described in	that normally receives 1)(A)(vi) (Complete P		ial part of it	s support fron	n a governn	nental unit or	from the gen	eral public
8 🗆		ust described in sectio		(A)(vi) (C	omplete Part 1	Ι)			
9	An organization receipts from ac	that normally receives tivities related to its e gross investment inco	(1) more t xempt funct	than 331/3% tions—subje	% of its suppor ect to certain	t from cont exceptions,	and (2) no m	ore than 331	1/3% of
	acquired by the	organızatıon after June	30,1975	See section	n 509(a)(2). (Complete P	art III)		
ro 🗀	An organization	organized and operated	d exclusive	ly to test fo	r public safety	See secti o	on 509(a)(4).		
l 1	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 f g	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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?						on 509(a)(1) or		
		directly or indirectly c	ontrols, eıt	her alone o	r together with	persons d	escribed in (ii)	Yes No
	and (III) below, t	he governing body of th	ne the supp	orted organ	ızatıon?			119	g(i)
	(ii) a famıly mer	mber of a person descrı	bed in (i) al	oove?				119	g(ii)
	(iii) a 35% cont	trolled entity of a perso	n described	d ın (ı) or (ıı)) above?			11g	(iii)
h	Provide the follo	wing information about	the suppor	ted organiz	atıon(s)				
(i) Name suppo organiz	e of (ii) (described on col (i) listed in your governing ation or IRC section document?		Did you no organiza col (i) o suppo	otify the tion in f your	(v Is t organiza col (i) or in the	he ation in ganized	(vii) A mount of support?		
		(see instructions))	Yes	No	Yes	No	Yes	No	
	1								

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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).					
	Facts And Circumstances Test					
	Explanation					

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493029006163

OMB No 1545-0047

Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ 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	
Montefi	ore Med	dıcal Center	

Employer identification number

13-1740114

<u> 2011</u>	402 Complete if the organization is exempt under section 501(c) of 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

Complete if the examination is example under section EO1(s) or is

- Political expenditures
- Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 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?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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	
1	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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,444,843	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			1,444,843	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	\mathbf{t} III-A Complete if the organization is exempt under section $501(c)(4)$, section	501(c)(5). o	r section	

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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

art 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".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, line G		THE MEDICAL CENTER'S LOBBYING EXPENDITURES INCLUDED THE FOLLOWING 1 A PERCENTAGE OF MEMBERSHIP DUES PAID TO THE FOLLOWING ORGANIZATIONS THAT ARE USED BY SUCH ORGANIZATIONS FOR LOBBYING EFFORTS - GREATER NEW YORK HOSPITAL ASSOCIATION - ASSOCIATION OF AMERICAN MEDICAL COLLEGES - AMERICAN HOSPITAL ASSOCIATION - HEALTH CARE ASSOCIATION OF NYS - 1199/SEIU - GNYHA HEALTH EDUCATION PROJECT 2 aMOUNTS PAID TO THE CARMEN GROUP and Health Policy Source, Inc. FOR FEDERAL LOBBYING AND MANATT, PHELPS
		& pHILLIPS, LLP FOR NYS LOBBYING RELATED TO REGULATIONS AND LEGISLATION IMPACTING MMC'S PROGRAMS

DLN: 93493029006163

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

	me of the organization ntefiore Medical Center			Employe	er identification num	ber	
				13-174	0114		
Pa	organizations Maintaining Donor organization answered "Yes" to Form 9	990, Part IV, line 6.			<u> </u>		
		(a) Donor advise	d funds	(b) F	unds and other acc	ounts	
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor actions are the organization's property, subject to the			or advised	┌ Yes		
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b conferring impermissible private benefit				rpose T Yes	;	
Pa	rt II Conservation Easements. Complet	e if the organization and	wered "Yes" to	n Form 99	<u> </u>	<u>'</u>	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space	organization (check all tha ation or pleasure) Pr	: apply) eservation of an eservation of a c	historicall certified his	y importantly land a storic structure		
2	Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	alified conservation contrib	ution in the form]		ervation Held at the End of t	he Vear	
а	Total number of conservation easements			2a	ricia at the Liia of the	iic reur	
b	Total acreage restricted by conservation easemen	ts		2b			
c	Number of conservation easements on a certified h		n (a)	2c			
d	Number of conservation easements included in (c)		`´	2d			
3	Number of conservation easements modified, trans		L ed or terminate		raanization during		
,	the taxable year -	nemed, released, extinguisi	ica, or terminate	d by the or	gamzacion daring		
4	Number of states where property subject to conse	vation easement is located	<u> </u>				
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		inspection, hand	dling of viol	lations, and ryes		
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing con:	servation easem	ents durin	g the year ►		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conserv	atıon easements	during the	e year		
8	Does each conservation easement reported on line 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	e 2(d) above satisfy the req	urements of sec	tion	┌ Y es		
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organiz					
Pai	Tt IIII Organizations Maintaining Collect Complete if the organization answered			or Other	Similar Assets.	•	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, edu-	cation or researc	h in furthe		ıce,	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	r public exhibition, education					
	(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						

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	His	torio	cal Tre	easures, or C	<u> the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	_	_			n	
а	Public exhibition		d	Γ	Loan or	r exchange prog	rams			
b	Scholarly research		е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n hov	v they	further	the organization	ı's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the o	organiz	ation answere		es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	force	ontributi	ons or other as:	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollow	ing ta	ıble	-				
						_		Amo	unt	
С	Beginning balance					_	1c			
d	Additions during the year						1d			
е	Distributions during the year					-	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete									
_		(a)Current Year	(b)	Prior Y		(c)Two Years Back	_)Three Years Back ((e) Four \	rears Back
1a	Beginning of year balance	25,350,033		25,	350,033	25,350,0	33	25,350,033		
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	25,350,033		25,	350,033	25,350,0	33	25,350,033		
2	Provide the estimated percentage of the yea	r end halance held a	<u> </u>		<u>' </u>					
	·	cha balance nela a	3							
а	Board designated or quasi-endowment - 100 000 %									
b	remailent endowment F									
c	Term endowment ►	C.1.						AL.		
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion t	that a	re held a	and administere	d for	the	Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as required	on S	ched	ule R?			3b		i
4	Describe in Part XIV the intended uses of th	e organization's end	owme	ent fu	nds					
Par	t VI Land, Buildings, and Equipme	nt. See Form 990), Pa	rt X,	line 10).				
	Description of property				Cost or oth (investme			(c) Accumulated depreciation	(d) Bo	ok value
1 a L	and					14,35	1,370		1	4,351,370
ЬE	Buildings					1,257,85	4,368	736,920,881	52	0,933,487
c L	easehold improvements									
	quipment					887,90	3,796	766,508,492	12	1,395,304
	Other					34,29	•	· · · · · ·		1,017,186
			n (B)	, line	10(c).)			' ' ' ' ' 		7,697,347
	. Add lines 1a-1e (Column (d) should equal Fo		n (B)	, line	10(c).)			' ' ' ' ' 	68	7,697,34

Part VII Investments—Other Securities. See F	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) MALPRACTICE INSURANCE COS	61,208,370		F
(B) LIMITED PARTNERSHIPS	28,534,000		F_
(C) EMPLOYEE DEFERRED COMP ASSETS	12,153,783		F
(D) MANAGED CARE COMPANIES	35,258,158		C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	137,154,311		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im			(b) Pook volvo
(1) AMTS DUE FROM RELATED COS	LIOII		(b) Book value 29,068,112
(2) ESTIMATED INSURANCE CLAIMS REC			487,435,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		516,503,112
Part X Other Liabilities. See Form 990, Part X		<u> </u>	310,303,112
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
RETIREE HEALTH LIABILITIES	89,269,004		
MALPRACTICE INSURANCE LIABILITIES	139,750,775		
EMPLOYEE DEFERRED COMP LIABILITIES PENSION LIABILITIES	12,153,783 6,811,451		
ESTIMATED INSURANCE CLAIMS LIAB	487,435,000		
OTHER LONG-TERM LIABILITIES	242,774,956		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	978,194,969		

Part	Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		turn
1	Total revenue, gains, and other support per audited financial statements	1	, carri
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
art :	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Part	Supplemental Information		
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t ional information		

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As Filed Data -

DLN: 93493029006163

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Vame	of the	e organı	zatıon
4 onte	fiore	Medical	Cente

Employer identification number

1011	tellore Medical Center				13-1740114	
Pa	General Informatio "Yes" to Form 990, Pa			he United States. C		ation answered
1	For grantmakers. Does the	organization r	naıntaın record	ls to substantiate the	amount of the grants o	or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ırd
	the grants or assistance?					✓ Yes
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's proceduı	res for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Sub-Saharan Africa			Grantmaking	Aıds Program	399,75
	Central America and the Caribbean			Investments		1,852,000
	Sub-total					2,251,75
	b Total from continuation sheets					

2,251,757

(a) Name of

1

Use Part V if additional space is needed.

(c) Region

(d) Purpose of

grant

(b) IRS code

section

(i) Method of

valuation

organization	and EIN (ıf applıcable)				disbursement	assistance	assistance	(book, FMV, appraisal, other
		Sub-Saharan Africa	Aıds Project	300,000	wire			
		Sub-Saharan Africa	Aıds Project	99,757	wire			
Enter total nur tax-exempt by	mber of recipi y the IRS, or f	ent organizations listor which the grante	sted above that are r se or counsel has pro	ecognized as chariti vided a section 501	es by the foreign c (c)(3) equivalency	ountry, recognized letter	as . 🕨	2
Enter total nur	mber of other	organizations or er	itities				. ▶	0
							Schedule	F (Form 990) 2011

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.....

(f) Manner of

cash

(g) A mount of

of non-cash

(h) Description

of non-cash

(e) A mount of

cash grant

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
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						1	dula E (Earry 000) 2011

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	Γ	Νo
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)	Γ	Yes	F	Νo
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)	<u> </u>	Yes	Γ	Νo
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)	Г	Yes	্য	Νo
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)	<u> </u>	Yes	Γ	Νo
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).	Г	Yes	굣	No

Schedule F (Form 990) 2011

Part V	Supplemental	Information

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

Information.	Data B. C	F
Identifier Part I, Line 2	ReturnReference	Explanation The organization's procedures for monitoring the use of grant
raici, Lille 2		funds outside the United STates includes regular financial reporting and analysis and field investigations by medical center employees associated with the grant programs to confirm funds are being used in accordance with the awards
	+	are being used in accordance with the awards
		Schedule F (Form 990) 2011

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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493029006163

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. 🟲 See separate instructions.	Inspection
Name of the organization Montefiore Medical Cent		Employer identification number 13-1740114
Part T Fundraisi	Activities Complete if the organization answered "Yes" to Form	990 Part IV line 17

								13-1740114		
Pa	art I Fundraising Ac	ctivities. Complete	e if the d	organiza	tion	answered "Yes"	to Forn	n 990, Part IV,	line 17.	
1	Indicate whether the orga	anızatıon raısed funds	through a	any of the	follo	wing activities Ch	eck all t	hat apply		
а	✓ Mail solicitations			е	굣	Solicitation of no	n-goverr	nment grants		
b	✓ Internet and e-mail s	olicitations		f	~	Solicitation of go	vernmen	it grants		
c	Phone solicitations			g	굣	Special fundraisii	ng event	S		
d	✓ In-person solicitation	าร								
2a	Did the organization have or key employees listed i								V Yes □	N
b	If "Yes," list the ten higher to be compensated at lea									
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outlons?	(iv) Gross receipts from activity	(or i	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid (or retained by organization	
Ser PO	mmunity Counseling vice Co BOX 27462	Strategic campaign	res	No		0		60,000		0
INE	W YORK, NY 10087									
Tot	al			•		0		60,000		0
3	List all states in which th licensing	e organization is regis	tered or	licensed t	0 SO	licit funds or has b	een notii	fied it is exempt	from registration o	r

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 DINNER DANCE (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events 8 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	2,511,466	570,060	346,478	3,428,004
ĕve!	2	Less Charitable contributions	2,076,466	406,210	248,546	2,731,222
	3	Gross income (line 1 minus line 2)	435,000	163,850	97,932	696,782
	4	Cash prizes	0	0	0	0
မှာ	5	Non-cash prizes	0	0	0	0
Expenses	6	Rent/facility costs	700,780	190,057	92,211	983,048
<u>Š</u>	7	Food and beverages	0	0	0	0
Direct	8	Entertainment	14,650	0	1,246	15,896
Δ	9	Other direct expenses .	183,442	114,309	31,153	328,904
	10 11	Direct expense summary Add lin Net income summary Combine lii	-	• •	.	(1,327,848)
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
tpen.	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
百	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ </u>	
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in eacl	n of these states?		
		e any of the organization's gaming l es," Explain	icenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3					
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No					
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity							
	formed to administer charitable (gamıng?		· · · · F Yes F	- No					
13	Indicate the percentage of gamii	ag activity operated in		1 1						
a				13a						
b										
14		f the person who prepares the organiza		<u> </u>						
	Name ►									
	Address ►									
	revenue?	ntract with a third party from whom the			- No					
		ed by the third party 🟲 \$								
С	If "Yes," enter name and address	S								
	Name 🟲									
	Address ►									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation I	\$ \$								
	Description of services provided	>								
17 a		Employee er state law to make charitable distribu		· · ·	- No					
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
_		activities during the tax year > \$		hadala C /						
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see						
	Identifier	ReturnReference	Explana	tion						
		•	•							

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Montefiore Medical Center

Employer identification number

					13-	1740114			
P	art I Charity Care and	l Certain C	ther Com	munity Benefits at	t Cost				
								Yes	No
1 a	Did the organization have a c	harity care p	olicy? If "No,	" skip to question 6a		[1a	Yes	
b	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization had multip care policy to the various hos		ındıcate whic	h of the following best	describes application (of the charity			
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	-	als	,	·				
3	Answer the following based o organization's patients during			y criteria that applies	to the largest number o	f the			
а	Did the organization use Fede If "Yes," indicate which of the						За	Yes	
	▽ 100% ┌ 150%	Г 2	оо% Г	Other	%		<u> </u>	103	
ь				-					
	"Yes," indicate which of the fo						3b	Yes	
		_	·	· `	_	_	3D	res	
	200% 250%	j 30	00%	350% 40	0% Other_	<u>500. %</u>			
С	If the organization did not use determining eligibility for free test or other threshold, regan	or discounte	ed care Inclu	de in the description w	hether the organizatior				
4	Did the organization's policy	provide free	or discounted	care to the "medically	'indigent"?		4	Yes	
5a	Did the organization budget a the tax year?			nted care provided unde	er its financial assistar	· · · · - I	5a	Yes	
b	If "Yes," dıd the organızatıon	's charity car	re expenses e	exceed the budgeted ar	mount?	[5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		No
6a	Did the organization prepare	a community	benefit repor	tduring the tax year?		[6a	Yes	
6b	If "Yes," did the organization	make it avai	lable to the p	ublic?		🗀	6b	Yes	
	Complete the following table worksheets with the Schedule	-	rksheets prov	ided in the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain C	ther Commu	nity Benefits	at Cost		•			
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ber expense	nefit	(f) Pero total ex	
а	Charity care at cost (from Worksheet 1)			54,138,423	16,946,824	37,191,	599	1	410 %
b	Medicaid (from Worksheet 3, column a)			786,907,133	717,974,460	68,932,			610 %
c	Costs of other means-tested government programs (from			0	0	00,332,	0		010 /0
d	Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs			841,045,556	734,921,284	106,124,		Λ	020 %
e	Other Benefits Community health improvement services and community			011/015/550	731,321,201	100,121,	2,2		020 70
f	benefit operations (from (Worksheet 4)			47,388,184	328,158	47,060,	026	1	780 %
	(from Worksheet 5) Subsidized health services			321,436,228	167,120,849	154,315,	379	5	850 %
g	(from Worksheet 6)			96,329,574	71,249,495	25,080,	_		950 %
h :	Research (from Worksheet 7)			23,948,379		23,948,	379	0	910 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			2,686,702		2,686,	_		100 %
-	Total Other Benefits			491,789,067	238,698,502	253,090,	_		590 %
k	Total. Add lines 7d and 7j			1,332,834,623	973,619,786	359,214,	837	13	610 %

Pa	community Building	ng Activitie	s Complete t	this table if the o	rganızat	on co	nducte	d any commur	nity b		g
	detivities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect offs revenue	-	(e) Net communi building expense		(f) Perc total ex	
1	Physical improvements and housing			266,5	25			266	,525	0	010 %
2	Economic development										
3	Community support			12,7	42			12	,742		
4	Environmental improvements			499,8	26		681	499	,145	0	020 %
	Leadership development and training for community members										
	Coalition building Community health improvement										
	advocacy										
8	Workforce development			132,3	21			132	,321	0	010 %
9	Other Total			011.4	1.4		601	010	,733		040.0/
	t IIII Bad Debt, Medicar	e, & Collec	tion Practic	911,4 es	14		681	910	,733		040 %
	•										,
	ion A. Bad Debt Expense Did the organization report bad	d daht aynanc	a in accordance	with Heathears Fi	nancial M	2226	mant Ac	cociation		Yes	No
1	Statement No 15?		· · · ·	• WILLI HEALIICATE FI		anage			1		No
2	Enter the amount of the organi	zatıon's bad d	ebt expense .			2		14,821,094			
3	Enter the estimated amount of patients eligible under the org	-		•		3		12,317,250			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portio	the footnote to ng methodolog	the organization	on's financial state rmining the amoun	ments tha						
Sect	ion B. Medicare										
5	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5		363,925,660			
6	Enter Medicare allowable cost	s of care relat	ing to payment:	s on line 5		6		271,608,923			
7	Subtract line 6 from line 5 Th	ıs ıs the surplı	us or (shortfall)			7		92,316,737			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method the method us	ology or source ed	e used to determin							
c	Oost accounting system	1 0	st to charge ra	tio I	Other						
9a	Did the organization have a wr	utten deht coll	ection policy di	uring the tay year?							
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part V	collection po ection practice	licy that applied	d to the largest nu d for patients who	mber of its are known	patiei to qua	lify for f	inancial	9a 9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	ires (see instruc	tions)						
	(a) Name of entity	(t	 Description of pi activity of entit 		(c) Organi profit % o ownersh	r stock	er	Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	e) Physic ofit % or ownershi	stock
1					_						
2											
3											
4											
5									+		
6									+		
7									+		
8									+		
9									+		
10											
11									+		
12									+		
12		+					-				

Part	V Facility Information									
	on A. Hospital Facilities	Licene	Gener	Childre	Teach	Crtica	Resea	ER-24	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	accee	Research facility	ER-24 hours	her	
How many hospital facilities did the organization operate during the tax year 2		pital	cal & surgical	epital	ptal	Ortical access hospital	lity			
Namo	and address									
Name	anu auuress									Other (Describe)
1	Montefiore Medical Center 111 East 210th Street Bronx, NY 10467	×	х	Х	х		х	х		
		+								

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)

Montefiore Medical Center

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

			Yes	No
Con	nmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1	Yes	
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a 🔽 A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d How data was obtained			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g 🔽 The process for identifying and prioritizing community health needs and services to meet those needs			
	h 🔽 The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20 <u>10</u>			
	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	_	\ _{V = =}	
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3	Yes	
4	other hospital facilities in Part VI	4		No
5	Did the hospital facility make its Needs Assessment widely available to the public?	5	Yes	
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a 🔽 Hospital facility's website			
	b ▼ A vailable upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b ▼ Execution of the implementation strategy			
	c 🔽 Development of a community-wide community benefit plan for the facility			
	d 🔽 Participation in community-wide community benefit plan			
	e 🔽 Inclusion of a community benefit section in operational plans			
	f 🔽 Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g 🔽 Prioritization of health needs in the community			
	h 🔽 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	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	7	Yes	
Fina	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care <u>150</u> % If "No," explain in Part VI the criteria the hospital facility used			
	Schedule	H (For	m 990)	2011

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 %			
	If "No," explain in Part VI the criteria the hospital facility used		U	
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply) a ▼ Income level			
	<u>-</u>			
	c Medical indigency d Insurance status			
	<u>-</u>			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Cother (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f The policy was available upon request			
	g Other (describe in Part VI)			
	ling and Collections	ı	I	
14	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?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's	<u> </u>	100	
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e C Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before	16		No
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No_
	Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
1,	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d 🔽 Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)	1		

If "Yes," explain in Part VI

provided to that patient?

.

20

21

Νo

Νo

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 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 **18** | Yes 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 The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care 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 it's 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?

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

If "Yes," explain in Part VI Schedule H (Form 990) 2011

chedule H (Form 990) 2011	chedule H	(Form 990)	2011
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Page **7**

Part V Facility Information (continue

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?		
Name and address	Type of Facility (Describe)	
1 See Add	itional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 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
- 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
- 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.)
- 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 PART I, LINE 7G		INCLUDED WITHIN SUBSIDIZED HEALTH SERVICES IS APPROXIMATELY \$707,000 OF NET COMMUNITY BENEFIT EXPENSES THAT WERE PROVIDED BY FREE STANDING CLINICS FOR SCHOOL BASED HEALTH PROGRAMS AND CHILD ABUSE SERVICES THESE SUBSIDIZED HEALTH SERVICES WERE PROVIDED TO DELIVER CRITICALLY NEEDED HEALTH CARE TO A POPULATION THAT WOULD NOT HAVE ACCESS TO THESE HEALTH SERVICES IF THESE PROGRAMS WERE NOT IN PLACE

Schedule H (Form 990) 2011

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Identifier	ReturnReference	Explanation
1 PART I, LINE 7		THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE THE CALCULATION OF THIS RATIO WAS DERIVED FROM RATIO OF PATIENT CARE COST-TO-CHARGE (worksheet 2)

Schedule H (Form 990) 2011 Page **8**

Identifier	ReturnReference	Explanation
1 PART II - COMMUNITY BUILDING ACTIVITIES		THE MEDICAL CENTER IS ACTIVELY INVOLVED WITH COMMUNITY-BASED ORGANIZATIONS AND SPECIAL COMMUNITY HEALTH PROGRAMS AS PART OF ITS MISSION TO ADVANCE THE HEALTH OF THE COMMUNITIES IT SERVES THE MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES INCLUDE COMMUNITY SUPPORT OF THE BRONX AIDS VOLUNTEERS ORGANIZATION, THE LEAD POISONING PREVENTION PROGRAM AND RECRUITMENT OF MUCH NEEDED MEDICAL PROFESSIONALS TO THE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) OF THE BRONX, among other initiatives MONTEFIORE'S LEAD POISONING PREVENTION Program is a designated NEW YORK STATE Resource Center for Lead poisoning prevention, and consists of a multidisciplinary team in medicine, research, social services, environmental investigation and public advocacy It serves as a referral center for the medical management of lead poisoning, links families to safe housing during home abatement procedures, provides bilingual educational workshops, advocates for lead poisoned children during local and state legislative reviews and collaborates with city and private agencies in environmental intervention PROJECT BRAVO is a hospital-based volunteer program managed by Montefiore's Aids Center that provides support to HIV and Aids patients The program renders outreach services in the community, provides friendly visits to hospitalized patients and staffs the BRAVO food pantry

Identifier	ReturnReference	Explanation
1 PART III, LINE 4		AS REPORTED IN MONTEFIORE MEDICAL CENTER'S AUDITED FINANCIAL STATEMENTS, BAD DEBT EXPENSE IS DESCRIBED AS FOLLOWS "CARE PROVIDED TO PATIENTS IDENTIFIED AS HAVING THE MEANS TO PAY, BUT FOR WHICH PAYMENT IS NOT RECEIVED, IS CLASSIFIED AS BAD DEBT EXPENSE THE MEDICAL CENTER USES INFORMATION FROM PATIENTS, AS WELL AS OTHER SOURCES, TO CLASSIFY ACTIVITY BETWEEN CHARITY CARE AND BAD DEBT EXPENSE BAD DEBT EXPENSE IS INCLUDED IN SUPPLIES AND OTHER EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF OPERATIONS THE COST OF BAD DEBT IS ESTIMATED BASED ON THE CHARGES FOR WHICH PAYMENT IS NEVER RECEIVED, APPLIED TO THE RATIO OF TOTAL PATIENT CARE EXPENSE TO TOTAL CHARGES FOR ALL SERVICES RENDERED "THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) ATTRIBUTED TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS BASED ON results of PREDICTIVE ANALYSIS BAD DEBT IS INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE ORGANIZATION PROVIDES MUCH NEEDED HEALTH CARE SERVICES
		INDISCRIMINATELY TO THE COMMUNITY-AT-LARGE WITHOUT REGARD TO WHETHER OR NOT THE PATIENT HAS INSURANCE AND THE BILL WILL EVER BE PAID

Schedule H (Form 990) 2011		Page 8
Identifier	ReturnReference	Explanation
1 PART III, LINE 8		Medicare allowable costs reported on Part III, line 6, per Schedule H instructions, were d erived using the Medicare Cost
		Report cost-finding methodology, which apportions routine c
		osts to Medicare using days and ancillary costs to Medicare using departmental ratios of c osts to charges (RCCs) THE
1		FOLLOWING TABLE REPRESENTS A RECONCILIATION OF
		MEDICARE REVENU E AND COSTS INCLUDED ON LINES 5,
		6, AND 7 IN PART III TO THE TOTAL ACTUAL MEDICARE REVENUE AND COSTS OF THE MEDICAL CENTER AS
		HIGHLIGHTED IN THIS TABLE, INCLUDING THE
		ADJUSTMENTS DESCRIBED BELOW WOULD HAVE RESULTED IN A MEDICARE SHORTFALL OF \$1,010,284
		ALLOWABLE SURPL US REVENUE COSTS (SHORTFALL) SCH
		H, PART III LINES 5, 6, 7 \$363,925,660 \$271,608,923 \$92,3 16,737 ADD COSTS NOT INCLUDED IN MEDICARE
		COST REPORT - 15,007,396 (15,007,396) ADD MEDI CARE
		DME 35,270,106 77,038,274 (41,768,168) ADD EMP PHYS SERV 36,954,000 64,557,497 (27,6 03,497) ADD MED
		SUBSID HLTH SERV 11,796,000 20,743,960 (8,947,960)
		TOTAL OVERALL MEDICARE Shortfall \$447,945,766 \$448,956,050 (\$1,010,284) MEDICARE REVENUE AND
		ALLOWABLE COSTS REP ORTED IN PART III, SECTION B,
		WERE DERIVED FROM THE MEDICARE COST REPORT HOWEVER, LINES 5 , 6, AND 7 IN PART III DO NOT
		INCLUDE CERTAIN MEDICARE REVENUES AND COSTS,
		AND does NOT PR ESENT THE ENTIRE FINANCIAL IMPACT
		OF THE MEDICAL CENTER'S PARTICIPATION IN THE MEDICARE PROGRAM IN ADDITION, THE MEDICARE
		COST REPORT COST-FINDING METHODOLOGY IS
		INCONSISTENT WITH THE REST OF SCHEDULE h, WHEREBY COSTS ARE CALCULATED USING THE MEDICAL
		CENTER'S OVERALL R ATIO OF COSTs TO CHARGES (RCC)
		FROM WORKSHEET 2 ACCORDINGLY, THE MEDICARE SURPLUS REFLECT ED IN PART III, LINE 7 BEFORE THE
		ADJUSTMENTS described BELOW IS SIGNIFICANTLY
		OVERSTATED FOR EXAMPLE, PART III EXCLUDES CERTAIN MEDICAL CENTER EXPENSES THAT ARE NOT
		PART OF THE M EDICARE COST FINDING PROCESS tHESE
		COSTS INCLUDE CERTAIN CONSULTING AND MARKETING EXPENSE S, COSTS RELATED TO NURSE PRACTITIONERS,
		NURSE MIDWIVES, PHYSICIAN ASSISTANTS, AND
		HOSPITA LISTS WHO BILL THE MEDICARE PROGRAM FOR PART B SERVICES AND PHYSICIAN COSTS EXCEEDING
		THE MEDICARE REASONABLE COMPENSATION
		EQUIVALENT (RCE) LIMITS INCLUDING THE MEDICARE SHARE OF THESE COSTS WOULD HAVE REDUCED THE
		MEDICARE SURPLUS ON LINE 7 BY \$15,007,396 PART III
		ALS O EXCLUDES MEDICARE REVENUE AND ALLOWABLE COSTS FROM THE MEDICARE COST REPORT RELATED TO
		D IRECT MEDICAL EDUCATION (DME), WHICH WERE
		REPORTED IN PART I, LINE 7F AS REQUIRED BY THE S CHEDULE H INSTRUCTIONS IF THE MEDICARE SHARE OF
		DME LOSSES HAD BEEN REPORTED IN PART III, THE
		MEDICARE SURPLUS ON LINE 7 WOULD HAVE BEEN
		REDUCED BY \$41,768,168 (SEE ABOVE RECONCIL IATION TABLE) ADDITIONALLY, PART III EXCLUDES MEDICARE
		REVENUE AND COSTS FOR SERVICES BILLED FOR THE
		MEDICAL CENTER'S EMPLOYED PHYSICIANS THAT ARE PART OF THE RCC CALCULATION IN WORKSHEET 2 BUT
		ARE NOT REFLECTED IN THE MEDICAL CENTER'S
		MEDICARE COST REPORT INCLUDING THE MEDICARE LOSSES FROM THE MEDICAL CENTER'S EMPLOYED
		PHYSICIAN SERVICES WOULD HAVE REDUCE D THE
		MEDICARE SURPLUS ON LINE 7 BY AN ADDITIONAL \$27,603,497 (SEE ABOVE RECONCILIATION TA BLE)
		PART III ALSO EXCLUDED MEDICARE REVENUE AND
		COSTS FROM THE MEDICARE COST REPORT ASSO CIATED WITH SUBSIDIZED HEALTH SERVICES WHICH WERE
		REPORTED IN PART I, LINE 7G AS REQUIRED BY THE
		SCHEDULE H INSTRUCTIONS IF THE MEDICARE LOSSES FROM THE MEDICAL CENTER'S SUBSIDIZE D HEALTH
		SERVICES HAD BEEN REPORTED IN PART III, THE
		MEDICARE SURPLUS IN LINE 7 WOULD HAVE BEEN REDUCED BY AN ADDITIONAL \$8,947,960 (SEE ABOVE
		RECONCILIATION TABLE) 1 Part V, Sec tion B, line 3 -
		Optional information Montefiore assesses community needs by - Reviewing publicly-available data sources and need
		assessment reports (such as the NYCDOHMH communi ty
		health assessment and the GNYHA health care statistics),
		conducting focused assessments of statistical measures related to the health status of the communities served and the
		hi gh-risk populations in those communities, and through
		discussions with, and presentations to the Montefiore Community Advisory Boards - Partnering with other
		organizations and public agencies like the NYC department of
		health and mental hygiene, to evaluate needs and s tructure responses, as part of an organized "Community Health
		Assessment" process, and - w orking with specific
		constituencies-geographic, age-specific and/or diagnosis- specific to assess their particular needs, and ways to more
		effectively target programs and initiative s to meet their needs
		1 Part V, section b, line 4 - optional information The needs
		asse ssment was conducted with the four hospital divisions that comprise Montefiore Medical Cen ter - Moses division, weiler
		division, wakefield division and the Children's hospital div ision
		at Montefiore In addition, Montefiore is a member of the Greater New York Hospital Association, which provides
		resources for the member hospitals to utilize, to help provide a
		community-wide view of the needs of the hospital communities
i		
		End of optional part V , S ection B , line 4 1 Part V , Section B , line 19d T

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Identifier	ReturnReference	Explanation
1 PART III, LINE 8		he Medical center uses a sliding scale payment rate based on between 25% to 100% of the Me dicaid or average Medicaid rate for financial assistance policy (FAP) eligible patients with income up to 300% of the Federal Poverty Level and the average Medicaid or Blue Cross i ndemnity rate, depending on the service, for FAP eligible patients with income between 300% to 500% of the Federal Poverty Level as the maximum amounts that could be charged to FAP-eligible individuals for emergency or other medically necessary care

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Identifier	ReturnReference	Explanation
2 NEEDS ASSESSMENT		MONTEFIORE ASSESSES COMMUNITY NEEDS BY A)
L MEEDS ASSESSMENT		COMMUNITY ADVISORY BOARDS THE PRIMARY
		APPROACH USED TO GAIN INPUT AND COMMUNITY
		INVOLVEMENT IS THROUGH A VARIETY OF COMMUNITY
		ADVISORY BO ARDS (CABS) MONTEFIORE MEDICAL
1		CENTER WORKS EXTENSIVELY WITH REPRESENTATIVES
		OF THE COMMUNITIES THROUGH THE CABS TO IDENTIFY
		HEALTH CARE NEEDS AND DETERMINE THE APPROPRIATE
		CONFIG URATION OF SERVICES ON A REGULAR BASIS, MONTEFIORE REPORTS TO THESE VARIOUS COMMUNITY
		GRO UPS ON THE MEDICAL CENTER'S PERFORMANCE AND
		SERVICES, THE STATUS OF PROGRAMS, FINANCIAL AN D
		UTILIZATION STATISTICS, THE PLAN FOR AND
		IMPLEMENTATION OF COMMUNITY SERVICES, AND
		PLANS FOR THE FUTURE - EACH OF MMC'S HOSPITAL
		Divisions HAS AN ORGANIZED CAB, MADE UP OF RESID
		ENTS OF THE COMMUNITIES WHICH EACH SERVES - EACH OF MMC'S FEDERALLY-QUALIFIED COMMUNITY H
		EALTH CENTERS HAS A SIMILAR CAB, MADE UP OF
		FAMILIES SERVED BY THESE FACILITIES - THE SCHOOL
		HEALTH PROGRAM HAS ITS OWN, WELL DEVELOPED
		MECHANISM TO obtain LOCAL INPUT from the CO MMUNITY
		FOR ITS PROGRAMS THE PROGRAMS AT EACH OF THE 19
		SCHOOLS ARE DEFINED AND GUIDED BY ACTIVE SCHOOL-BASED ADVISORY COMMITTEES AND WELLNESS
		COUNCILS, WHOSE MEMBERS INCLUDE PRIN CIPALS,
		TEACHERS, ADMINISTRATORS, PARENTS, STUDENTS AND
		REPRESENTATIVES FROM COMMUNITY AGE NCIES - WITH
		REGARD TO THE CHILDREN'S HOSPITAL division, MMC
		WENT A STEP FURTHER, INVOLVI NG CHILDREN AND
		FAMILIES IN THE ACTUAL DESIGN OF THE FACILITY, AND
		INCLUDING PARENTS AND FAMILY MEMBERS IN GROUPS SETTING POLICIES AND PROCEDURES FOR THE
		CHILDREN'S HOSPITAL divisi on THAT EFFORT TO
		INCLUDE CHILDREN AND FAMILIES IN THE CHILDREN'S
		HOSPITAL division OPERA TIONS CONTINUES, THROUGH
		THE FUNCTION OF THE FAMILY ADVISORY COMMITTEE -
		THE INFECTIOUS D ISEASE (ID) CLINIC HAS A CONSUMER
		ADVISORY COMMITTEE OF PEOPLE LIVING WITH HIV AND AIDS THE COMMITTEE MEETS MONTHLY WITH
		REPRESENTATIVES FROM PATIENTS, CLINIC STAFF, AND
		ID CLINIC LEADERSHIP PATIENTS ON THE COMMITTEE
		EVALUATE THE DELIVERY OF SERVICES AND CARE IN THE
		I D CLINIC AND PROVIDE FEEDBACK used for THE
		PLANNING OF NEW PROGRAMS PATIENTS ARE WELCOME
		TO ATTEND ANY OF THE MEETINGS AS A GUEST B)
		COMMUNITY SERVICE COMMMITTEE OF THE BOARD OF TRUSTEES MONTEFIORE MEDICAL CENTER HAS A BOARD
		COMMITTEE THAT IS FOCUSED ON COMMUNITY SERV
		ICES IT IS RESPONSIBLE FOR OVERSEEING
		MONTEFIORE'S COMMUNITY SERVICES AND COMMUNITY
		BENEF IT ACTIVITIES TO ENSURE THEY ARE
		FORMULATED TO FACILITATE THE FULFILLMENT OF THE
		MEDICAL C ENTER'S MISSION AND MEET THE NEEDS OF
		THE COMMUNITY THE COMMITTEE MEETS REGULARY TO - BE COME FAMILIAR WITH AND ASSESS MONTEFIORE'S
		community service pROGRAMS AND THE EXTENT TO WHICH
		THEY ADDRESS AND MAKE A MEANINGFUL IMPACT ON
		PRESSING COMMUNITY NEEDS, - REVIEW ASSESS MENTS
		OF THE HEALTH CARE NEEDS OF THE COMMUNITIES
		MONTEFIORE SERVES, - REVIEW AND APPROVE
		MONTEFIORE'S COMMUNITY SERVICE PLAN, WHICH IS SUBMITTED TO NEW YORK STATE, AND - PARTICIPA TE IN
		THE REGULAR ASSESSMENT OF AND REPORTING ON
		PROGRAMS/SERVICES THAT REPRESENT INVESTME NTS
		BY THE MEDICAL CENTER IN "COMMUNITY BENEFITS"
		THE COMMITTEE WORKS CLOSELY WITH MONTEF IORE
		MANAGEMENT AND/OR RELEVANT BOARD COMMITTEES
		THAT ARE RESPONSIBLE FOR OVERSEEING THE M EDICAL CENTER'S MISSION TO ASSESS AND IMPROVE THE
		HEALTH OF THE COMMUNITIES SERVED C) PAR
		TNERSHIPS AND COLLABORATIONS BEYOND THE FORMAL
		STRUCTURE THAT MONTEFIORE HAS ESTABLISHED T O
		GAIN INPUT FROM THE COMMUNITIES IT SERVES, THE
		MEDICAL CENTER PARTICIPATES IN A VARIETY OF
		ORGANIZED PARTNERSHIPS AND COLLABORATIVES, WORKING WITH OTHER PROVIDERS IN THE BRONX. THE
		NYC DEPARTMENT OF MENTAL HEALTH, COMMUNITY-
		BASED ORGANIZATIONS IN THE BRONX AND MEMBERS OF
		THE COMMUNITY IN PLANNING AND DEVELOPING
		INITIATIVES AIMED AT IMPROVING THE HEALTH OF
		PEOPLE IN THE BRONX EXAMPLES OF SUCH EFFORTS
		INCLUDE - THE BRONX HEALTH LINK - THE BRONX RHIO -
		THE BRONX COLLABORATIVE - THE BRONX BREATHES INITIATIVE - THE BRONX HIV PLANNING C OUNCIL -
		SOUTH BRONX ENVIRONMENTAL JUSTICE PARTNERSHIP
		(SBEJP) - CITIWIDE HARM REDUCTION P ROGRAM -
		BRONX COMMUNITY PALLIATIVE CARE INITIATIVE -
		BRONX SCIENCE AND HEALTH OPPORTUNITI ES
		PARTNERSHIP - HISPANIC CENTER OF EXCELLENCE -
		BRONX CENTER TO REDUCE AND ELIMINATE ETHN IC AND RACIAL HEALTH DISPARITIES (BRONX CREED) D)
		Participation with the office of community health Montefiore
		continues to partner with a variety of community-based
		organizations to work to advance the health of the community
		In 2011, the Office of Community Health be gan to move away
		from the concept of a large Community Advisory Group
		comprised of members hip with a variety of interests and toward
		a concept with a more community level focus. This community
		level approach involves relevant organizations, which are in the community and are interested in the particular health issues
		being addressed. This also provides for a closer alignment
		between the community level goals of Montefiore and the
		organizational g oals of the community organizations. This new
		approach is the Collective Action to Transform the Community
<u> </u>		Health (CATCH) Program, which is
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Identifier	ReturnReference	Explanation
2 NEEDS ASSESSMENT		a community level coalition bringing together four aspects of the community that have a si gnificant impact on community health. The four aspects are - Montefiore/Albert Einstein college of Medicine - Coordinating community site and provide sample data to represent sample of the community and results of interventions within a smaller timeline - NYC District Public Health Office - Provide data, epidemiological support, access to NYCDOH programs and access to the NYCDOHMH community health profiles survey - Local Community Board - Represents the interests of local community, local business and local government in the implementation of any intervention - Local Community Based Organizations - Provide direct representation of the constituency to be reached through the interventions, and a base for community initiated interventions to be supported by the other coalition members. Through coll aboration, this four part coalition, working in individual communities delineated by the Montefiore Medical Group site located within a specific neighborhood, will identify interventions that can be worked on both collaboratively and independently to transform the community's health. Using data collected through Montefiore, the District Public Health Office and other sources, the impact on the community's health by the
		interventions implemented c an be measured and analyzed

Identifier	ReturnReference	Explanation
3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		ALL INTAKE, REGISTRATION, AND COLLECTION AGENCY STAFF IS TRAINED ON THE MEDICAL CENTER'S FINANCIAL AID POLICY AND HOW TO PROVIDE PATIENTS WITH ASSISTANCE MONTEFIORE MEDICAL CENTER HAS A POLICY THAT ESTABLISHES GUIDELINES FOR THE BILLING OFFICE TO FOLLOW WHEN WORKING WITH INDIVIDUALS WHO ARE HAVING DIFFICULTY PAYING THEIR MEDICAL BILLS A REFERRAL IS MADE TO THE MEDICAL CENTER'S FINANCIAL AID OFFICE AND A FINANCIAL COUNSELOR WILL HELP THE PATIENT APPLY FOR FREE OR LOW-COST INSURANCE IF THE FINANCIAL COUNSELOR DETERMINES THAT THE PATIENT DOES NOT QUALIFY FOR LOW-COST INSURANCE, the counselor WILL HELP THE PATIENT APPLY FOR A FINANCIAL AID DISCOUNT BASED ON INCOME LEVEL THE MEDICAL CENTER MAKES ITS FINANCIAL AID POLICY KNOWN TO THE PUBLIC BY PROVIDING WRITTEN INFORMATION AVAILABLE IN BOTH ENGLISH AND SPANISH AT THE ADMITTING OFFICES, REGISTRATION OFFICES, ON ITS WEBSITE, BY MAIL UPON REQUEST OR BY THE CALL CENTER FINANCIAL AID AVAILABLITY AND OFFICE PHONE NUMBERS ARE PRINTED AT THE BOTTOM OF ALL OF THE MEDICAL CENTER'S BILLS THERE ARE ALSO SIGNS POSTED AT THE MAIN ENTRANCE TO THE MEDICAL CENTER IN ENGLISH AND SPANISH ADVISING PATIENTS OF THE ROOM
		LOCATION FOR ASSISTANCE WITH FINANCIAL AID

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Identifier	ReturnReference	Explanation
4 COMMUNITY INFORMATION		THE MEDICAL CENTER HAS OUTREACH SERVICES RESPONDING TO THE HEALTH CARE AND SOCIAL NEEDS THROUGHOUT THE BRONX AND SOUTHERN WESTCHESTER IT HAS BECOME A MAJOR COMMUNITY RESOURCE TO A POPULATION WHICH IS AMONG THE COUNTRY'S MOST ECONOMICALLY AND SOCIALLY DISADVANTAGED and to a community that is full of great challenges The Bronx, with its 1 4 million residents, is ranked the poorest urban county in the country, leads the nation in rates of diabetes and obesity and other chronic conditions, and leads New York City in a list of significant markers people in "fair or poor health", low birth weight, teen pregnancy, children in poverty, disabled individuals and families living below the poverty level The 16th congressional district in the south bronx had the highest poverty RATE (40 2%), LOWEST MEDIAN INCOME AND HIGHEST PROPORTION OF CHILDREN LIVING BELOW POVERTY (50 1%) IN THE UNITED STATES THE BRONX IS ALSO THE YOUNGEST COUNTY IN NEW YORK STATE WITH 29 8% CHILDREN AND ONE OF ONLY FIVE US COUNTIES WITH MORE THAN 30% SINGLE FAMILY HOUSEHOLDS COMMUNITY HEALTH PROFILES OF THE BRONX SHOW POOR HEALTH STATUS, HIGHER THAN AVERAGE INCIDENCE AND PREVALENCE OF HIV AND TUBERCULOSIS, POORER THAN AVERAGE BIRTH OUTCOMES, WORSE THAN AVERAGE ACCESS TO PRIMARY CARE, AND HIGH HOSPITAL ADMISSION RATES FOR DIABETES, CARDIOVASCULAR, CEREBROVASCULAR,
1		PERIPHERAL VASCULAR AND RENAL DISEASES

MAS ALDRO MIST OF DESIGNOST MODIOS TO MEST AND	Schedule H (Form 990) 2011		Page 8
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DIAGNOSIS AND CARE PROGRAMS RESPONDING			BRONX THIS SERVICE INFRASTRUCTURE HAS PROVEN
			INVALUABLE IN MOUNTING EFFECTIVE PUBLIC HEALTH,
<u> </u>	<u>, </u>		Schedule H (Form 990) 201:

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Identifier	ReturnReference	Explanation
5 PROMOTION OF COMMUNITY		TO THE TWO OTHER INFECTIOUS DISEASE EPIDEMICS
HEALTH		THAT HAVE ALSO AFFLICTED THE BRONX TUBERCUL
		OSIS AND HEPATITIS-C MONTEFIORE PROVIDES A WIDE
		RANGE OF ON-SITE AND OUTREACH PROGRAMS TO SERVE THE BOROUGH'S FRAIL AND AT-RISK ELDERLY,
		INCLULDING - A COMPRHENSIVE, MULTIDISCIPL INARY
		GERIATRIC AMBULATORY PRACTICE, INCLUDING
		GERIATRIC MEDICINE AND GERIATRIC PSYCHIATRY ,
		SOCIAL SERVICES, PHARMACY AND NUTRITIONAL
		COUNSELING, WITH SERVICE SITES IN THE EAST AND
		WEST BRONX - AN AGING AND MEMORY CENTER THAT PROVIDES ASSESSMENTS, AMBULATORY CARE AND H
		OME VISITS BY GERIATRIC PSYCHIATRISTS - ONE OF
		THE NATION'S LARGEST HOSPITAL-BASED HOMECA RE
		PROGRAMS, PROVIDING IN-HOME SERVICES TO INNER
		CITY SENIORS LIVING IN NEIGHBORHOODS THAT ARE
		AMONG THE COUNTRY'S MOST DISADVANTAGED - AN
		EXTENSIVE PROGRAM TO IDENTIFY, PREVENT A ND RESPOND TO SUSPECTED ELDER ABUSE - PHYSICIAN
		HOME VISIT PROGRAMS SERVING THE ELDERLY LIVING
		IN PUBLICLY SUBSIDIZED HOUSING PROJECTS ACROSS
		THE BRONX, A PROGRAM MOUNTED IN PARTN ERSHIP
		WITH THE NYC HOUSING AUTHORITY AND LOCAL
		COMMUNITY AND SOCIAL SERVICES AGENCIES IN
		"NATURALLY OCCURRING RETIREMENT COMMUNITIES" - A NEW PROGRAM, PARTNERING WITH THE WESTCHES TER
		COUNTY DEPARTMENT OF SOCIAL SERVICES THAT
		REACHES OUT TO ELDERLY RESIDENTS LIVING IN S
		UBSIDIZED HOUSING PROJECTS IN SOUTHERN
		WESTCHESTER COUNTY, TO IMPROVE THE MANAGEMENT
		OF DI ABETES AND CARDIOVASCULAR DISEASE
		THROUGH EDUCATION, DISEASE SCREENING AND REFERRALS THE DEPARTMENT OF OB-GYN AND WOMEN'S
		HEALTH IS INVOLVED IN A RANGE OF PROGRAMS
		FOCUSED ON THE HEALTH NEEDS OF WOMEN IN THE
		BRONX AND SURRROUNDING COMMUNITIES, INCLUDING
		- PARTNERING WITH NY STATE, NY CITY AND LOCAL
		PROVIDERS IN THE DEVELOPMENT OF A REGIONAL PERINATAL SYSTE M IN THE BRONX, WHICH HAS AMONG
		THE COUNTRY'S HIGHEST RATES OF INFANT MORTALITY
		AND DISABILITY AND LOW BIRTH WEIGHT - PROVISION
		OF OUTREACH PRIMARY CARE SERVICES TO DOMESTIC
		VIOLE NCE SHELTERS IN THE BRONX - OPERATION OF
		THE WOMEN'S AND CHILDREN'S CENTER, A PROGRAM THA
		T PROVIDES MEDICAL CARE, SUPPORT AND FAMILY COUNSELING TO WOMEN AND CHILDREN INFECTED WITH
		AND/OR AFFECTED BY AIDS THE CANCER CENTER
		OPERATES A COMMUNITY OUTREACH PROGRAM, A RESEA
		RCH BASED CANCER PREVENTION, EDUCATION, AND
		SUPPORT PROGRAM THAT PROVIDES SUPPORT AND EDUC
		ATIONAL SERVICES TO PATIENTS, FAMILIES, STAFF, AND COMMUNITY MEMBERS FACING THE CHALLENGES OF
		CANCER THE CENTER ALSO PARTICIPATES IN CANCER
		SCREENING, CANCER EDUCATION AND AWARENE SS, AND
		SUPPORT PROGRAMS MONTEFIORE'S COMMUNITY
		DENTISTRY PROGRAM PROVIDES DENTAL SERVICE S TO
		A MULTITUDE OF UNDERSERVED AND MEDICALLY
		COMPROMISED PATIENTS AT ON-SITE DENTAL FACIL ITIES, ONE COMMUNITY SITE, AND THE INFECTIOUS
		DISEASE CLINIC AT THE MOSES DIVISION A MOBILE
		DENTAL VAN PROVIDES MOBILE DENTAL SERVICES TO
		THE UNDERSERVED AT A VARIETY OF MONTEFIOR E
		PRIMARY CARE SITES ACROSS THE BRONX MONTEFIORE
		has been DESIGNATED BY NY STATE AS ONE O F FOUR DIABETES CENTERS OF EXCELLENCE IN THE STATE
		MONTEFIORE HAS IMPLEMENTED A COMPREHEN SIVE
		ARRAY OF PROGRAMS RESPONDING TO THE "NEXT
		EPIDEMIC" IN THE BRONX THE EXTRAORDINARILY HIGH
		AND INCREASING RATES OF DIABETES AND OBESITY AND
		THE COMMON CARDIOVASCULAR COMPLICATIONS AND
		COMORBIDITIES MONTEFIORE IS TAKING A NETWORK- WIDE QUALITY IMPROVEMENT APPROACH T O
		ORGANIZING AND IMPROVING THE PREVENTION, CARE
		AND MANAGEMENT OF THIS DISEASE CLUSTER, IN ITS
		PRIMARY CARE AND SCHOOL-BASED SITES, IN ITS
		SPECIALTY SERVICES AND HOSPITAL divisions The
		Medical Center Office of Community Health and Wellness is actively seeking to reduce the growing burden of chronic
		diseases in the community through a number of public health
		programs to educate patients, visitors, staff and local residents
		on how to live healthie r lives The To Your Health! Montefiore
		for a Healthy You Program offers - Free fitness a nd exercise
		classes, - Health screenings, - Community-based health fairs,
		and - Informative workshops tackling various health issues,
		including diabetes and nutrition. The Medical Center is attempting to advance the fron
<u> </u>		
		Schedule H (Form 990) 201

Software ID: Software Version:

EIN: 13-1740114

Name: Montefiore Medical Center

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?	
Name and address	Type of Facility (Describe)
Name and address Greene Medical Arts Pavillion	Hospital Outpatient Dept
3400 Bainbridge Avenue Bronx,NY 10467	
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Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
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Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
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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? 113	
Name and address	Type of Facility (Describe)
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
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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?	
Name and address	Type of Facility (Describe)
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx,NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx,NY 10467	Hospital Outpatient Dept
Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx,NY 10467	Hospital Outpatient Dept

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

2011

DLN: 93493029006163

Open to Public Inspection

Name of the organization Employer identification number Montefiore Medical Center 13-1740114 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 67

Use Schedule I-1 (Form 9	90) if additional space	ıs needed.			
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)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
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Identifier	Return Reference	Explanation
Part I, Line 2		The procedure for monitoring subrecipients of federal awards is to obtain and review the subrecipient's audited Circular A-133 single Audit report which includes their respective schedule of expenditures of federal awards by major program for compliance

Software ID: Software Version:

EIN: 13-1740114

Name: Montefiore Medical Center

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albert Einstein College of Medicine1300 morris park avenue bronx,NY 10468	13- 1624225	501(c)(3)	580,931				Grant subrecipient
Bronx Aids Services Inc540 E fordham road bronx,NY 10458	13- 3599121	501(c)(3)	70,832				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
bronx lebanon hospital center 1276 fulton avenue bronx,NY 10456	13- 1974191	501(c)(3)	192,381				grant subrecipient
cincinnati children's hospital 3333 burnet avenue cincinnati, O H 45229	31- 0833936	501(c)(3)	20,063				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
columbia university630 w 168th street new york,NY 10032	13- 5598093	501(c)(3)	62,418				grant subrecipient
duke university medical center DUMC 3018 durham, NC 27710	56- 0532129	501(c)(3)	540,950				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
health research inc one university place rensselaer, NY 12144	14- 1402155	501(c)(3)	301,343				grant subrecipient
jacobi medical center1400 pelham parkway south bronx, NY 10461	13- 2655001	501(c)(3)	326,481				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
lincoln medical center234 east 149th street bronx,NY 10451	13- 2655001	501(c)(3)	281,317				grant subrecipient
new york university school of medicine550 First Avenue New York, NY 10016	13- 3971298	501(c)(3)	287,791				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rutgers the state university of nj3 rutgers plaza new brunswick, NJ 08901	22- 6001086	501(c)(3)	36,168				grant subrecipient
stanford university PO box 44253 san francisco, CA 94144	94- 1156365	501(c)(3)	49,398				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
the university of vermontpo box 1389 williston, VT 05495	03- 0179440	501(c)(3)	107,287				grant subrecipient
virginia commonwealth universityPO Box 843039 richmond,VA 23284	54- 6001758	501(c)(3)	227,615				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY MEDICAL COLLEGE1300 york avenue new york, NY 10021	13- 1623978	1 501(6)(3)	199,280				grant subrecipient
Children's Memorial Hospital2300 Childrens Plaza Chicago, IL 60614	36- 2170833	1 501(6)(3)	108,921				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hackensack University Medical Center30 Prospect Avenue Hackensack,NJ 07601	22- 1487576	1 5017637	30,942				grant subrecipient
Mount Sinai School of Medicine1 Gustave L Levy Place New York, NY 10029	13- 6171197	501(c)(3)	170,000				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pharmaceutical Research Associates PO Box 200072 Dallas,TX 75320	54- 1204111	501(c)(3)	100,221		,		Grant subrecipient
Baylor Research Institute3310 Live Oak Suite 501 Dallas,TX 75204	75- 1921898	501(c)(3)	127,467				Grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Medical CenterPO Box 9500-2440 Philadelphia, PA 19195	13- 5564934	501(c)(3)	50,000		oulet)		Grant Subrecipient
Cleveland Clinic Foundation9500 Euclid Avenue Cleveland, O H 44195	34- 0714585	501(c)(3)	21,298				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida International University11200 SW 8th Street Miami,FL 33199	65- 0837916	501(c)(3)	79,380				Grant Subrecipient
Rush University Medical Center 1653 W Congress Parkway Chicago,IL 60612	36- 2174823	501(c)(3)	32,521				Grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Schneider Children's Hospital 972 Brush Hollow Road Westbury, NY 11590	11- 2241326	501(c)(3)	6,854				Grant Subrecipient
University of Connecticut Health Center263 Farmington Avenue Farmington, CT 06030	52- 1725543	501(c)(3)	55,000				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Utah Presidents Circle Salt Lake City, UT 84112	87- 6000525	501(c)(3)	44,310				Grant Subrecipient
Women's Cancer Care Associates LLC319 S Manning Blvd Albany, NY 12208	8336329	501(c)(3)	25,000				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University School of Medicine College Street New Haven, CT 06510	06- 0646973	501(c)(3)	8,657				Grant Subrecipient
Bronx Overall Economic Development851 Grand Concourse Bronx NY 10451	13- 3079387	1 501(6)(3)	65,500				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Health Plan Inc1515 Southern Blvd Bronx,NY 10460	23- 7360305	501(c)(3)	35,500				Sponsorship
Wildlife Conservation Society2300 Southern Blvd Bronx, NY 10460	13- 1740011	501(c)(3)	40,000				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Hospital Fund1411 Broadway 12th Fl New York, NY 10018	13- 1562656	501(6)(3)	25,000				sponsorship
Primary Care Development Corp 22 Cortlandt St 12th Fl New York, NY 10007	13- 3711803	5/11/6//3/	10,000				sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Morris Hights health center85 west burnside ave bronx,NY 10453	06- 1081232	501(c)(3)	25,000				sponsorship
Bronx Children's MuseumPO Box 1381 bronx,NY 10451	26- 0579140	501(c)(3)	8,000				sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hebrew Home for the Aged5901 Palisade Avenue bronx,NY 10471	13- 1739971	501(c)(3)	7,500		other		sponsorship
Arthritis Education & Treatment Center1155 E PARIS AVE GRAND RAPIDS, MI 49546	38- 3421145	503(c)(3)	17,141				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Bay Institute for Research & Education 150 Muir Rd Martinez, CA 94553	68- 0177975	501(c)(3)	98,570				Grant Subrecipient
Indiana UniversityPO BOX 66057 INDIANAPOLIS,IN 46266	35- 6001673	501(c)(3)	21,270				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Medical College of Wisconsin8701 Watertown Plank Rd Milwaukee, WI 53226	39- 0806261	501(c)(3)	17,647				Grant Subrecipient
Medical University of South Carolina19 Hagood Ave Charleston, SC 29425	57- 1031624	501(c)(3)	14,628				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Research Foundation SUNY at Stony Brook Frank melville lib Stony Brook, NY 11794	11- 6077945	501(c)(3)	199,120		othery		Grant Subrecipient
Seattle Children's HospitalPO BOX 24728 SEATTLE, WA 98124	91- 0564748	501(c)(3)	13,285				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
State of Oklahoma 1100 N Lindsay Oklahoma City, OK 73104	73- 6017987	501(c)(3)	24,294				Grant Subrecipient
The Children's Hospital of PhiladelphiaPO Box 8500 Philadelphia, PA 191781457	23- 1352166	1 501(6)(3)	31,050				grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Research Foundation-SUNY at BinghamtonPO Box 6000 Binghamton, NY 13902	14- 1368361	501(c)(3)	6,102				grant subrecipient
University of Southern California 2250 Alcazar St Los Angeles, CA 90033	95- 1642394	501(c)(3)	499,020				grant subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Virginia PO Box 400195 Charlottesville, VA 22904	54- 6001796	501(c)(3)	141,648				Grant Subrecipient
University of Texas Southwestern Medical Center5323 Harry Hines Blvd Dallas,TX 75390	75- 6002868	501(c)(3)	24,765				Grant Subrecipient

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bedford Park Multi- Serv Ctr fr Sen Citizens 243 E 204th St Bronx, NY 10458	13- 2745303	501(c)(3)	35,000				General Support
Bronx Community Health Network Inc 1 Fordham Plaza Bronx,NY 10458	13- 3905296	501(c)(3)	6,425				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalition to Protect America's Health CarePO Box 30211 Bethesda, MD 20824	52- 2253225	501(c)(3)	25,000		33.161)		Donation
Committee For Hispanic Children & Families110 William Street New York, NY 10038	11- 2622003	501(c)(3)	25,000				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hunter College695 Park Ave New York, NY 10065	13- 3598671	501(c)(3)	10,000		oulet)		Sponsorship
Institute for Music & Neurologic Function612 Allerton Ave Bronx, NY 10467	13- 3874103	501(c)(3)	15,000				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The New York Academy of Medicine1216 Fifth Avenue New York, NY 10029	13- 1656674	501(c)(3)	10,000				Sponsorship
Aids-Free WorldTides Center 155 waters st Brooklyn, NY 11201	94- 3213100	501(c)(3)	15,000				Donation

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A merican Liver Foundation50 Broadway New York, NY 10004	36- 2883000	501(c)(3)	22,500				Donation
Children's Health Fund215 west 125th street New York, NY 10027	13- 3468427	501(c)(3)	10,000				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cong Refuah Helpline Inc9 Meron Dr Monroe, NY 10950	20- 8216686	501(c)(3)	20,000		other)		Sponsorship
Kidney & Urology Foundation152 Madison Ave New York, NY 10016	13- 1777413	501(c)(3)	10,000				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mosholu Montefiore Community Ctr 3450 Dekalb Ave Bronx, NY 10467	13- 3622107	501(c)(3)	70,000				Grants
NS Ouest LLC 2315 Broadway New York, NY 10024	20- 4257284	501(c)(3)	18,000				Sponsorship

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Relief Resources Inc5904 13th Ave Brooklyn, NY 11219	52- 2323151	501(c)(3)	10,000				Sponsorship
Rhode Island Hospital593 Eddy Street Providence, RI 02903	05- 0258954	501(c)(3)	32,947				Contractual Services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mosholu Preservation Corporation3400 Reservoir O val East Bronx, NY 10467	13- 3109387	I 501(c)(3)	6,000				General Support

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DLN: 93493029006163

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Compensation Information

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.

Open to Public Inspection

Name of	the	organization
1ontefiore	Med	ıcal Center

Employer identification number

13-1740114

Pa	rt I Questions Regarding Compensation			
			Yes	No
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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
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 Compensation committee Independent compensation consultant Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	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			
а	The organization?	6a	Yes	
b	Any related organization?	6b	Yes	
	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	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Spencer Foreman MD	(ı) (ıı)	0	0 0	175,000 0	0	0 0	175,000 0	
(2) Robert B Conaty	(1) (11)	1,037,355 0	634,800 0	7,220 0	17,000 0	21,186 0	1,717,561 0	
(3) Donald L Ashkenase	(I) (II)	327,525 0	65,000 0	412,517 0	17,000 0	20,373 0	842,415 0	(
(4) JOEL PERLMAN	(I) (II)	988,809 0	305,800 0	1,559,685 0	17,000 0	24,187 0	2,895,481 0	1,551,932
(5) ROBERT MICHLER MD	(I) (II)	2,617,684 0	0	7,032 0	17,000 0	24,187 0	2,665,903 0	(
(6) RICHARD KRAUT DDS	(ı) (ıı)	503,962 0	1,383,971 0	3,048 0	17,000 0	19,187 0	1,927,168 0	(
(7) STEVEN SAFYER MD	(ı) (ıı)	1,425,919 0	707,100 0	2,857,268 0	17,000 0	19,444 0	5,026,731 0	2,537,525
(8) SUSAN GREEN- LORENZEN RN	(1) (11)	508,312 0	142,800 0	16,552 0	17,000 0	19,837 0	704,501 0	(
(9) Christopher Panczner	(1) (11)	606,670 0	165,500 0	3,248 0	212,664 0	124 0	988,206 0	(
(10) PHILIP O OZUAH MD PHD	(ı) (ıı)	733,961 0	575,000 0	1,463 0	17,000 0	29,187 0	1,356,611 0	(
(11) RICHARD CELIBERTI	(ı) (ıı)	733,405 0	227,100 0	530,127 0	17,000 0	22,373 0	1,530,005 0	(
(12) STANLEY L JACOBSON	(I) (II)	360,124 0	113,600 0	799,851 0	17,000 0	24,373 0	1,314,948 0	(

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
Part I, Line 1a		Steven Safyer, MD, President & CEO - services of a driver are provided for business purposes and incidental transportation. Approximately 5% of cost is reflected in taxable compensation.
Part I, Line 4b & Part II - Column (B)(III)		*Note concerning the Supplemental Executive Retirement Plan listed below- In a manner designed to qualify for the "rebuttable presumption of reasonableness" the Board of Trustees expressly reviewed and approved these retirement benefit arranagements for senior, long tenured executives in a manner that qualified under the intermediate sanctions rules of the Federal tax law, and in recognition of (a) the executives' many years of service to the organization and (b) the significant contributions to enhancing the ability of the organization to achieve its charitable mission in a manner consistent with financial solvency. Accordingly, this benefit should be viewed as applying to years of service for the organization. Steven Safyer, MD - Supplemental Executive Retirement Plan distribution of \$2,846,759* and payment of \$89 from Grandfathered Executive Benefit Plan. Robert B. Conaty - Payment of \$47 from Grandfathered Executive Benefit Plan. Joel Perlman - Supplemental Executive Retirement Plan distribution of \$1,551,932* Christopher Panczner - Accrued and unpaid service costs of \$195,664. Stanley Jacobson - Supplemental Executive Retirement Plan. Richard Celiberti - Supplemental Executive Retirement Plan.
Part I, Lines 6a and 6b		Some of the officers and key employees listed in Schedule J, Part II, participate in an annual incentive compensation plan Among several performance measures approved in advance by the compensation committee of the board of trustees is income from operations. Certain levels of income from operations, together with achievement of other important performance measures, including an assessment of community services, result in the awarding of specified percentages of base salary as incentive compensation. All awards are approved by the compensation committee of the board of trustees.
Part II, Col (Bii), Line 10		Philip O Ozuah, MD, PHD - The bonus and incentive compensation reported in Part II, col b(ii) includes \$400,000 related to a one-time retention payment associated with Philip O Ozuah, MD, PHD continuing in his position as Chairman of the Department of Pediatrics for a period of three years

Schedule J (Form 990) 2011

Schedule K (Form 990)

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.

OMB No 1545-0047

DLN: 93493029006163

Open to Public **Inspection**

Internal Revenue Service Name of the organization Montefiore Medical Center

Department of the Treasury

Employer identification number

M or	ntefiore Medical Center									1	3-174	0114			
P	art I Bond Issues (a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue	Price	(f)	Description	of Purpose	(g) Def	eased	1	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983TV26	12-15-2004	194,45	. 1 1 2 1 1 1	Const	truction & R ct	enovation		X		Х		х
В	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QML0	09-22-2005	160,22	2,851 F	Refun	efund Prior Issue (1/1/97)			Х		х		х
c	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903ZD6	02-07-2008	134,39	5,945 F	Refun	efund Prior Issue (5/11/95)			Х		Х		х
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		12-20-2007	9,97	1,705 E	Equip	ment Leasır	ng		Х		Х		Х
Pa	art III Proceeds				-				,						
	A					Α			3		С			D	
1	A mount of bonds retired A mount of bonds defeased					17,235,	000		26,680,000		18,9	15,000		7,	,857,204
2	Total proceeds of issue				_		0		0			0			0
3	Gross proceeds in reserve fun	nds.				01,432,9			69,489,096			02,903	 	9,	,975,983
<u>4</u> 5	Capitalized interest from proc					32,602,4		35,094,841			28,8	395,206			0
6	Proceeds in refunding escrow					14,188,	158		0			0			0
7	Issuance costs from proceeds					1,963,	772		1,584,084	1,403,668		668		37,835	
8	Credit enhancement from proc					3,066,9	-+		867,080		1,7	03,000			
9	Working capital expenditures					3,000,	<u> </u>		007,000			35,000	1		0
10	Capital expenditures from pro				1	68,209,0	080		2,746,265		4 3	372,719		9	,938,148
11	O ther spent proceeds				_		0	1	51,988,905			61,516		- /	0
12	Other unspent proceeds						0		37,762			0			0
13	Year of substantial completion	n			20	07		19			1998			2008	
					Yes	No		Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	t of a current refund	ling issue?			Х			Х	Х					X
15	Were the bonds issued as part	t of an advance refu	ındıng ıssue?			Х		Х				Χ			Х
16	Has the final allocation of proc	ceeds been made?			Х		\neg	Х		Х			Х		
17	Does the organization maintai allocation of proceeds?		and records to supp	port the final	Х			Х		Х			х		
Pa	rt IIII Private Business U	Jse													
					1	Λ			R I		C		1	D	

Are there any lease arrangements that may result in private business use of bondfinanced property?

property financed by tax-exempt bonds?

Cat No 50193E

No

Χ

Yes

Χ

No

Χ

Yes

Χ

No

Χ

Yes

Χ

Schedule K (Form 990) 2011

Yes

No

Χ

Χ

Was the organization a partner in a partnership, or a member of an LLC, which owned

				$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	· age =
Par	Private Business Use (Continued)								
		/	A	<u> </u>	В	<u> </u>	С		D
	Ţ	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	×		×		×			Х
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?		х		×		х		
С	Are there any research agreements that may result in private business use of bond-financed property?	х		х		х			х
d	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?		х		х		х		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 300 %		0 500 %		0 400 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5	1	0 300 %		0 500 %	1	0 400 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		х	

Pa	rt IV Arbitrage		•	<u>'</u>		<u>'</u>	•		
	<u> </u>	А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×		х		x
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х			х	х			х
	Name of provider	MERRILL IYN	CH	0		MERRILL LYN	NCH		
С	Term of hedge		26 6			15 5			
d	Was the hedge superintegrated?		х			'	Х		
e	Was a hedge terminated?	×				х			
4a	Were gross proceeds invested in a GIC?	X	<u></u>	X		X	<u> </u>	<u> </u>	X
ь	Name of provider	SEE PART VI		AIG MFC		DEPFA BANK	(0	
С	Term of GIC				224		16 5		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	×		х		Х			
5	Were any gross proceeds invested beyond an available temporary period?	×		х			х		Х
6	Did the bond issue qualify for an exception to rebate?		X		X	Х		×	

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

LINE 3

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

Ident if ier	Return Reference	Explanation
TERMINATION OF HEDGE - PART IV, COLUMN A, LINE 3C	0	HEDGE WAS TERMINATED PRIOR TO EFFECTIVE DATE ON 12/15/2004
GIC PROVIDER - PART IV, COLUMN A, LINE 4B	0	RESERVE FUND - AIG MATCHED FUNDING CORP PROJECT FUND - BAYERISCHE LANDESBANK
TERM OF HEDGE - PART IV, COLUMN A, LINE 4C	0	RESERVE FUND - 28 6 YEARS PROJECT FUND - 3 1 YEARS
PROCEEDS - PART II, COLUMN A-C, LINE 3	0	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN(E) DUE TO transferred or replacement proceeds in line 4
PROCEEDS - PART II, COLUMN A-C,	0	THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF LINE 4-12 DUE TO TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4

Schedule K (Form 990)

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.

OMB No 1545-0047

2011

DLN: 93493029006163

Open to Public Inspection

Internal Revenue Service

Name of the organization

Montefiore Medical Center

Department of the Treasury

Employer identification number

13-1740114

	Pond Toolog														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		12-11-2008	9,955	5,257 E	QUIF	PMENT LEA	SING		Х		х		Х
В	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		12-16-2010	12,406	5,093 E	QUIF	PMENT LEA	SING		Х		х		Х
С	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		01-15-2010	12,981	1,544 E	QUIF	PMENT LEA	SING		Х		х		Х
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		08-18-2011	17,528	3,118 E	QUIF	PMENT LEA	SING		Х		х		Х
Pa	rt III Proceeds			•	•	•						•			
						Α			В		С			D	
1	A mount of bonds retired					5,838,	,415		2,388,529		4,	730,705	5	1	,124,989
2	A mount of bonds defeased						0		0			C			0
3	Total proceeds of issue					9,955,	,505		12,406,093		12,	981,544	ı İ	17	,528,118
4	Gross proceeds in reserve fun-	ds					0		0			C)		0
5	Capitalized interest from proce	eeds					0		0			C			0
6	Proceeds in refunding escrow						0		0			C)		0
7	Issuance costs from proceeds	3				37,	,794		70,922			48,333	3		86,333
8	Credit enhancement from proc	eeds					0		0			C)		0
9	Working capital expenditures f	from proceeds					0		0			C			0
10	Capital expenditures from prod	ceeds				9,917,	,711		12,335,171		12,	933,211		17	,004,206
11	Other spent proceeds						0		0			C			437,579
12	Other unspent proceeds						0		0			()		0
13	Year of substantial completion	1			20	09		20	10		2010			2011	
					Yes	No		Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as part	of a current refund	ing issue?			Х			Х			Χ			Х
15	Were the bonds issued as part	of an advance refu	nding issue?			Х			Х			Х			Х
16	Has the final allocation of proc	eeds been made?			Х			Х		Х					Х
17	Does the organization maintain allocation of proceeds?		nd records to sup	port the final	Х			Х		Х			х		
Pa	rt IIII Private Business U	lse				·									
						Α			В		С			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

Χ

No

Χ

Χ

Par	Private Business Use (Continued)								
			Α		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×		х		Х
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		х
d	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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х		Х		Х	

Par	t IV Arbitrage								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×		x		х
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х		Х		Х		х
	Name of provider	0	•	0		0			
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		X
ь	Name of provider	0		0		0		0	
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		Х
6	Did the bond issue qualify for an exception to rebate?	×		х		x		х	

Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
BOND	0	THE BONDS IN A THROUGH DARE LEASE AGREEMENTS WITH THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK SEE SCHEDULE O FOR
ISSUES -		FURTHER DETAILS
PART I		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493029006163

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization Montefiore Medical Center

Employer identification number

						13-1740114			
Pa	rt I	Types of Property	1						
			(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 d contribution	etermı		
		Vorks of art							
		Historical treasures .							
		ractional interests							
		and publications							
5		ng and household							
6	goods Cars a	and other vehicles							
		and planes							
		ectual property							
		ities—Publicly traded .	Х	11	1,206,710	current market valu	<u> </u>		
		ities—Closely held stock .			, ,				
	Secur	ities—Partnership, LLC, st interests							
12	Secur	ities—Miscellaneous							
13	contr	fied conservation ibution—Historic tures							
14	-	fied conservation ibution—Other							
15	Reale	estate—Residential .							
16	Reale	estate—Commercial							
		estate—Other							
18	Collec	ctibles							
		nventory							
		and medical supplies .							
		ermy							
		rical artifacts							
		tific specimens							
		ological artifacts							
		()							
		· ()							
	Other	()							
29		ber of Forms 8283 received	hy the ora	Lanization during the tay ve	ar for contributions				
23		hich the organization compl				29			0
		-			-			Yes	No
30a	Durin	ng the year, dıd the organıza	tıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
					on, and which is not require	d to be used			
	forex	cempt purposes for the enti	re holding p	period?			30a		No
b	If"Ye	es," describe the arrangeme	ent in Part 1	II					
31	Does	the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a		the organization hire or use	•	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If"Ye	es," describe in Part II							
33	Ifthe		revenues	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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 (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493029006163

OMB No 1545-0047

Open to Public
Inspection

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.

Name of the organization
Montefiore Medical Center

Employer identification number

13-1740114

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 2		David C Gottlieb (trustee) is related to Jay B Langner (trustee) - Family relationship Peter J Neufeld (trustee) is related to Robert A Bernhard (trustee) - Family relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a		The board of trustees of the Montefiore Health System, Inc , the sole member of Montefiore Medical Center, has the authority to appoint the board of trustees of Montefiore Medical Center

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b		The board of trustees of the Montefiore Health System, Inc , the sole member of Montefiore Medical Center, has the authority to approve the operating and capital budgets of Montefiore Medical Center

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 11A		The form 990 was prepared by the Medical Center's finance department with the assistance of representatives from various departments throughout the medical center. The Form 990 was reviewed and approved by the corporate controller and the Vice President-Finance, Accounting and Financial Reporting and the Medical Center's senior management team including the Chief Financial Officer. In addition, an independent accounting firm was engaged to review the Form 990. Upon completion of the various reviews, the Form 990 was presented to the Finance Committee of the Board of trustees for review and approval. Once approved by the finance committee of the board of trustees, THE FORM 990 WAS PROVIDED TO ALL MEMBERS OF MONTEFIORE MEDICAL CENTER'S GOVERNING BODY. Any modifications as a result of the Board review were made.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c		The organization regularly and consistently monitors and enforces compliance with the disclosure policy by means of a survey form that was developed by counsel and approved by the Legal and Compliance Committees of the Board of Trustees. The survey is sent to all trustees, officers and key employees for completion. All survey responses are reviewed by the Compliance Officer. Any potential conflicts identified in the responses are discussed with senior management and/or the Legal and Compliance Committees of the Board of Trustees. Potential actions to be taken in response to a conflict would be one or more of the following. 1) disclosure of conflict, 2) individual recusal from decisions for transactions where that individual may have a conflict, 3) request the individual to alleviate the conflict, OR 4) removal of the individual from the board of trustees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 15A & line 15B		Montefiore Medical Center is committed to ensuring that its executive compensation program adheres to the highest standards of regulatory compliance and best corporate governance. The Montefiore Board of Trustees has charged the Compensation Committee of the Board (which is comprised of independent Board members with no conflicts of interest in regards to executive compensation) with making all decisions related to compensation for officers and key employees. The compensation committee's review process follows the Intermediate. Sanctions guidelines for qualifying for the rebuttable presumption of reasonableness. The Committee retains an independent compensation consultant to assist it with this process. Compensation levels are established considering data for comparable organizations, an assessment of management performance (including the services provided to the community), and other business judgment factors, consistent with Montefiore's executive compensation philosophy. The Committee's decisions are made in the best interest of Montefiore, and are intended to ensure the recruitment and retention of key executive talent, consistent with the market practices of other not-for-profit healthcare organizations of comparable scope, mission and complexity. On an annual basis, the Committee provides the full Board of Trustees with a description of the committee's review and approval process and its decisions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, Line 19		THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 5		The other changes in net assets of -\$12,748,564 as reflected on Line 5 in the reconciliation of the changes of Net Assets is the difference between financial statement's income and 990 income for unrealized losses on investments - (\$12,748,564)

ldentifier	Return Reference	Explanation
Schedule K, PART VI - CONTINUATION		Page 1, Column D-In December 2007, Montefiore entered into Schedules under a Master Lease and Sublease Agreement in the amount of \$9,971,705 between Citicorp Leasing Inc (Lessor) and the Dormitory Authority of the State of New York, to fund equipment purchases. This capital lease carries an annual interest rate of 2 973% with monthly level debt payments for 60 months. Under the term of the Agreement, the Lessor has a first lien on the equipment financed. Page 2, Column A-In December 2008, Montefiore entered into a Schedule under a Master Lease and Sublease Agreement in the amount of \$9,955,257 between Chase Equipment. Leasing Inc. (Lessor) and the Dormitory Authority of the State of New York, to fund equipment purchases. This capital lease carries an annual interest rate of 2 25% with monthly level debt payments for 60 months. Under the term of the Agreement, the Lessor has a first lien on the equipment financed. Page 2, Column B-In December 2010, Montefiore entered into a Schedule under a Master Lease and Sublease Agreement in the amount of \$12,406,093 between Banc of America Public Capital Corp. (Lessor) and the Dormitory Authority of the State of New York, to fund equipment purchases. This capital lease carries an annual interest rate of 1 887% with monthly level debt payments for 60 months. Under the term of the Agreement, the Lessor has a first lien on the equipment financed. Page 2, Column C-In January 2010, Montefiore entered into a Schedule under a Master Lease and Sublease Agreement in the amount of \$12,981,544 between Chase Equipment Leasing Inc. (Lessor) and the Dormitory Authority of the State of New York, to fund equipment purchases. This capital lease carries an annual interest rate of 3 227% with monthly level debt payments for 60 months. Under the term of the Agreement, the Lessor has a first lien on the equipment financed.

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ODED ABOODI TITLE vice chairman HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARGARET HAYES ADAME TITLE TRUSTEE HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH W BARTLETT TITLE TRUSTEE HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT A BERNHARD TITLE Trustee HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LEWIS HENKIND TITLE SECRETARY HOURS 2

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWIN H STERN, III TITLE TRUSTEE HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID A TANNER TITLE CHAIRMAN HOURS 3

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN SAFYER, MD TITLE PRESIDENT & CEO HOURS 2

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID F STEIN TITLE Trustee (deceased 9-5-11) HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMERobert B Conaty TITLE Executive VP-Operations HOURS 4

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOEL PERLMAN TITLE EXECUtive VP & CfO HOURS 2

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christopher Panczner TITLE Senior VP & General Counsel HOURS 7

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMERICHARD CELIBERTI TITLE SENIOR VP-NETWORK DEVELOPMENT HOURS 1

DLN: 93493029006163

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► 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.

2011

Employer identification number

13-1740114

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Montefiore Medical Center

Part I Identification of Disregarded Entities (Comple	ete ıf the organızat	on 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 con entit	trolling		
(1) Emerging Health Information Technology 3 odell avenue yonkers, NY 10701 13-4179243	ınfo tech	NY	67,071,297	6,641,000	na			
(2) Montefiore Proton Acquisition LLC 111 East 210th St Bronx, NY 10467 27-3994795	Proton Ther	NY	0	0	NA			
(3) CMO THE CARE MANAGEMENT COMPANY LLC 111 EAST 210TH STREET BRONX, NY 10467 13-3859895	MGMT SERV	NY	44,643,667	3,514,814	na			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		e if the organizatio	n answered "Ye	es" on Form 990,			ıt had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	Public charity sta (if section 501(c)	atus Direct o	ontrolling ntity	Section 51 contro organiz	2(b)(13) olled zation
Gee Additional Data Table							Yes	No
occidational data table								
or Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 5	0135Y		Scl	hedule R (For	m 990)	2011

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.)

(k) Percentage ownership				
al or ging	No			
(j) Genera manao partn	Yes			i = 1
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)				
	ю			
(h) Dispropitionat allocations?	Yes No			
	Y			
(g) Share of end-of- year assets				
(f) Share of total income				
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)				
·				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

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) University Behavioral Associates Inc 111 East 210th street bronx, NY 10467 13-3877781	mgmt services	NY		с согр	11,795,063	1,523,619	100 000 %
(2) The Montefiore IPA Inc 111 East 210th street bronx, NY 10467 13-4114915	integ prov assoc	NY		c corp	516,002,842	82,748,550	100 000 %
(3) MMC GI Holdings East Inc 111 East 210th street bronx, NY 10467 72-1610013	holding company	NY		c corp	1,698,672	4,470,520	100 000 %
(4) MMC GI Holdings West Inc 111 East 210th street bronx, NY 10467 72-1610015	holding company	NY		c corp	768,630	2,096,558	100 000 %
(5) Montefiore Behavioral Care IPA No 1 inc 111 East 210th street bronx, NY 10467 13-3952750	integ prov assoc	NY		с согр	11,156,183	1,844,243	100 000 %

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV			21, 1110 31, 33, 3		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	related organizati	ons listed in Parts	II-IV?			\vdash
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Sale of assets to related organization(s)				1f		No
g Purchase of assets from related organization(s)				1 g		No
h Exchange of assets with related organization(s)				1h		No
i Lease of facilities, equipment, or other assets to related organization(s)				1i		No
j Lease of facilities, equipment, or other assets from related organization(s)				<u>1j</u>	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)				1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)				11		No
$m{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	ו	No
n Sharing of paid employees with related organization(s)				1n		No
• Reimbursement paid to related organization(s) for expenses				10		No
p Reimbursement paid by related organization(s) for expenses				1p	Yes	
q Other transfer of cash or property to related organization(s)				1 q		No
r Other transfer of cash or property from related organization(s)				1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, includ	ing covered relation	onships and transact	ion thresholds		
(a)		(b) Transaction	(c)	(d) Method of determi	nına əm	ount
Name of other organization		type(a-r)	Amount involved	involve		
1) See Additional Data Table 2)						
2)						
3)						
-,						
4)						
5)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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: 13-1740114

Name: Montefiore Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Ide	memoration of t	teratea rax	Exempt orgo				
(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 501(c) (3))	(f) Direct Controlling Entity	Section (b)(in 512 13) rolled zation
MMC Corporation							T
111 East 210th street bronx, NY 10467 13-3430322	real estate	NY	501(c) (3)	11 Type 1	ммс	Yes	
Montefiore Residential Corp No 1 Inc							
3411 Wayne Avenue bronx, NY 10467 91-1943271	staff housing	NY	501(c) (2)		ммс	Yes	
Montefiore Hosp Housing Section II Inc							
3450 wayne avenue bronx, NY 10467 23-7160641	staff housing	NY	501(c) (2)		ммс	Yes	
Mosholu Preservation Corporation							
3400 reservoir oval East bronx, NY 10467 13-3109387	Community Ser	NY	501(c) (3)	11 type 1	ммс	Yes	
Gunhill MRI PC							
200 East Gunhill Road bronx, NY 10467 13-3734486	diag services	NY	501(c) (3)	11 type 1	ммс	Yes	
Montefiore Health System Inc							
111 East 210th street bronx, NY 10467 20-1615393	parent	NY	501(c) (3)	11 type 3	NA		No
Montefiore North Ambulatory Care Center							
4134 Bronx Blvd bronx, NY 10466 01-0796859	amb services	NY	501(c) (3)	3	мнѕ	Yes	
Bronx News Network							
3400 Reservoir O val East Bronx, NY 10467 27-0218689	Comm Serv	NY	501(c) (3)	11 Type 1	MPC	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	The Montefiore IPA Inc	k	233,848,000	cost
(2)	MONTEFIORE BEHAVIORAL CARE IPA NO 1 INC	К	2,533,000	cost
(3)	GUNHILL MRI PC	К	6,112,022	cost
(4)	MONTEFIORE RESIDENTIAL CORP NO 1 INC	к	57,981	cost
(5)	MONTEFIORE HOSPITAL HOUSING SECTION II INC	к	156,169	cost
(6)	MONTEFIORE NORTH AMBULATORY CARE CENTER INC	к	1,055,058	cost
(7)	MMC CORPORATION	J	3,439,520	cost
(8)	MONTEFIORE HOSPITAL HOUSING SECTION II INC	J	108,091	cost
(9)	MONTEFIORE RESIDENTIAL CORP NO 1 INC	J	826,507	cost
(10)	MOSHOLU PRESERVATION CORPORATION	Р	877,501	cost
(11)	GUNHILL MRI PC	Р	2,402,321	cost
(12)	MONTEFIORE RESIDENTIAL CORP NO 1 INC	Р	288,859	cost
(13)	MONTEFIORE HOSPITAL HOUSING SECTION II INC	Р	909,330	cost
(14)	MONTEFIORE NORTH AMBULATORY CARE CENTER INC	Р	4,251,610	cost
(15)	MMC GI HOLDINGS EAST INC	Р	248,412	cost
(16)	MMC GI HOLDINGS WEST INC	Р	248,412	cost
(17)	UNIVERSITY BEHAVIORAL ASSOCIATES Inc	Р	3,665,898	cost
(18)	The Montefiore IPA Inc	к	41,012,431	cost
(19)	Montefiore Behavioral Care IPA No 1 Inc	к	62,541	cost



Name: Montefiore Medical Center

Description	Amount
Investment Loss	120,766

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493029006163

Name: Montefiore Medical Center

Description	Amount
Premiums Ceded	27,306,000
Investment Income	7,204,000
Reinsuance Expense Recovery	1,872,000
Losses	175,530,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493029006163

Name: Montefiore Medical Center

Description	Amount	
Gains	67,008	
Return of Capital Distribution	376,000	



Name: Montefiore Medical Center

Description	Amount	
Premium Income	219,576,000	



TY 2011 Investment in Subsidiaries Statement

Name: Montefiore Medical Center

Description	Beginning Amount	Ending Amount
Investment in Affli Cos	11,649,417	11,528,650

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TY 2011 Itemized Other Current Liabilities Schedule

Name: Montefiore Medical Center

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Dıvıdends Payable	103,079	103,079

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TY 2011 Itemized Other Assets Schedule

Name: Montefiore Medical Center

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		Prepaid Expenses	133,857	125,497

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TY 2011 Itemized Other Current Assets Schedule

Name: Montefiore Medical Center

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

TY 2011 Other Deductions Schedule

Name: Montefiore Medical Center

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493029006163

TY 2011 Itemized Other Investments Schedule

Name: Montefiore Medical Center

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

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TY 2011 Itemized Other Liabilities Schedule

Name: Montefiore Medical Center

EIN: 13-1740114

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: Montefiore Medical Center

Description	Foreign Amount	Amount
Gains		67,008

Software ID: Software Version:

EIN: 13-1740114

Name: Montefiore 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

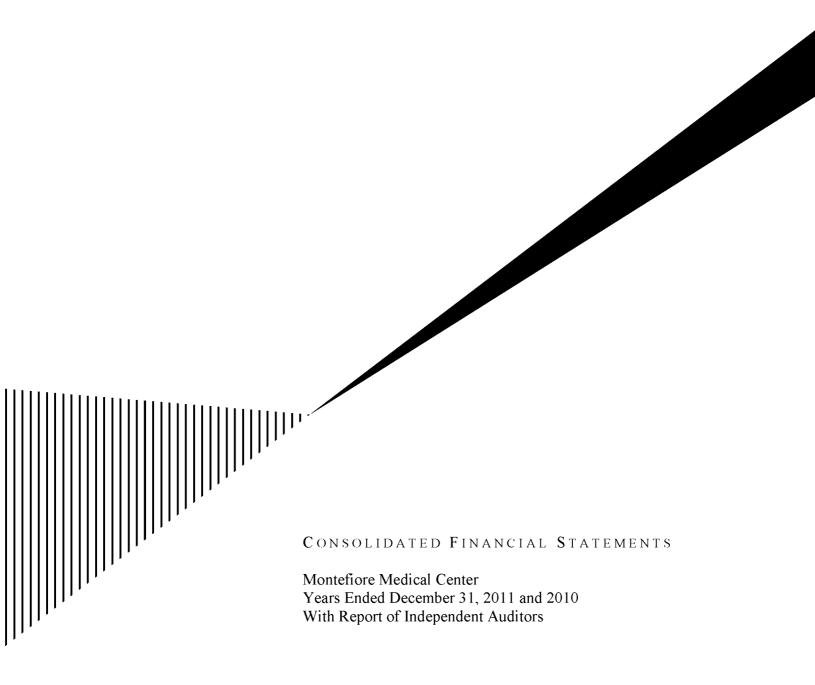
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				ıll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ODED ABOODI vice chairman	3 0	Х						o	0	0
JAY B ABRAMSON TRUSTEE	3 0	Х						0	0	0
MARGARET HAYES ADAME TRUSTEE	1 0	X						0	0	0
GEORGE ASCH TRUSTEE	3 0	Х						0	0	0
JOSEPH W BARTLETT TRUSTEE	5 0	Х						0	0	0
PATRICIA BAUMAN TRUSTEE	1 0	Х						0	0	0
ROBERT A BERNHARD Trustee	2 0	Х						0	0	0
JAMES M BUTLER TRUSTEE	2 0	Х						0	0	0
LAWRENCE B BUTTENWEISER TRUSTEE	1 0	Х						0	0	0
GEORGE CAMPBELL JRPHD TRUSTEE	3 0	Х						0	0	0
BRUCE DONIGER TRUSTEE	2 0	Х						0	0	0
KAREN L FINERMAN TRUSTEE	1 0	Х						0	0	0
JAY N GOLDBERG TRUSTEE	1 0	Х						0	0	0
RUTH L GOTTESMAN EdD TRUSTEE	1 0	Х						0	0	0
DAVID C GOTTLIEB TRUSTEE	1 0	Х						0	0	0
BARRY W GRAY TRUSTEE	1 0	Х						0	0	0
PATRICIA GREEN TRUSTEE	1 0	Х						0	0	0
JOHN H GUTFREUND TRUSTEE	2 0	Х						0	0	0
THOMAS L HARRISON TRUSTEE	2 0	Х						0	0	0
JOHN HEFFER TRUSTEE	4 0	Х						0	0	0
LEWIS HENKIND SECRETARY	3 0	Х						0	0	0
HELEN A JOHNSON TRUSTEE	2 0	Х						0	0	0
DAVID B KEIDAN TRUSTEE	2 0	Х						0	0	0
BRUCE J KLATSKY TRUSTEE	2 0	Х						0	0	0
ALAN M KLEIN TRUSTEE	2 0	X					_	o	0	o

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(tion that a		/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
STACEY R LANE TRUSTEE	2 0	х						0	0	0
JAY B LANGNER TRUSTEE/CHAIRMAN EMERITUS	2 0	Х						0	0	0
CHRISTOPHER D MCFADDEN TRUSTEE	2 0	×						0	0	0
ALAN G MNUCHIN TRUSTEE	1 0	×						0	0	0
MARGARET S NATHAN TRUSTEE	1 0	Х						0	0	0
PETER J NEUFELD TRUSTEE	3 0	х						0	0	0
NED S OFFIT TRUSTEE	2 0	Х						0	0	0
GAYLE F ROBINSON TRUSTEE	2 0	Х						0	0	0
JON W ROTENSTREICH TRUSTEE	2 0	Х						0	0	0
RUTH SAPORTA TRUSTEE	1 0	Х						0	0	0
HON FELICE K SHEA TRUSTEE	1 0	Х						0	0	0
EDWIN H STERN III TRUSTEE	2 0	Х						0	0	0
DAVID A TANNER CHAIRMAN	5 0	Х						0	0	0
CYNTHIA KING VANCE TRUSTEE	3 0	Х						0	0	0
KENNETH D WEISER Treasurer	2 0	Х						0	0	0
JIDE J ZEITLIN TRUSTEE	2 0	Х						0	0	0
STEVEN SAFYER MD PRESIDENT & CEO	57 8	Х		х				4,990,287	0	36,444
JENNIE EMIL TRUSTEE	2 0	Х						0	0	0
JONATHAN A LIPTON Trustee (elected 1-25-11)	2 0	Х						0	0	0
ROBERT REFFKIN TRUSTEE (elected 1-25-11)	2 0	Х						0	0	0
ZITA G ROSENTHAL Trustee (elected 1-25-11)	2 0	Х						0	0	0
DAVID F STEIN Trustee (deceased 9-5-11)	2 0	Х						0	0	0
Robert B Conaty Executive VP-O perations	55 6			x				1,679,375	0	38,186
JOEL PERLMAN EXECutive VP & CfO	58 2			х				2,854,294	0	41,187
Christopher Panczner Senior VP & General Counsel	530			x				775,418	0	212,788

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

compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(ition that			ıll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officer		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SUSAN GREEN-LORENZEN RN Senior VP-OPERations	60 0				х			667,664	0	36,837
ROBERT MICHLER MD CHAIR-Surg/Cardiothoracic Surg	60 0					х		2,624,716	0	41,187
RICHARD KRAUT DDS CHAIRMAN-DENTISTRY	60 0					x		1,890,981	0	36,187
PHILIP O OZUAH MD PHD CHAIRMAN-PEDIATRICS	60 0					х		1,310,424	0	46,187
RICHARD CELIBERTI SENIOR VP-NETWORK DEVELOPMENT	58 8					x		1,490,632	0	39,373
STANLEY L JACOBSON SR VP-Spec Adv Business Affair	30 0					Х		1,273,575	0	41,373
Spencer Foreman MD Former President & CEO	4 0						Х	175,000	0	0
Donald L Ashkenase Special Advisor to the Pres	60 0						х	805,042	0	37,373



Ernst & Young LLP



Consolidated Financial Statements

Years Ended December 31, 2011 and 2010

Contents

Report of Independent Auditors	1
Consolidated Statements of Financial Position	2
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Report of Independent Auditors

The Board of Trustees Montefiore Medical Center

We have audited the accompanying consolidated statements of financial position of Montefiore Medical Center (the "Medical Center") as of December 31, 2011 and 2010, and the related consolidated statements of operations, 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 consolidated financial position of Montefiore Medical Center at December 31, 2011 and 2010, and the consolidated results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

As discussed in Note 1 to the accompanying consolidated financial statements, the Medical Center changed its method of accounting for estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of the amendments to the Financial Accounting Standards Board Accounting Standards Codification resulting from Accounting Standards Update No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, effective January 1, 2010

Ernst + Young LLP

March 23, 2012

Consolidated Statements of Financial Position

	December 31			
		2011		2010
Assets		(In Th		nds) Adjusted (Note 1)
Current assets	40	2 < 0.22	Φ	10 -17
Cash and cash equivalents	\$	26,855	\$	12.517
Marketable and other securities		775,680		767.311
Assets limited as to use – marketable securities		49,440		47,018
Receivables for patient care, less allowances for doubtful accounts		161 550		172 504
$(2011 - \$132.170, \ 2010 - \$120.026)$		161,779		163,594
Other receivables		49,784		57,765
Estimated insurance claims receivable, current portion		73,115		77.189
Other current assets		31,157		27,896
Total current assets		1,167,810		1,153,290
Assets limited as to use Marketable and other securities				
Sinking funds		64,257		60,032
Employee deferred compensation plan		12,154		10,114
Marketable and other securities externally designated		94,766		92,243
Malpractice insurance programs		19,421		
Total non-current assets limited as to use		190,598		162,389
Marketable securities held as collateral		6,040		6,464
Property, buildings and equipment, at cost, net		738,541		717,418
Estimated insurance claims receivable, net of current portion		414,320		437,404
Deferred financing costs and other non-current assets		114,049		100,651
Total assets	\$	2,631,358	\$	2,577,616
Liabilities and net assets				
Current liabilities	C C	01.057	ď	77.053
Trade accounts payable	\$	81,057	\$	77,052
Other payables and accrued expenses		202,388		215,773
Accrued salaries, wages and related items		183,435 73,115		175,651 77,189
Estimated insurance claims liabilities, current portion		39,356		
Current portion of long-term debt Total current liabilities				36,624
		579,351		582,289
Long-term debt, less current portion Non-current defined benefit and postretirement health plan		550,610		573,519
and insurance liabilities		236,114		199,596
Employee deferred compensation		12,154		10,114
Estimated insurance claims liabilities, net of current portion		414,320		437,404
Other non-current liabilities		285,457		254,490
Total liabilities		2,078,006		2,057,412
Commitments and contingencies				
Net assets				
Unrestricted		455,208		422,410
Temporarily restricted		72,794		72,444
Permanently restricted		25,350		25,350
Total net assets		553,352		520,204
Total liabilities and net assets	\$	2,631,358	\$	2,577,616
See accompanying notes				

Consolidated Statements of Operations

	Year Ended 2011	December 31 2010
	(In Tho	usands)
Operating revenue		
Net patient service revenue	\$ 2,798,093	\$ 2,726,531
Grants and contracts	72,656	68,317
Contributions	4,594	5,140
Other	102,604	87,145
Total operating revenue	2,977,947	2,887,133
Operating expenses		
Salaries and wages	1,336,865	1,271,976
Employee benefits	392,516	372,709
Supplies and other expenses	1,048,834	1,034,260
Depreciation and amortization	100,824	99,378
Interest	28,010	31,786
Total operating expenses	2,907,049	2,810,109
Income from operations before certain items Net realized and changes in unrealized (losses) gains	70,898	77,024
on marketable and other securities	(11,558)	34,534
Malpractice insurance program adjustments associated		
with investment losses	(25,894)	_
Medical resident tax recovery		21,500
Income from operations	33,446	133,058
Change in defined benefit pension and other postretirement		
plan liabilities to be recognized in future periods	(4,509)	(1,286)
Net assets released from restrictions used for purchases of		
property, buildings and equipment	3,861	2,267
Increase in unrestricted net assets	\$ 32,798	\$ 134,039

See accompanying notes.

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2011 and 2010

	Hn	restricted	mporarily testricted		rmanently Sestricted	
		et Assets	et Assets		et Assets	Total
			(In Tho	บรณ	nds)	
Net assets at January 1, 2010	\$	288,371	\$ 76,845	\$	25,350	\$ 390,566
Increase in unrestricted net assets		134,039	_		_	134,039
Restricted gifts, bequests and						
similar items		_	1,309		_	1,309
Investment income		_	311		_	311
Net assets released from restrictions		_	(6,021)		_	(6,021)
Changes in net assets		134,039	(4,401)		_	129,638
Net assets at December 31, 2010		422,410	72,444		25,350	520,204
Increase in unrestricted net assets		32,798	_		_	32,798
Restricted gifts, bequests and						
similar items		_	8,595		_	8,595
Investment income		_	430		_	430
Net assets released from restrictions		-	(8,675)		_	(8,675)
Changes in net assets		32,798	350		_	33,148
Net assets at December 31, 2011	\$	455,208	\$ 72,794	\$	25,350	\$ 553,352

See accompanying notes.

Consolidated Statements of Cash Flows

Operating activities (In tracase in net assets \$ 33,148 \$ 129,638 Adjustments to reconcile increase in net assets to net cash provided by operating activities 100,824 99,378 Depreciation and amortization 100,824 99,378 Change in defined benefit pension and other postretirement plan liabilities to be recognized in future periods 4,509 1,286 Net realized gains (1,622) (11,349) Change in net unrealized losses (gains) 13,180 (23,185) Equity earnings from investments (11,209) (9,360) Amortization of long-term mortgage premium (1,033) (1,082) Changes in operating assets and liabilities Receivables for patient care 1,815 37,394 Net change in all other operating assets and liabilities 64,363 55,074 Net cash provided by operating activities 203,975 277,794 Investing activities Acquisition of property, buildings and equipment, net (19,926) (177,591) Decrease in marketable and other securities, net (19,926) (177,591) Decrease in marketable accurities held as collateral, net 424 6,372		Year Ended December 3 2011 2010				
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Net increase in cash and cash equivalents Cash and cash equivalents at beginning of year 14,338 3,992 12,517 8,525	•					
Cash and cash equivalents at beginning of year 12,517 8,525	Net cash used in financing activities		(19,144)		(8,845)	
Cash and cash equivalents at beginning of year 12,517 8,525	Net increase in cash and cash equivalents		14,338		3.992	
			•			
	Cash and cash equivalents at end of year	\$	26,855	\$	12,517	

See accompanying notes.

Notes to Consolidated Financial Statements

December 31, 2011

1. Organization and Significant Accounting Policies

Organization

Montefiore Medical Center (the "Medical Center") and its controlled organizations comprise an integrated delivery system. The majority of the facilities are located in the Bronx, New York. The Medical Center is incorporated under New York State Not-for-Profit Corporation law and provides health care and related services, primarily to residents of the Metropolitan New York area. The Medical Center is a not-for-profit membership organization whose sole member is the Montefiore Health System, Inc. ("MHS")

The Medical Center's significant accounting policies follow

Basis of Financial Statement Presentation: The accompanying consolidated financial statements include the accounts of Montefiore Medical Center and its controlled tax exempt and taxable organizations MMC Corporation ("MCORP"), CMO The Care Management Company, LLC ("CMO"), The Montefiore IPA, Inc ("MIPA"), University Behavioral Associates, Inc ("UBA"), Montefiore Behavioral Care IPA No 1, Inc ("MBCIPA"), Gunhill MRI P C ("Gunhill"), MMC Residential Corp I, Inc ("Housing I"), Montefiore Hospital Housing Section II, Inc ("Housing II"), Mosholu Preservation Corporation ("MPC"), Emerging Health Information Technology, LLC ("EHIT"), MMC GI Holdings East, Inc ("GI East"), MMC GI Holdings West, Inc ("GI West"), Montefiore North Ambulatory Care Center, Inc ("NAMB") and Montefiore Proton Acquisition, LLC ("MPRO"), an organization in the development stage For purposes of financial statement presentation, the entities described above are collectively termed the Medical Center except as explicitly specified All significant intercompany transactions have been eliminated in consolidation Captive insurance companies in which the Medical Center has an equity interest of 20% but less than 50% are accounted for under the equity method of accounting

Temporarily and Permanently Restricted Net Assets: Temporarily restricted net assets are those whose use has been limited by donors to a specific time frame or purpose Permanently restricted net assets have been restricted by the donors to be maintained by the Medical Center in perpetuity The Medical Center records contributions as temporarily restricted if they are received with donor stipulations that limit their use either through purpose or time restrictions

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are classified as unrestricted contributions in the accompanying consolidated financial statements. Other revenue for the years ended December 31, 2011 and 2010 includes approximately \$4.8 million and \$3.8 million, respectively, of net assets released from restrictions used for operations.

Cash and Cash Equivalents: Cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less at the time of purchase which are not deemed to be assets limited as to use or part of the marketable securities portfolio. The Medical Center maintains cash on deposit with major banks and invests in highly rated commercial paper on an overnight basis or securities issued by either the United States Government or its agencies with a maturity of three months or less at the time of purchase. The Medical Center limits the amount of credit exposure to any one financial institution. At December 31, 2011 and 2010, the Medical Center invested excess cash in deposits with major banks and in money market funds with high credit quality financial institutions.

Revenue and Receivables for Patient Care: Patient accounts receivable for which the Medical Center receives payment under reimbursement formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amount receivable from such payors, which is generally less than the established billing rates of the Medical Center Fees for patient services not covered by payor reimbursement and insurance programs are recorded on a sliding scale dependent on the individual's ability to pay For purposes of presentation in the accompanying consolidated statements of financial position, receivables for patient care are net of advances from third-party payors which are directly related to receivables for patient care Such advances aggregated approximately \$39.3 million and \$18.6 million at December 31, 2011 and 2010, respectively

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Inventories: Inventories, included in other current assets, are valued at the lower of cost (first-in, first-out method) or market

Marketable and Other Securities: All marketable and other securities are classified as trading securities Marketable and certain other securities (excluding alternative investments) are carried at fair value and generally consist of fixed income securities issued or guaranteed by government entities, money market funds, mutual funds, fixed income securities issued by corporations, collective trust funds and equity securities Marketable securities received as a gift are initially recorded at fair value at the date of the gift The carrying amount of alternative investments (nontraditional, not readily marketable asset classes), some of which are structured such that the Medical Center holds limited partnership interests, are determined by the Medical Center's management for each investment based upon net asset values derived from the application of the equity method of accounting

Individual investment holdings within the alternative investments include both non-marketable and market-traded securities Valuations of the non-marketable securities are determined by the investment manager or general partner. These values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Generally, the carrying amount reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Medical Center to securities lending, short sales of securities, and trading in futures and forwards contracts, options and other derivative products. The Medical Center's risk is limited to its carrying value, in addition to any unfunded commitment. At December 31, 2011, the Medical Center had approximately \$1.8 million of future commitments to invest in alternative investments. Certain investments are subject to notification periods or restrictions in order to divest. The financial statements of the investees are audited annually by independent auditors.

There is uncertainty in the accounting for alternative investments arising from factors such as lack of active markets (primary or secondary), lack of transparency into underlying holdings and time lags associated with reporting by the investee companies. As a result, there is at least a reasonable possibility that estimates will change in the near term

Investment Gains, Losses and Income: Net realized and unrealized gains and losses on marketable and other securities and equity in earnings or losses of alternative investments are recorded in the consolidated statements of operations unless their use is temporarily or permanently restricted by explicit donor stipulations or by law Investment income limited by donor-imposed restrictions is recorded as an increase in temporarily restricted net assets

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Realized gains and losses on sales of marketable and other securities are based on the average cost method

Assets Limited as to Use: Assets so classified represent assets whose use is restricted for specific purposes under terms of agreements, donor restrictions or internal designations

Property, Buildings and Equipment: Property, buildings and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at the date received Capital lease assets are recorded at the present value of the minimum lease payments at the inception of the leases. Annual provisions for depreciation or amortization are made based upon the straight-line method over the estimated useful lives of the assets. Capital lease assets are amortized over the lesser of the estimated useful life or lease term. Such amortization is included in depreciation and amortization expense. The carrying amounts of assets and the related accumulated depreciation or amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations in the year of disposal Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of the assets

Deferred Financing Costs: Deferred financing costs represent costs incurred to obtain financing for various construction and renovation projects Amortization of these costs is determined by the effective interest method extending over the terms of the related indebtedness

Employee Deferred Compensation Plan: Pursuant to various deferred compensation plans in which certain Medical Center employees or former employees participate, the Medical Center deposited amounts with trustees on behalf of the participating employees. The Medical Center is not responsible for investment gains or losses incurred. The assets, which are carried at fair value with a corresponding liability, are restricted for payments under the plans and may only revert to the Medical Center under certain specified circumstances

Deferred Revenue: Deferred revenue included with other non-current liabilities represents amounts the Medical Center has received for which all obligations have not yet been fulfilled Accordingly, such amounts are included within deferred revenue until earned

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

In December 2007, the Medical Center and MIPA amended an agreement with a health plan that extended previous risk and fee for service arrangements through December 31, 2010. As part of the amended agreements, \$28.5 million was received from the health plan during January 2008 and was amortized under the straight-line method over a 36-month term. At December 31, 2010, the existing agreement expired. Accordingly, revenue previously deferred was recognized. For the year ended December 31, 2010, net patient service revenue includes approximately. \$9.5 million associated with this agreement. The agreement was renewed, effective January 1, 2011, under terms that do not provide for deferred revenue.

Vacation Benefits: These benefits are accrued as earned, except for individuals employed under certain research grants and contracts

Premium Revenue and Health Care Service Cost Recognition: Under certain managed care contracts, the Medical Center receives from the insurer a monthly premium per enrollee during the term of enrollment The premium revenue, which is based on individual contracts, is recognized in the period earned Under such arrangements, the Medical Center manages and, directly and through arrangements with other health care providers, delivers health care services to enrollees in accordance with the terms of the subscriber agreements. The Medical Center reimburses these providers on either a capitated or negotiated fee-for-service basis The cost of health care services is accrued based on processed and unprocessed claims and estimates for medical services, which have been incurred but not reported. Although it is not possible to measure with certainty the degree of variability inherent in such an estimate, such estimates are continually monitored and reviewed by management and independent actuaries, and any adjustments deemed necessary are reflected in current operations. Health care service costs included in supplies and other expenses were reduced by approximately \$2.8 million and \$15.5 million for the years ended December 31, 2011 and 2010, respectively, reflecting the difference between claims paid and the liability originally estimated Premium revenue included within the caption net patient service revenue in the accompanying consolidated statements of operations aggregated approximately \$550.6 million and \$557 3 million for the years ended December 31, 2011 and 2010, respectively

Performance Indicator: The consolidated statements of operations include income from operations as the performance indicator Items excluded from income from operations are change in net assets related to defined benefit pension and other postretirement plan liabilities to be recognized in future periods and net assets released from restrictions used for purchases of property, buildings and equipment

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Research and Contract Revenue Recognition: The Medical Center is the recipient of various research awards from various governmental and commercial sources and has various contracts with governmental agencies Revenue is recognized only to the extent of expenditures under the specific contracts or awards. The accompanying consolidated financial statements do not include amounts related to grants (or portions thereof) that have been awarded to the Medical Center for which expenditures have not been incurred. Such grant awards approximated \$27.3 million and \$25.5 million at December 31, 2011 and 2010, respectively

Taxes: The Medical Center, a section 501(c)(3) organization, is exempt from Federal, New York State and local income taxes under Section 501(a) of the Internal Revenue Code, as are all of the organizations consolidated in these financial statements, except CMO, MIPA, UBA, MBCIPA, EHIT, MPRO, GI East and GI West which are taxable entities

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 As a result, organizations that had filed timely FICA refund claims covering periods up through that date are eligible for refunds of both the employer and employee portions of FICA taxes paid, plus statutory interest As a result of the decision made by the IRS, the Medical Center recorded estimated net revenue of approximately \$21.5 million presented as medical resident tax recovery in the accompanying consolidated statement of operations for the year ended December 31, 2010. In addition, the Medical Center recorded its portion of the estimated refund (approximately \$21.5 million) in other receivables in the accompanying consolidated statements of financial position at December 31, 2011 and 2010. In January 2011, the Medical Center filed the claims with the IRS. The amounts recorded are subject to change as the IRS adjudicates the claims.

Charity Care and Other Community Benefit Programs: The Medical Center is guided by its mission and charitable purpose to provide charity care and other community benefit programs. These activities include access to medically necessary treatment for individuals unable to pay for services, care provided under means-tested government insurance programs that reimburse the Medical Center at less than the cost of the services provided, education for future health providers, research to advance knowledge and other programs designed to meet local community needs

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Medical Center is committed to serving all patients in need of health care services Consistent with its mission and values, and taking into account an individual's ability to pay for medically necessary health care services, the Medical Center provides charity care, including free or discounted care, to patients with incomes of up to 500% of federal poverty guidelines A key aspect of the policy includes assisting patients in obtaining insurance they are eligible to receive Care provided under the charity care policy is not reported as revenue in the accompanying consolidated statements of operations. The cost of charity care is estimated based on charges associated with the care provided, applied to the ratio of total patient care expenses to total charges for all services rendered

Care provided to patients identified as having the means to pay, but for which payment is not received, is classified as bad debt expense. The Medical Center uses information from patients, as well as other sources, to classify activity between charity care and bad debt expense. Bad debt expense is included in supplies and other expenses in the accompanying consolidated statements of operations. The cost of bad debt expense is estimated based on the charges for which payment is never received, applied to the ratio of total patient care expenses to total charges for all services rendered

Medicaid and other means-tested programs comprise approximately one-third of the Medical Center's patient service revenue. The costs are estimated based on charges for services provided under the means-tested programs, applied to the ratio of total patient care expenses to total charges for all services rendered. The unpaid cost presented below is based on estimated total costs less reimbursement received for the services provided.

The Medical Center operates one of the largest medical residency and health professions training programs in the United States The costs of the training programs are included in operating expenses in the accompanying consolidated statements of operations The costs presented below are net of graduate medical education funding from the Medicare and Medicaid programs

Research and other community benefit program costs include expenses incurred to advance medical care and clinical knowledge. In addition, the Medical Center fosters community participation through advisory boards and linkages with community-based groups. It responds to identified community health related needs by offering specific services including, among others, wellness programs, community education programs, health screenings, community support services and subsidized health services. The research and other community benefit program costs presented below are included in operating expenses in the accompanying consolidated statements of operations.

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

A summary of the costs associated with the provision of charity care and other community benefit programs is as follows

	Year Ended December 31				
		2011		2010	
		(In The	OUSG	inds)	
Charity care, at cost and net of subsidies	\$	33,257	\$	27,232	
Bad debt expense, at cost		16,425		20,121	
Unpaid cost of means-tested government-sponsored					
insurance programs		138,316		186,467	
Health professions training, at cost		77,558		38,522	
Research and other community benefit programs		90,093		80,421	
	\$	355,649	\$	352,763	

Charity care and bad debt expense are net of subsidies from the New York Health Care Reporting Act ("HCRA") pools of approximately \$3 1 million and \$12 9 million for the years ended December 31, 2011 and 2010, respectively The net subsidies represented approximately 8 6% and 32 1% of charity care provided for the years ended December 31, 2011 and 2010, respectively

Program Services: The Medical Center provides health care and related services primarily within its geographic location Expenses related to providing these services for the years ended December 31, 2011 and 2010 are as follows

	2011	2010
	(In Th	ousands)
Health care and related services	\$ 2,708,241	\$ 2,614,968
Program support and general services	198,808	195,141
	\$ 2,907,049	\$ 2,810,109

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Use of Estimates: The preparation of the consolidated financial statements in conformity with US generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, such as estimated uncollectibles for accounts receivable for services to patients and estimated insurance recoveries receivable, and liabilities, such as estimated payables to third-party payors, estimated insurance claims liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the reported amounts of revenue and expenses during the reporting period. The allowance for doubtful accounts and the estimated due to third-party payors, among other accounts, require significant use of estimates. Actual results could differ from those estimates. Management believes that amounts recorded based on estimates and assumptions are reasonable and any differences between estimates and actual should not have a material effect on the Medical Center's consolidated financial position

Adoption of New Accounting Pronouncements: In 2011, the Medical Center adopted Financial Accounting Standards Board ("FASB") Accounting Standards Update No 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries ("ASU 2010-24") ASU 2010-24 clarifies that, for insurance claims or similar contingent liabilities, a health care entity, such as the Medical Center, should not net insurance recoveries against related claims liabilities and that claims liabilities should be determined without consideration of insurance recoveries Health care entities that are indemnified for these liabilities should recognize insurance receivables at the same time that they recognize the liabilities, measured on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible amounts The amendments in ASU 2010-24 permit retrospective application and are effective for fiscal years beginning after December 15, 2010 The Medical Center's consolidated statement of financial position at December 31, 2010 was adjusted to reflect the adoption of this accounting pronouncement, which had no effect on the Medical Center's net assets The Medical Center has recognized estimated insurance claims receivable and estimated insurance claims liabilities of approximately \$487.4 million (approximately \$73.1 million current and \$4143 million long-term) and approximately \$5146 million (approximately \$77.2 million current and \$437.4 million long-term) at December 31, 2011 and 2010, respectively Such amounts represent the actuarially determined present value (discounted at approximately 5 0% for both years) of insurance claims that are anticipated to be covered by insurance The amounts reported in the December 31, 2011 and 2010 consolidated statements of financial position for estimated insurance claims receivable and estimated insurance claims liabilities reflect the financial impact of the Medical Center's employed physicians, as well as the effects of providing patient care in Bronx County, where malpractice premiums are among the highest in New York State and the nation

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

In August 2010, the FASB issued Accounting Standards Update No 2010-23, *Measuring Charity Care for Disclosure* ("ASU 2010-23") ASU 2010-23 requires that the level of charity care provided be presented based on the costs of the charity services provided ASU 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care ASU 2010-23 is effective for fiscal years beginning after December 15, 2010 The Medical Center adopted ASU 2010-23 and has applied its provisions to the accompanying consolidated financial statements The Medical Center's adoption of ASU 2010-23 did not have an effect on the consolidated financial statements and relates only to disclosures

In September 2011, the FASB issued Accounting Standards Update No 2011-09, Compensation – Retirement Benefits – Multiemployer Plans ("ASU 2011-09") The new guidance requires additional disclosures about an employer's participation in multiemployer pension plans ASU 2011-09 is effective for fiscal years ending after December 15, 2011 The Medical Center adopted ASU 2011-09 and has applied its provisions to the accompanying consolidated financial statements The Medical Center's adoption of ASU 2011-09 did not have an effect on the consolidated financial statements and relates only to disclosures

New Accounting Pronouncements: In July 2011, the FASB issued Accounting Standards Update No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities ("ASU 2011-07") In accordance with ASU 2011-07, the Medical Center will be required to present its provision for doubtful accounts related to patient service revenue as a deduction from revenue, similar to contractual discounts Accordingly, the Medical Center's revenue will be required to be reported net of both contractual discounts as well as its provision for doubtful accounts related to patient service revenue Additionally, ASU 2011-07 will require the Medical Center to make certain additional disclosures designed to help financial statement users understand how contractual discounts and bad debts affect recorded revenue in annual financial statements ASU 2011-07 is required to be applied retrospectively and is effective for fiscal years beginning after December 15, 2011 The adoption of ASU 2011-07 is not expected to affect the Medical Center's consolidated financial position, results of operations or cash flows, however, it will change the presentation of the Medical Center's revenue in its consolidated statements of operations and will result in additional disclosure

Reclassifications: For purposes of comparison, certain reclassifications have been made to the accompanying 2010 consolidated financial statements to conform to the 2011 presentation These reclassifications have no effect on net assets previously reported

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Subsequent Events: Subsequent events have been evaluated through March 23, 2012, which is the date the consolidated financial statements were issued. No subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements.

2. Net Patient Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at estimated net realizable amounts due from patients, third party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period that 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.

Non-Medicare Reimbursement: The New York Health Care Reform Act of 1996 (the "Act"), as periodically updated, governs non-Medicare payments to hospitals in New York State Under the Act, hospitals and all non-Medicare payors, except Medicaid, workers' compensation and nofault insurance programs, negotiate hospitals' payment rates. If negotiated rates are not established, payors are billed at hospitals' established charges Medicaid, workers' compensation and no-fault payors 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 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 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

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

Medicare and Medicaid regulations require annual retroactive settlements for cost-based reimbursements through cost reports filed by the Medical Center These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur The estimated settlements recorded at December 31, 2011 and 2010 could differ from actual settlements based on the results of cost report audits

Laws and regulations governing health care programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Additionally, noncompliance with such laws and regulations could result in repayment of amounts improperly reimbursed, fines, penalties and exclusion from such programs. The Medical Center is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations

There are various proposals at the Federal and State levels that could, among other things, significantly reduce reimbursement rates or modify reimbursement methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that have been enacted by the Federal government, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse effect on the Medical Center.

Notes to Consolidated Financial Statements (continued)

3. Marketable and Other Securities

The composition of marketable and other securities at fair value follows

		Decen	ıber	· 31
		2011		2010
		mds)		
Marketable and other securities	\$	775,680	\$	767,311
Assets limited as to use – marketable and other securities		240,038		209,407
Marketable securities held as collateral		6,040		6,464
	\$	1,021,758	\$	983,182
Non-equity mutual funds	\$	162,264	\$	302,185
Equity mutual funds		85,617		63,476
U.S. Government agency mortgage-backed securities		64,857		34,627
U S Treasury securities		191,516		77,878
U S Government agency backed securities		82,333		193,540
Equity securities		1,852		2,734
Limited partnerships and other alternative investments		109,038		94,884
Collective trust funds		33,821		32,600
Corporate debt		290,213		180,829
Other		247		429
	\$	1,021,758	\$	983,182

Current assets limited as to use-marketable securities include amounts set aside to satisfy MIPA contractual requirements, the current portion of assets designated for employee deferred compensation and the current portion of assets designated for malpractice insurance programs

Investment returns for the years ended December 31, 2011 and 2010 are comprised as follows

	Ye	Year Ended December 31					
		2011		2010			
		(In The	วนรส	nds)			
Interest and dividend income	\$	16,239	\$	10,437			
Net realized gains		1,622		11,349			
Change in net unrealized (losses) gains		(13,180)		23,185			
	\$	4,681	\$	44,971			

Notes to Consolidated Financial Statements (continued)

3. Marketable and Other Securities (continued)

At December 31, 2011 and 2010, marketable securities aggregating approximately \$6 0 million and \$6 5 million (at fair value), respectively, were pledged as collateral under various debt and other agreements and included in marketable securities held as collateral in the consolidated statements of financial position

4. Property, Buildings and Equipment

A summary of property, buildings and equipment follows

	December 31					
	2011			2010		
		(In The	ousa	ands)		
Land and land improvements	\$	24,530	\$	24,469		
Buildings, fixed equipment and improvements		1,194,684		1,148,447		
Movable equipment		729,731		651,970		
		1,948,945		1,824,886		
Less accumulated depreciation and amortization	(1,243,509)		(1,146,611)		
		705,436		678,275		
Construction-in-progress		33,105		39,143		
	\$	738,541	\$	717,418		

Property, buildings and equipment includes capital lease assets of approximately \$95.2 million and \$80.5 million at December 31, 2011 and 2010, respectively, with accumulated amortization of approximately \$58.5 million and \$48.6 million, respectively

Substantially all property, buildings and equipment has been collateralized under various debt agreements

Notes to Consolidated Financial Statements (continued)

5. Leases

Total rental expense included in supplies and other expenses aggregated approximately \$36.4 million and \$40.8 million for the years ended December 31, 2011 and 2010, respectively

Future minimum payments, by year and in the aggregate, under capital leases and non-cancelable operating leases with initial or remaining terms of one year or more at December 31, 2011 consisted of the following

	Capital Leases	O	perating Leases		
	 (In Thousands)				
2012	\$ 15,592	\$	25,043		
2013	11,892		23,483		
2014	9,069		22,480		
2015	6,488		21,083		
2016	2,434		18,295		
2017 and thereafter	_		124,781		
Total minimum lease payments	45,475	\$	235,165		
Less amount representing interest	(1,747)				
Total value of minimum lease payments (included in long-term debt – see Note 6)	\$ 43,728	•			

The Medical Center borrowed approximately \$17.5 million and \$25.4 million during the years ended December 31, 2011 and 2010, respectively, under a tax-exempt leasing program ("TELP") to finance equipment acquisitions. The interest rates associated with the Medical Center's various TELP borrowings range from 1.62% to 3.23%

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt

A summary of long-term debt follows

	December 31					
	2011 2010					
		(In Thousands)				
FHA Section 242 insured mortgage loan (a)	\$	118,244	\$	123,658		
FHA Section 241 insured mortgage loan (b)		98,142		104,616		
FHA Section 241 insured mortgage loan (c)		79,362		82,443		
FHA Section 241 insured mortgage loan (d)		13,022		13,517		
FHA Section 241 insured mortgage loan (e)		154,875		158,971		
HDC residential revenue bonds payable (t)		7,000		7,200		
Bank loans payable (g)		7,923		8,345		
Housing II mortgages payable (h)		19,122		19,237		
Housing I mortgage payable (1)		1,503		1,557		
MCORP bonds payable (1)		20,590		20,995		
NYC IDA bonds payable (1)		14,360		14,635		
Other		3,181		3,250		
Capital leases (<i>Note 5</i>)		43,728		41,772		
•		581,052		600,196		
Add long-term mortgage premium (e)		8,914		9,947		
Less current portion		(39,356)		(36,624)		
-	\$	550,610	\$	573,519		

⁽a) The Medical Center has a mortgage agreement with the Dormitory Authority of the State of New York (the "Dormitory Authority") insured under the provisions of the Federal Housing Administration ("FHA") 242 Program This insured mortgage is secured by a first mortgage on substantially all of the Medical Center's real property and unrestricted assets Payments of principal and interest are due monthly through October 1, 2026 The interest is payable at 4 65% through January 31, 2015 and thereafter at 4 57%

With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to February 1, 2015 Subsequent to February 1, 2015, prepayment may be made without penalty

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2011, there were no future funding requirements and the balance of approximately \$22.1 million of the mortgage reserve fund met the minimum mortgage reserve fund requirement related to the FHA 242 Program insured mortgage loan

The Medical Center has a mortgage agreement with the Dormitory Authority, insured under the provisions of the FHA 241 Program to finance a construction and renovation project that was completed in 1998. The interest rate on the mortgage is 4 55% per annum and principal and interest payments are due monthly through April 2023, at which time any remaining principal and interest is due. With the exception of certain limited circumstances, the loan may not be prepaid prior to February 1, 2018. Subsequent to February 1, 2018, the loan may be prepaid without penalty

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2011, the Medical Center met the funding requirements and minimum mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are

			December 31	
	F	unding	Minimum	
	Red	quirement	Balance	
		(In Tho	isands)	
2012	\$	929	\$ 17,417	
2013		4,782	22,199	
2014		_	22,199	
2015		_	22,199	
2016		-	20,904	

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

Program, to finance certain construction and renovation projects, including the Children's Hospital at Montefiore, which was completed in 2001, and to refinance certain debt Prior to May 2011, the mortgage agreement was with the Dormitory Authority and the rate was 5 66% per annum In May 2011, the Medical Center issued Montefiore Medical Center GNMA Collateralized Taxable Revenue Bonds, Series 2011 ("2011 Bonds") in order to refinance the mortgage loan and reduce the mortgage rate to 4 22% The 2011 Bonds are secured by fully modified pass-through mortgage-backed securities guaranteed by the Government National Mortgage Association ("GNMA") Mortgage principal and interest payments are due monthly through May 1, 2027, at which time any remaining principal and interest is due With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to April 30, 2021, after which the mortgage may be prepaid without penalty

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2011, the Medical Center met the funding requirements and minimum mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are

			Dec	ember 31	
		Funding		Minimum	
	<u>]</u>	Requirement		В	Salance
		(In Thoi	ısan	ds)
2012		\$	641	\$	13,970
2013			_		13,970
2014			_		13,970
2015			_		13,970
2016			_		13,970

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

(d) The Medical Center has a mortgage agreement, insured under the provisions of the FHA 241 Program, to finance a construction project, which was completed in 2003 Prior to May 2011, the mortgage agreement was with the Dormitory Authority, and the rate was 6 23% per annum In May 2011, the Medical Center issued 2011 Bonds in order to refinance the mortgage loan and reduce the mortgage rate to 4 22% The 2011 Bonds are secured by fully modified pass-through mortgage-backed securities guaranteed by the GNMA Mortgage principal and interest payments are due monthly through May 1, 2027, at which time any remaining principal and interest is due With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to April 30, 2021, after which the mortgage may be prepaid without penalty

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2011, there were no future funding requirements and the balance of approximately \$2.3 million of the mortgage reserve fund met the funding requirements and minimum required mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan

(e) The Medical Center has a mortgage agreement with the Dormitory Authority, insured under the provisions of the FHA 241 Program, to finance a construction and renovation project that was completed in 2007 The interest rate is 5 37% per annum Principal and interest payments are due monthly through April 1, 2032, at which time any remaining principal and interest is due With the exception of certain limited circumstances, the loan may not be prepaid prior to February 1, 2015 Subsequent to February 1, 2015, the loan may be prepaid without penalty

In connection with the mortgage agreement, the Medical Center obtained two bank letters of credit, one of which was terminated on December 14, 2010. The remaining letter of credit expires on December 14, 2013. The approximate \$4.4 million letter of credit is secured by approximately \$4.9 million of marketable securities included in marketable securities held as collateral in the consolidated statements of financial position at December 31, 2011 and 2010. There were no drawdowns under either of the letters of credit during the years ended December 31, 2011 and 2010.

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

In connection with this financing, the Medical Center recorded approximately \$7.6 million of mortgage premium as a component of long-term debt related to the termination of a forward starting interest rate swap agreement. The balance outstanding was approximately \$5.3 million and \$5.8 million at December 31, 2011 and 2010, respectively. The mortgage premium is amortized to accrete the amount recorded over the life of the mortgage using the effective interest method.

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2011, the Medical Center met the funding requirements and minimum required mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are

			Dece	ember 31	
	Fui	Funding		Minimum	
	Requ	Requirement		alance	
		(In Thous		isands)	
2012	\$	2,878	\$	12,928	
2013		2,582		15,510	
2014		2,431		17,941	
2015		2,379		20,320	
2016		2,426		22,746	

⁽f) The proceeds of New York City Housing Development Corporation ("HDC") revenue bonds were used by the Medical Center for a staff housing project Interest is payable monthly at a variable rate (1 465% at December 31, 2011) Principal is payable annually through May 1, 2030, at increasing annual amounts ranging from approximately \$200,000 to \$600,000 The amounts due are secured by a mortgage and a revenue pledge on the underlying property financed and an irrevocable direct pay letter of credit issued by a bank in the amount of approximately \$7 1 million, which expires in June 2014 No unreimbursed draws were made under the direct pay letter of credit during the years ended December 31, 2011 and 2010 The revenue bonds can be prepaid without penalty at the option of the Medical Center

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

Ouring 2009, the Medical Center entered into an approximate \$5.3 million loan agreement with a bank to finance the acquisition of a building. The balance outstanding was approximately \$5.0 million and \$5.1 million at December 31, 2011 and 2010, respectively. Interest is payable monthly at a variable rate (3.256% at December 31, 2011). Annual principal payments of approximately \$155,000 are due through the final maturity date in August 2015, at which time the remaining principal is due.

During 2010, the Medical Center entered into an approximate \$3.2 million loan agreement with a bank to finance the acquisition of a building. The balance outstanding was approximately \$2.9 million and \$3.2 million at December 31, 2011 and 2010, respectively. Interest is payable monthly at a variable rate (2.89% at December 31, 2011) Annual principal payments of approximately \$267,000 are due through the final maturity date in August 2015, at which time the remaining principal is due

(h) Housing II has primary and subordinate mortgage agreements with HDC At December 31, 2011 and 2010, the primary mortgage amount outstanding was approximately \$6.3 million and \$6.4 million, respectively. The interest rate is 6.5%, and principal and interest payments of \$44,300 are due monthly through January 1, 2035. After December 29, 2019, the primary mortgage may be prepaid without penalty if the subordinate mortgage is no longer outstanding. At December 31, 2011 and 2010, the subordinate mortgage amount was approximately \$12.8 million and bears no interest.

The subordinate mortgage is payable in full on April 30, 2035 After December 29, 2019, the subordinate mortgage may be prepaid without penalty. The effective interest rate of the combined obligation is 2 3%, assuming the obligation is prepaid in 2019. If the mortgages remain outstanding through 2035, the effective interest rate is 1.8%. Housing II has used 1.8% as the interest rate for the purpose of recognizing interest expense under the assumption that the mortgages will remain outstanding through 2035.

Substantially all of Housing II's property and equipment rents and profits are collateral for the mortgages In addition, any requests for rental increases must be approved by HDC During the years ended December 31, 2011 and 2010, Housing II maintained the reserve for replacement account in accordance with HDC requirements Monthly deposits aggregating approximately \$5,000 are required to be made into this account

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

- (1) Housing I has a mortgage loan agreement with a lender The interest rate is 7 59% Principal and interest payments are due monthly through July 2026 The mortgage loan may be prepaid upon 30 days' notice subject to payment of a prepayment penalty of at least 1% The mortgage loan is secured by a mortgage on the building and underlying property
- (1) MCORP has acquired certain real estate financed with the proceeds of two financings approximately \$15 6 million of New York City Industrial Development Agency ("NYC IDA") revenue bonds and approximately \$21.9 million of MCORP taxable bonds. The MCORP bonds were also used to refinance an approximate \$6.9 million bridge loan related to another real estate acquisition Interest on the NYC IDA bonds has an average coupon rate of 4 96%, and payments of interest and principal are payable monthly through October 1, 2035 After November 1, 2010, the bonds may be prepaid without penalty. The bonds were sold at a premium of approximately \$308,000, which was recorded as a component of the related longterm debt balance and is being amortized using the effective interest method over the term of the bonds Interest on the MCORP bonds is payable monthly at a variable rate (1 625% at December 31, 2011) Principal is payable monthly through October 1, 2035 The bonds are subject to prepayment without penalty Both bond issues are secured by direct pay letters of credit from a bank in the amounts of approximately \$14.7 million and \$20.7 million at December 31, 2011, and approximately \$150 million and \$212 million at December 31, 2010 The letters of credit are secured by a mortgage on the properties financed The letters of credit expire December 31, 2015

No unreimbursed draws were made under the direct pay letters of credit during the years ended December 31, 2011 and 2010

Notes to Consolidated Financial Statements (continued)

6. Long-term Debt (continued)

The aggregate amount of principal payments required under all long-term indebtedness, including capital leases and amortization of long-term mortgage premium, during the next five years, exclusive of sinking funds requirements, follows (in thousands)

2012	\$ 39,356
2013	36,055
2014	34,522
2015	39,472
2016	31,225

Substantially all of the Medical Center's property, buildings and equipment and other assets serve as collateral under the various debt arrangements. In addition, the Medical Center must maintain certain financial ratios and, among other things, obtain approval to incur additional debt above specified amounts. The Medical Center was in compliance with such covenants at December 31, 2011.

At December 31, 2011, the Medical Center had a line of credit with a bank aggregating approximately \$8 5 million. There were no amounts drawn down under this line of credit

Interest paid during the years ended December 31, 2011 and 2010 amounted to approximately \$27.9 million and \$31.6 million, respectively

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	December 31				
		2011 20			
		ids)			
Collateralizing bank financing, teaching and research	\$	34,800	\$	34,800	
Construction and renovation projects		7,278		5,738	
Health care related services		21,123		21,148	
Research		7,705		7,686	
Health education		1,888		3,072	
	\$	72,794	\$	72,444	

Notes to Consolidated Financial Statements (continued)

7. Temporarily and Permanently Restricted Net Assets (continued)

The Medical Center follows the requirements of the New York Prudent Management of Institutional Funds Act ("NYPMIFA") passed into law effective September 2010 as it relates to its permanently restricted endowments Prior to the enactment of the law, the Medical Center followed the requirements of the Uniform Management of Institutional Funds Act ("UMIFA") The Medical Center has interpreted NYPMIFA, which did not have a significant effect on the Medical Center's endowment policies that were in effect prior to the enactment As a result of this interpretation, the Medical Center classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment funds

The Medical Center's endowments consist of donor-restricted funds established for a variety of purposes As required by U S generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

The Medical Center requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) if applicable, any accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted funds that are not classified in permanently restricted net assets is classified as temporarily restricted net assets until the purpose or time restriction expires. Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified term

The Medical Center's investment and spending policies for endowment assets seek to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified term

Notes to Consolidated Financial Statements (continued)

7. Temporarily and Permanently Restricted Net Assets (continued)

For the years ended December 31, 2011 and 2010, the Medical Center had the following endowment-related activities

	Year Ended December 31, 2011							
	Unr	estricted		nporarily estricted		manently estricted		Total
	(In Thousands)							
Endowment balance, beginning of year	\$	_	\$	1,273	\$	25,350	\$	26,623
Investment return			·	,	·	,		,
Investment income		250		195		_		445
Total investment return		250		195		_		445
Amounts appropriated for expenditure		(250)		(40)		_		(290)
Net change in endowment funds		_		155		_		155
Endowment balance, end of year	\$	_	\$	1,428	\$	25,350	\$	26,778

	Year Ended December 31, 2010							
	Temporarily Permanently							
	Unre	estricted	Re	estricted	R	estricted		Total
	(In Thousands)							
Endowment balance, beginning								
of year	\$	_	\$	1,190	\$	25,350	\$	26,540
Investment return								
Investment income		222		163		_		385
Total investment return		222		163		_		385
Amounts appropriated for								
expenditure		(222)		(80)		_		(302)
Net change in endowment funds		_		83		_		83
Endowment balance, end of year	\$	_	\$	1,273	\$	25,350	\$	26,623

Notes to Consolidated Financial Statements (continued)

7. Temporarily and Permanently Restricted Net Assets (continued)

Permanently restricted net assets amounted to approximately \$25.4 million at December 31, 2011 and 2010. At December 31, 2011 and 2010, the fair value of marketable securities (including reinvested earnings over the life of endowments) exceeded the amount of permanently restricted net assets at such dates

8. Benefit Plans

The Medical Center is a contributing employer to two union multiemployer pension plans In addition, the Medical Center also maintains two tax deferred annuity plans under Section 403(b) of the Internal Revenue Code as well as two noncontributory defined benefit pension plans The Medical Center sponsors two unfunded defined benefit postretirement health and welfare plans that cover certain full-time and part-time employees and eligible dependents

Contributions to union multiemployer pension plans are made in accordance with contractual agreements under which contributions are based on a percentage of salaries or a negotiated amount Contributions to the non-contributory tax deferred annuity plan are based on percentages of salary Contributions to the noncontributory defined benefit plans are based on actuarial valuations Benefits under the noncontributory defined benefit plans are based on years of service and salary levels The Medical Center's policy is to contribute amounts sufficient to meet funding requirements in accordance with the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006

Total expense, included in employee benefits expense in the consolidated statements of operations for the various pension plans aggregated approximately \$87.7 million and \$81.1 million for the years ended December 31, 2011 and 2010, respectively Cash payments relative to the various pension plans aggregated approximately \$92.3 million and \$77.2 million for the years ended December 31, 2011 and 2010, respectively

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

Multiemployer Plans

The Medical Center contributes to two multiemployer defined benefit pension plans under the terms of collective-bargaining agreements that cover its union-represented employees New York State Nurses Association Pension Plan ("NYSNA") and the 1199SEIU Healthcare Employees Pension Fund ("1199SEIU") 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 the plan, the unfunded obligations of the plan may be borne by the remaining participating employers
- c If an entity of the multiemployer defined benefit pension plan chooses to stop participating in some of its multiemployer plans, the entity may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability

The Medical Center's participation in these plans for the year ended December 31, 2011 is outlined in the table below The "EIN/Pension Plan Number" column provides the Employee Identification Number ("EIN") and the three-digit plan numbers Unless otherwise noted, the most recent Pension Protection Act ("PPA") zone status available in 2011 and 2010 is for the plan's year end at December 31, 2010 and 2009, 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 either pending or has been implemented The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

	EIN/		Protection ne Status	FIP/RP				nter		Expiration Date of Collective-
Pension Fund	Pension Plan Number	2011	2010	Status Pending/ Implemented		2011		2010	Surcharge Imposed	Bargaining Agreement
	13-6604799									
NYSNA (a)	001 13-3604862	Green	Green	No	\$	15,632	\$	12,269	No	12 31 2013
1199SEIU (b)	001	Green	Red	Implemented	\$	31,615	\$	26,107	No	4 30 2015

⁽a) Retroactive to 2009, the plan changed its asset valuation method to amortize 2008 losses over ten years as allowed under the Pension Relief Act of 2010. In addition, the 2011 annual contribution rate per participant increased from \$6.057 in 2010 to \$7,900 in 2011.

The Medical Center was listed in the plans' Forms 5500 as providing more than 5% of the total contributions for the following plan years

		Year Contributions to Plan Exceeded More than 5% of Total Contributions (as of December 31 of
1	Pension Fund	the Plan's Year End)
NYSNA		2010 and 2009
1199 SEIU		2010 and 2009

At the date the Medical Center's consolidated financial statements were issued, Forms 5500 were not available for the plans' year ended in 2011

⁽b) The 1199SEIU Healthcare Employees Pension Fund has implemented a rehabilitation plan for the period January 1, 2012 through December 31, 2024. In addition, in July 2009 wage concessions were agreed to as well as an increase in annual contributions from contributing members.

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

Defined Benefit Plans

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 consolidated statements of financial position. Net unrecognized actuarial losses and 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 unrestricted net assets at December 31, 2011 and 2010 are the following amounts that have not yet been recognized in net periodic benefit cost

	Pen	nsion Postreti			irement		
	 2011		2010		2011		2010
			(In The	usar	nds)		
Unrecognized actuarial loss Unrecognized prior service	\$ 10,573	\$	6,628	\$	17,542	\$	18,424
cost (credit)	 44		88		(852)		(2,342)
	\$ 10,617	\$	6,716	\$	16,690	\$	16,082

The unrecognized net prior service cost (credit) and actuarial loss included in unrestricted net assets expected to be recognized as net periodic benefit cost during the year ending December 31, 2012 are approximately \$800,000 and \$1.7 million, respectively

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

The following tables provide a reconciliation of the changes in the defined benefit plans' benefit obligations and fair value of plan assets (where applicable) for the years ended December 31, 2011 and 2010 and the funded status of the defined benefit plans as of December 31, 2011 and 2010

	Pension			Postretirement				
		2011		2010		2011		2010
				(In Tho	นรสห	nds)		
Changes in benefit obligation								
Benefit obligation at January 1	\$	29,274	\$	22,550	\$	86,793	\$	79,571
Service cost		2,134		1,280		5,979		5,578
Interest cost		1,206		1,291		4,456		4,654
Actuarial loss		2,505		1,242		408		984
Benefit payments, net		(6,520)		(1,283)		(3,879)		(3.994)
Plan amendment		_		4,194		_		_
Benefit obligation at								
December 31	\$	28,599	\$	29,274	\$	93,757	\$	86,793
Change in plan assets Fair value of plan assets at January 1 Actual return on plan assets Employer contributions Benefit payments Fair value of plan assets at	\$	19,999 (498) 6,844 (6,520)	\$	17.301 2.334 1.647 (1.283)	\$	- - 3,879 (3,879)	\$	- 3,994 (3,994)
December 31	_\$_	19,825	\$	19,999	\$		\$	
Funded status Amounts recognized in the consolidated statements of financial position	\$	(8,774)	\$	(9,275)	\$	(93,757)	\$	(86,793)

The accumulated benefit obligation for the Medical Center's defined benefit plans as of December 31, 2011 and 2010 is approximately \$23 6 million and \$22 2 million, respectively

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

The following table provides the components of the net periodic benefit cost for the defined benefit plans for the years ended December 31, 2011 and 2010

	Pension				Postretirement			
	2011		2010		2011		2010	
			(In Tho	ousands)				
Service cost	\$ 2,134	\$	1,280	\$	5,979	\$	5,578	
Interest cost	1,206		1,291		4,456		4,654	
Expected return on plan								
assets	(1,334)		(1,275)		_		_	
Amortization of prior service								
cost (benefit)	44		4,105		(1,491)		(1,491)	
Amortization of net loss	321		155		1,291		1,306	
Settlement	72		_		_			
Net periodic benefit cost	\$ 2,443	\$	5,556	\$	10,235	\$	10,047	

	Pens	ion	Postreti	rement
	2011	2010	2011	2010
Weighted average assumptions used to determine benefit obligations as of December 31				
Discount rate	5.10%	5 25% – 5 35%	5.10%	5 25%
Rate of compensation increases	3.00% – 4.00%	3 00% – 4 00%	_	_

	Pens	ion	Postreti	rement
	2011	2010	2011	2010
Weighted average assumptions used to determine net periodic benefit cost for the years ended December 31				
Discount rate	5.25% - 5.35%	6 00% - 6 15%	5.25%	6 00%
Expected long-term rate of return				
on plan assets	6.50%	6 50%	_	_
Rate of compensation increase	3.00% - 4.00%	4 00% – 5 00%	_	_

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

The overall expected long-term rate of return on plan assets is based on the historical returns of each asset class weighted by the target asset allocation. The target asset allocation has been selected consistent with the plan's desired risk and return characteristics. The Medical Center's independent consulting actuaries review the expected long-term rate periodically and based on the building block approach, updated the rate for changes in the marketplace.

The Medical Center's defined benefit pension plan weighted-average asset allocations, by asset category, are as follows

	Decem	ber 31
	2011	2010
Equity securities	25%	24%
Debt securities	24	21
Alternative investments	30	33
Equity mutual/common trust funds	20	20
Cash and cash equivalents	1	2
Total	100%	100%

Defined benefit pension plan assets are carried at fair value and generally consist of fixed income securities issued or guaranteed by government entities, money market funds, mutual funds, fixed income securities issued by corporations, equity securities and alternative investments Alternative investments are stated at fair value based upon, as a practical expedient, net asset values derived from the application of the equity method of accounting Refer to Note 10 for additional fair value measurement information related to the defined benefit plan asset categories noted in the table above

The target allocations for the defined benefit pension plan's assets are as follows

	Target <u>Allocation</u>
U S stocks	23%
Non-U S stocks	14
Global stocks	4
Bonds	20
Hedge funds	29
Private equity funds	10

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

Assumed health care cost trend rates at December 31 are as follows

	2011	2010
Health care cost trend rate	8.55%	9 35%
Rate to which the cost trend rate is assumed to decline (the ultimate trend rate)	4.50%	4 75%
Years that the rate reaches the ultimate trend rate	2019-2020	2018-2019

The measurement dates used to determine defined benefit pension and postretirement plan costs were December 31, 2011 and 2010

During the year ending December 31, 2012, the Medical Center expects to contribute approximately \$3 5 million and \$4 6 million to the defined benefit pension and postretirement plans, respectively

Expected benefit payments by year as of December 31, 2011 follow

	P	ension	Postretirement					
	(In Thousands)							
2012	\$	3,553	\$	4,600				
2013		2,871		5,000				
2014		3,296		5,300				
2015		1,715		5,500				
2016		1,763		5,800				
2017-2021		15,753		36,400				

Notes to Consolidated Financial Statements (continued)

8. Benefit Plans (continued)

Assumed health care cost trend rates have a significant effect on the amounts reported for the defined benefit postretirement plans A 1% change in assumed health care cost trend rates would have the following effects relating to the postretirement plans

	2011					20	10	10	
		1%	1%			1%	1%		
	I	ncrease	Γ	ecrease	Inc	crease	D	ecrease	
				(In Th	ousand	ls)			
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost Effect on the health care component of the accumulated postretirement	\$	700	\$	(800)	\$	700	\$	(800)	
benefit obligation]	11,100		(9,200)		5,000		(5,400)	

9. Contingencies and Other

Claims have been asserted against the Medical Center by various claimants arising out of the normal course of its operations. The claims are in various stages of processing and some may ultimately be brought to trial. Also, there are known incidents occurring through December 31, 2011 that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. Medical Center management and counsel are unable to conclude about the ultimate outcome of the actions. However, it is the opinion of Medical Center management, based on prior experience that adequate insurance is maintained and adequate provisions for professional liabilities, where applicable, have been established to cover all significant losses and that the eventual liability, if any, will not have a material adverse effect on the Medical Center's consolidated financial position

Notes to Consolidated Financial Statements (continued)

9. Contingencies and Other (continued)

The Medical Center participates in a pooled insurance program for professional and general liabilities with certain other health care facilities (principally hospitals) affiliated with the UJA Federation of Jewish Philanthropies of New York (the "FOJP Program") Participation in this occurrence basis insurance program is through captive and commercial insurance companies Participation in the FOJP Program began in April 1977 The Medical Center changed its malpractice insurance program for the period from January 1, 1998 through December 31, 1998, becoming self-insured for a portion of the coverage for this period At December 31, 2011 and 2010, the Medical Center had liabilities recorded of approximately \$1.9 million and \$2.7 million, respectively, related to this self-insured period Such amounts are included in the total program liabilities noted below, and represent the estimated remaining exposure under the self-insured program The Medical Center has fully funded the liability related to the self-insured period at December 31, 2011 and 2010, these amounts are included in current assets limited as to use in the accompanying consolidated statements of financial position For the period beginning January 1, 1999, the Medical Center's malpractice insurance program reverted to a program similar to the arrangement that existed prior to January 1, 1998 Beginning in 2002, the insurance program offered a deferred premium arrangement in which 40% of the annual premium is paid in the current year and the balance is payable over three years

As of December 31, 2011, the Medical Center retained ownership interests in three captive insurance companies affiliated with the FOJP Program ranging from 17% to 25%. The Medical Center has recognized its allocated share of the program's accumulated surplus using the equity method of accounting Such amounts (approximately \$60.2 million and \$46.3 million at December 31, 2011 and 2010, respectively) are included in deferred financing costs and other non-current assets in the accompanying consolidated statements of financial position. Total liabilities associated with this program were approximately \$184.8 million and \$174.0 million at December 31, 2011 and 2010, respectively. At December 31, 2011 and 2010, approximately \$64.2 million and \$61.1 million, respectively, were included in other payables and accrued expenses and approximately \$120.6 million and \$112.9 million, respectively, were included in other non-current defined benefit and postretirement health plan and insurance liabilities in the consolidated statements of financial position.

The liabilities principally relate to the deferred premium arrangement, the participating hospitals' guarantee of certain investment returns of the captive companies and retroactive premium adjustments

Notes to Consolidated Financial Statements (continued)

9. Contingencies and Other (continued)

At December 31, 2008, an additional provision and liability of approximately \$50 8 million was recorded due to the program not achieving its assumed investment earnings target. As a result, beginning January 1, 2009 the Medical Center was required to fund its portion of the liability ratably over the four years, subject to the program's subsequent investment performance. During the year ended December 31, 2010, the Medical Center paid approximately \$5.9 million and the program's investment performance reduced the remaining shortfall to zero

During the year ended December 31, 2011, the Medical Center recorded approximately \$25.9 million of malpractice insurance program adjustments associated with investment losses reflected in the consolidated statement of operations. The losses were associated with an earnings shortfall. The Medical Center is required to fund the earnings shortfall ratably over the next four years subject to financial market performance. At December 31, 2011, approximately \$6.5 million was reflected in other payables and accrued expenses and approximately \$19.4 million was reflected in non-current defined benefit and postretirement health plan and insurance liabilities in the accompanying statement of financial position. In addition, at December 31, 2011, approximately \$25.9 million was reflected in assets limited as to use in the accompanying consolidated statement of financial position.

At December 31, 2011, the Medical Center had a letter of credit from a bank aggregating approximately \$10 million, which expires December 15, 2012, for the benefit of its captive insurance companies The outstanding letter of credit is secured by approximately \$11 million of marketable securities held as collateral in the consolidated statement of financial position at December 31, 2011

At December 31, 2011 and 2010, approximately 66% of the Medical Center's employees were covered by collective bargaining agreements. The Medical Center entered into a new collective bargaining agreement with NYSNA in January 2012. The new agreement will expire on December 31, 2013. Approximately 14% of the Medical Center's employees are covered by the agreement with NYSNA. The collective bargaining agreement with 1199SEIU will expire in April 2015.

In connection with agreements entered into between MIPA, CMO and several health insurance companies, the Medical Center has agreed to guarantee the performance and payment of certain hospital, physician and administrative services

Notes to Consolidated Financial Statements (continued)

10. 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

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 uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

Notes to Consolidated Financial Statements (continued)

10. Fair Value Measurements (continued)

Financial assets carried at fair value, including assets invested in the Medical Center's defined benefit plan, are classified in the table below in one of the three categories described above as of December 31, 2011 and 2010

			December	r 31, <mark>2</mark> 01	1	
	I	Level 1	Level 2	Leve	13	Total
			(In Tho	usands)		
Assets						
Cash and cash equivalents	\$	26,855	\$ _	\$	_	\$ 26,855
Marketable and other securities						
Non-equity mutual funds		4 < 0 0 < 4				4 < 0.0 < 4
U S non-equity mutual funds		162,264	_		_	162,264
Equity mutual funds		02.522				02.522
U S equity mutual funds		82,722	_		_	82,722
Non-U S equity mutual funds		2,895	_		_	2,895
U S Government agency mortgage- backed securities			64,857			64,857
U S Treasury securities		191,516	04,037			191,516
U S Government agency backed		171,510	_			171,510
securities		_	82,333		_	82,333
U S equity securities		1,852	-		_	1,852
Corporate debt		290,213	_		_	290,213
Other		247	_		_	247
Defined benefit plan assets						
Cash and cash equivalents		346	_		_	346
Alternative investments						
Hedge funds (a)		_	4,833			4,833
Private equity funds (b)		_	_		450	450
Equity securities (c)		6,285	_		_	6,285
Equity mutual funds (d)		2,909	-		_	2,909
Collective trust funds (e)		-	3,155		_	3,155
Debt securities (1)		1,847	 -		-	 1,847
Total financial instruments, at fair value	<u>\$</u>	769,951	\$ 155,178	\$	450	\$ 925,579

Notes to Consolidated Financial Statements (continued)

10. Fair Value Measurements (continued)

	December 31, 2010						
	Level 1			Level 2 Level		3 Total	
				(In Tho			
Assets							
Cash and cash equivalents	\$	12,517	\$	_	\$ -	\$	12,517
Marketable and other securities							
Non-equity mutual funds							
U S non-equity mutual funds		295,327		_	_		295,327
Non-U S non-equity mutual funds		6,858		_	_		6,858
Equity mutual funds							
U S equity mutual funds		62,496		_	_		62,496
Non-U S equity mutual funds		980		_	_		980
U S Government agency mortgage-				24.625			0.1.60
backed securities		-		34,627	_		34,627
U S Treasury securities		77,878		_	_		77,878
U S Government agency backed				102 5 10			102 5 10
securities		2 72 1		193,540	_		193,540
U S equity securities		2.734		_	_		2.734
Corporate debt		180,829		_	_		180,829
Other		429		_	_		429
Defined benefit plan assets							
Cash and cash equivalents		428		_	_		428
Alternative investments							
Hedge funds (a)		_		4,474	_		4,474
Private equity funds (b)		_		_	338		338
Equity securities (c)		4.818		_	_		4,818
Equity mutual funds (d)		1,050		_	_		1.050
Collective trust funds (e)		_		4,695	_		4,695
Debt securities (f)		4,196					4,196
Total financial instruments, at fair value	\$	650,540	\$	237,336	\$ 338	\$	888,214

Hedge fund investments consisting primarily of publicly traded equity holdings with both long and short positions

⁽b) Venture capital partnerships

Includes small and large cap common stock of corporations primarily domiciled in the United States

Includes investments in mutual funds that invest primarily in domestic large cap common stock

⁽e) Collective trusts invest primarily in common stock of corporations domiciled in the United States

Includes investments in corporate bonds

Notes to Consolidated Financial Statements (continued)

10. Fair Value Measurements (continued)

The Medical Center's alternative investments and collective trusts, excluding those within the defined benefit plan, are reported using the equity method of accounting and, therefore, are not included in the tables above

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 Level 3 assets consist of alternative investments included in the defined benefit plan assets, the valuation for which is described in Note 8 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

The following table sets forth a summary of changes in the fair value of the Level 3 assets for the years ended December 31, 2011 and 2010

	2	2011		2010		
		(In Thousands)				
Fair value at January 1	\$	338	\$	164		
Actual return on plan assets sold during year		(38)		13		
Actual return on plan assets held at end of year		39		50		
Purchases, sales, and settlements, net		111		111		
Fair value at December 31	\$	450	\$	338		

Notes to Consolidated Financial Statements (continued)

10. Fair Value Measurements (continued)

The carrying values and fair values of the Medical Center's financial instruments that are not required to be carried at fair value are as follows at December 31

	20			2010						
	Fair Value	(Carrying Value		Fair Value		Carrying Value	_		
			(In The	ousands)						
Long-term debt	\$ 612,744	\$	589,966	\$	616,244	\$	610,143			

The fair value of the Medical Center's long-term debt is based on discounted cash flow analyses, using estimated borrowing rates for similar types of debt

11. Concentration of Credit Risk

At December 31, 2011 and 2010, excluding investments in bond mutual funds, approximately 46% and 54%, respectively, of the Medical Center's marketable securities were issued by either the United States Government or its agencies

At December 31, 2011 and 2010, significant concentrations of receivables for patient care include approximately 28% and 30% from Medicaid, 14% and 16% from Medicare and 56% and 52% from commercial and managed care organizations, respectively, of which no individual commercial or managed care organization equaled 10% or greater

Net patient service revenue from the Medicare and Medicare managed care programs and the Medicaid and Medicaid managed care programs each accounted for approximately 36% and 32%, respectively, of the Medical Center's net patient service revenue for each of the years ended December 31, 2011 and 2010 No other specific payor exceeded 10% of net patient service revenue

Notes to Consolidated Financial Statements (continued)

12. Other Operating Revenue

Other operating revenue included in the consolidated statements of operations for the years ended December 31, 2011 and 2010 consisted of the following

		2011		2010		
		(In Thousands)				
Investment income	\$	16,239	\$	10,437		
Continuing Medical Education programs	Ψ	14,371	Ψ	13,831		
Staff housing and other rental income		11,331		9,961		
Equity earnings from investments		11,209		9,360		
Patient care quality incentive revenue		6,102		4,064		
Net assets released from restrictions used for operations		4,814		3,754		
Information system services		4,092		7,068		
Parking revenue		4,358		4,385		
Cafeteria revenue		3,741		4,041		
All other		26,347		20,244		
	\$	102,604	\$	87,145		

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