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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public

By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Maimonides Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

4802 Tenth Avenue Suite

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Brooklyn, NY 11219

D Employer identification number

11-1635081

E Telephone number

(718) 283-3900

G Gross receipts \$ 1,063,848,696

F Name and address of principal officer

PAMELA S BRIER

4802 TENTH AVENUE

BROOKLYN, NY 11219

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.maimonidesmed.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1945

M State of legal domicile NY

Part I Summary																																	
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>SEE SCHEDULE O</div></div>																																
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>32</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>29</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>7,090</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,786</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>292,942</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>106,579</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	32	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7,090	6	Total number of volunteers (estimate if necessary)	6	1,786	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	292,942	b	Net unrelated business taxable income from Form 990-T, line 34	7b	106,579								
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Part II Signature Block

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

Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2014-11-13

Date

Dominic Stanzone

Executive Vice President & COO

Type or print name and title

Prnt/Type preparer's name

Jennifer D Rhoderick

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00395735

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

111 MONUMENT CIRCLE SUITE 4000

INDIANAPOLIS, IN 46204

Phone no

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

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 633,422,401 including grants of \$) (Revenue \$ 648,484,008)

INPATIENT SERVICES This is further described in Schedule O

4b

(Code) (Expenses \$ 60,470,948 including grants of \$) (Revenue \$ 42,701,130)

MATERNITY SERVICES This is further described in SCHEDULE O

4c

(Code) (Expenses \$ 67,117,298 including grants of \$) (Revenue \$ 40,550,741)

EMERGENCY DEPARTMENT This is further described in Schedule O

4d

Other program services (Describe in Schedule O)






(Expenses \$ 84,695,362 including grants of \$ 689,032) (Revenue \$ 293,719,076)

4e

Total program service expenses

845,706,009

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 I 	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 for escrow or custodial account liability, 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	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	No
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 Yes	
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? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	17	No
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 hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	520			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	2			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	7,090			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	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" to line 3b, provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b	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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
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	
g	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				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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	32	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	29	
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	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	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	

Section C. Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	12,204,772	0	920,663

1,358

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

ALLSCRIPTS HEALTHCARE LLC, 24630 NETWORK PLACE CHICAGO IL 60673	PROFESSIONAL FEES	4,798,532
GSI HEALTH LLC, 7715 CRITTENDEN STREET SUITE 242 PHILADELPHIA PA 19118	PROFESSIONAL FEES	2,113,472
MARCAL CONTRACTING LLC, 620 FOSTER AVE SUITE 301 BROOKLYN NY 11220	CONTRACTOR	1,904,737
BROOKLYN HEALTH INFORMATION EXCHANGE, 6323 SEVENTH AVENUE BROOKLYN NY 11220	INFO TECHNOLOGY	1,299,816
RESTTORIX HEALTH INC, PO BOX 5508 HICKSVILLE NY 11801	INFORMATION TECHNLOGY	1,444,135

\$100,000 of compensation from the organization ▶67

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	507,130			
	d	Related organizations 1d	435,889			
	e	Government grants (contributions) 1e	9,358,704			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,570,589			
	g	Noncash contributions included in lines 1a-1f \$	1,508,299			
	h	Total. Add lines 1a-1f	13,872,312			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code			
			621110	1,015,387,458	1,015,384,520	2,938
		b MEANINGFUL USE EHR	900099	5,687,733	5,687,733	
		c RENTAL INCOME	531390	4,379,764	4,379,764	
		d				
		e				
		f All other program service revenue				
	g	Total. Add lines 2a-2f	1,025,454,955			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	13,922,966		394,734	13,528,232
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real	(ii) Personal		
			752,969			
		b Less rental expenses	857,699			
		c Rental income or (loss)	-104,730	0		
	d	Net rental income or (loss)	-104,730		-104,730	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			765,105			
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	765,105			
	d	Net gain or (loss)	765,105			765,105
	8a	Gross income from fundraising events (not including \$ 507,130 of contributions reported on line 1c) See Part IV, line 18				
		a	279,300			
	b	Less direct expenses b	580,791			
	c	Net income or (loss) from fundraising events	-301,491			-301,491
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances				
		a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue		Business Code			
	11a	INSURANCE CO SURPLUS DISTRIB	524298	5,689,562		5,689,562
	b	MEDICAL RESIDENTS FICA REFUND	900099	1,670,000		1,670,000
	c	PARKING	812930	1,077,509		1,077,509
	d	All other revenue		364,018		364,018
	e	Total. Add lines 11a-11d	8,801,089			
	12	Total revenue. See Instructions	1,062,410,206	1,025,452,017	292,942	22,792,935

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	689,032	689,032		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,498,088	79,448	4,418,640	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	527,752,079	440,633,712	86,988,986	129,381
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,136,623	19,708,068	3,422,768	5,787
9	Other employee benefits.	78,569,759	65,228,016	13,322,594	19,149
10	Payroll taxes.	35,697,583	28,558,066	7,139,517	
11	Fees for services (non-employees):				
a	Management.	2,792,561		2,792,561	
b	Legal.	2,932,142		2,932,142	
c	Accounting.	549,348		549,348	
d	Lobbying.	263,817		263,817	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	251,331		251,331	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,810,835	21,386,532	6,424,303	
12	Advertising and promotion.	2,879,725		2,879,725	
13	Office expenses.	13,520,301		13,520,301	
14	Information technology.	12,988,404	10,772,582	2,215,822	
15	Royalties.	0			
16	Occupancy.	28,808,815	22,153,979	6,654,836	
17	Travel.	661,469		661,469	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,447,403		1,447,403	
20	Interest.	8,326,210		8,326,210	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	50,903,661	39,144,915	11,758,746	
23	Insurance.	48,961,973	47,062,248	1,899,725	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MEDICAL EXPENSES	111,413,190	111,413,190		
b	MAINTENANCE CONTRACTS	16,093,174	16,093,174		
c	OUTSIDE CONTRACTS	8,136,043	8,136,043		
d	BILLING FEES	7,664,164		7,664,164	
e	All other expenses	19,084,977	14,647,004	4,290,352	147,621
25	Total functional expenses. Add lines 1 through 24e.	1,035,832,707	845,706,009	189,824,760	301,938
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		284,738	1	11,275,552
	2	Savings and temporary cash investments		143,367,451	2	126,523,229
	3	Pledges and grants receivable, net		829,295	3	1,392,035
	4	Accounts receivable, net		141,247,000	4	156,395,637
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		2,874,803	7	2,931,419
	8	Inventories for sale or use		9,271,069	8	9,860,554
	9	Prepaid expenses and deferred charges		7,179,611	9	7,892,169
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,024,870,506			
	b	Less accumulated depreciation	10b677,761,355	347,557,169	10c	347,109,151
	11	Investments—publicly traded securities		30,487,472	11	28,547,632
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		75,971,786	13	102,968,207
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		249,214,616	15	239,954,862
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,008,285,010	16	1,034,850,447
Liabilities	17	Accounts payable and accrued expenses		156,577,138	17	168,611,797
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		101,392,587	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		106,593,521	23	226,735,206
	24	Unsecured notes and loans payable to unrelated third parties		15,976,143	24	21,976,143
	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 D		434,229,991	25	373,754,501
	26	Total liabilities. Add lines 17 through 25		814,769,380	26	791,077,647
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		178,479,940	27	227,065,621
	28	Temporarily restricted net assets		13,903,407	28	15,574,896
	29	Permanently restricted net assets		1,132,283	29	1,132,283
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		193,515,630	33	243,772,800
	34	Total liabilities and net assets/fund balances		1,008,285,010	34	1,034,850,447

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,062,410,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,035,832,707
3	Revenue less expenses Subtract line 2 from line 1	3	26,577,499
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	193,515,630
5	Net unrealized gains (losses) on investments	5	-2,734,957
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	26,414,628
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	243,772,800

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA BRIER Trustee, President & CEO	40 0 0 0	X		X				1,370,210	0	242,741
JOHN ABI-HABIB TRUSTEE THROUGH MARCH 2013	5 0 0	X						0		0
PAUL ADDISON TRUSTEE & TREASURER	5 0 0	X						0		0
STEVEN ADELSBERG TRUSTEE	5 0 0	X						0		0
DONNA ASTION MD TRUSTEE	5 0 0	X						0		0
IRIWN BIRNBAUM TRUSTEE	5 0 0	X						0		0
MONSIGNOR DAVID CASSATO TRUSTEE	5 0 0	X						0		0
DAVID DIAMOND MD TRUSTEE	5 0 0	X						0		0
RICHARD FORMAN TRUSTEE	5 0 0	X						0		0
KENNETH GIBBS TRUSTEE AS OF JUNE 2013	5 0 0	X						0		0
MARVIN HELLMAN TRUSTEE	5 0 0	X						0		0
JACK A HIDARY TRUSTEE	5 0 0	X						0		0
MORTIMER N KLAUS VICE CHAIRMAN/TRUSTEE	5 0 0	X						0		0
ELLY KLEINMAN TRUSTEE	5 0 0	X						0		0
ANDREW KOHEN TRUSTEE	5 0 0	X						0		0
C HERBERT LESHKOWITZ VICE CHAIRMAN/TRUSTEE	5 0 0	X						0		0
ROBERT MACHINIST TRUSTEE	5 0 0	X						0		0
FRANK NACCARATO TRUSTEE	5 0 0	X						0		0
DANIEL Z NELSON TRUSTEE & vICE CHAIRMAN	5 0 0	X						0		0
STEVEN OPPENHEIM TRUSTEE	5 0 0	X						0		0
MARTIN PAYSON TRUSTEE & CHAIRMAN	5 0 0	X						0		0
PETER REBENWURZEL TRUSTEE	5 0 0	X						0		0
ERMINIA RIVERA TRUSTEE	5 0 0	X						0		0
ALEX ROVT PHD TRUSTEE	5 0 0	X						0		0
VERONICA SANTILLI MD TRUSTEE	5 0 0	X						0		0

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Maimonides Medical Center	Employer identification number 11-1635081
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Part I

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

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization
Maimonides Medical Center

Employer identification number
11-1635081

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 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) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		263,817
j	Total. Add lines 1c through 1i.			263,817
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?			

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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1I	Other activities. PAYMENTS MADE TO LOBBYISTS \$139,353 LOBBYING PORTION OF DUES PAID \$124,464 TOTAL \$263,817 PAYMENTS MADE TO LOBBYISTS WERE IN RELATION TO CAPITAL FUNDING FOR HOSPITAL AND CANCER CENTER EQUIPMENT, AS WELL AS MODIFICATION TO EXISTING LARGE SCALE COMMUNITY FACILITY DEVELOPMENT AND RADIO SHOW SPONSORING

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Maimonides Medical Center	Employer identification number 11-1635081
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	15,035,690	15,569,634	15,747,510	15,361,242	16,096,993
b Contributions	2,749,141	1,800,447	1,936,968	2,863,808	2,883,855
c Net investment earnings, gains, and losses					0
d Grants or scholarships					0
e Other expenditures for facilities and programs	1,077,652	2,334,391	2,114,844	2,477,540	3,619,606
f Administrative expenses					0
g End of year balance	16,707,179	15,035,690	15,569,634	15,747,510	15,361,242

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

☒
- b

Permanent endowment

☒ 7 000 %
- c

Temporarily restricted endowment

☒ 93 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No
- b

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

☒ 3b

☐ Yes

☐ No
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,980,000		4,980,000
b Buildings	0	409,552,322	122,440,549	287,111,773
c Leasehold improvements				
d Equipment	0	610,338,184	555,320,806	55,017,378
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				347,109,151

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS	A Temporarily restricted net assets are available for the following purposes: Research and education \$1,465,000 Plant replacement and expansion \$14,109,896 SUBTOTAL \$15,574,896 B Permanently restricted net assets consists of investments to be held in perpetuity, the income from which is to be used for health care related services SUBTOTAL \$1,132,283 Total \$16,707,179
FIN 48 FOOTNOTE	THERE WAS NO LIABILITY FOR UNCERTAIN TAX POSITION UNDER FIN 48 MAKING THE FOOTNOTE UNNECESSARY

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
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.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Maimonides Medical Center

Employer identification number

11-1635081

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) Central America and the Caribbean	2		Program Services	CAPT INSURANCE-INVEST	89,803,375
(2) Central America and the Caribbean			Program Services	MALPRACTICE INSURANCE	41,097,471
(3)					
(4)					
(5)					
3a Sub-total	2				130,900,846
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2				130,900,846

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Line 3(1) & 3(2)	The primary coverage of professional and general liability incidents has been provided through participation in a pooled program with certain other health care facilities (principally hospitals) affiliated with the Federation of Jewish Philanthropies of New York. This occurrence basis insurance coverage participation is with captive insurance companies and commercial insurance companies. The Captive Insurance companies have two offices in the Caribbean, specifically Bermuda and Barbados. The companies were incorporated in Bermuda and Barbados in 1982 and 1986 respectively and are licensed under the Insurance Act of both countries. Since the Hospital is a shareholder of the captive insurance companies, the Hospital follows the equity method of accounting for its interest in the insurance companies associated with its medical malpractice insurance program. Additionally, Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporation, has been filed with the Hospital's 990.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Maimonides Medical Center	Employer identification number 11-1635081
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

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

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- NY
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA ANN. BALL</u> (event type)	<u>GOLF CLASSIC</u> (event type)	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	621,717	164,713	786,430
	2	Less Contributions . . .	393,357	113,773	507,130
	3	Gross income (line 1 minus line 2)	228,360	50,940	279,300
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	8,050	10,257	18,307
	6	Rent/facility costs . . .	154,593	56,505	211,098
	7	Food and beverages .	132,930	592	133,522
	8	Entertainment	11,800		11,800
	9	Other direct expenses .	196,553	9,511	206,064
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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



13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name 

Address 

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


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


c If "Yes," enter name and address of the third party

Name 

Address 

16 Gaming manager information

Name 


Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Maimonides Medical Center

Employer identification number
11-1635081

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities</div>		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year <div>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300 %</u></div></div> <div>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div></div> <div>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care</div>	3a Yes	
		3b Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			37,518,377	0	37,518,377	3 620 %
b Medicaid (from Worksheet 3, column a)			83,420,351	66,271,999	17,148,352	1 660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			246,655,325	160,072,867	86,582,458	8 360 %
d Total Financial Assistance and Means-Tested Government Programs			367,594,053	226,344,866	141,249,187	13 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,273,762	6,888,274	3,385,488	0 330 %
f Health professions education (from Worksheet 5)			108,883,533	45,264,546	63,618,987	6 140 %
g Subsidized health services (from Worksheet 6)			43,684,639	38,043,999	5,640,640	0 540 %
h Research (from Worksheet 7)			616,050	821,819	-205,769	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			509,983	0	509,983	0 050 %
j Total Other Benefits			163,967,967	91,018,638	72,949,329	7 060 %
k Total. Add lines 7d and 7j			531,562,020	317,363,504	214,198,516	20 700 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

2,054,609

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

2,036,000

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

256,634,867

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

266,117,388

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-9,482,521

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MAIMONIDES MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.maimonidesmed.org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	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?	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
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Part VI Supplemental Information

Provide the following information

- 1
2
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7
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

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

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

Form and Line Reference	Explanation
1 Required Descriptions	<p>Part II, Community Building Activities, line 7 - Community health improvement advocacy</p> <p>Maimonides Medical Center is a member of various health care associations that promote high quality, more affordable health care Through our support of collective advocacy we participate in strengthening the role modern health care has in the improvement of the health of our communities</p> <p>Part III, line 3 - Methodology used by the organization to estimate bad debt expense Bad Debt is recorded at cost</p> <p>Part III, line 4 - Uncompensated Care For financial reporting purposes, Maimonides Medical Center (the Medical Center) reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debt expense During the registration, billing and collection process, a patient's eligibility for charity care is determined For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care The Medical Center amended its charity care and financial aid policy in order to authorize use of additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care The additional information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial aid in accordance with the Medical Center's policies For patients who were determined by the Medical Center to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay Bad Debt is recorded at cost</p> <p>Part III, line 8 - Shortfall Costs The shortfall costs should be treated as a community benefit as we are treating the elderly patients of the community The costing methodology applies the worksheet 2 ratio of patient care cost to charges as Maimonides Medical Center became a charge structure institution in 2011</p> <p>Part III, line 9b - Fair Billing and Collection Practices Maimonides Medical Center is committed to fair billing and collections practices A patient account will not be sent to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, for the time that the hospital is considering the application A patient is provided at least thirty days written notice on the bill before debts are referred to collection By contract the Medical Center's collection agencies are not permitted to freeze the debtor's bank account, garnish the debtor's payroll check unless authorized by a Vice President of the Medical Center, seek civil arrest, seek a forced sale or foreclosure of a primary residence Collection agencies are required to obtain the Medical Center's written consent prior to commencing legal action</p> <p>Facility Information Section B, Line 20d - Individuals Eligible for Financia Medicaid DRG rates for inpatient services rendered</p>
2 NEEDS ASSESSMENT	<p>The New York City Department of Health and Mental Hygiene is an increasingly effective, real time source of information about health status and health care needs at the community and neighborhood level Maimonides Medical Center also has a robust program of outreach and interaction with the communities that utilize our services Maimonides Medical Center actively seeks participation of community- and faith-based leaders in the communities we serve Maimonides Medical Center actively engages its medical staff, community leaders, community organizations, Board of Trustees and health service delivery partners in discussions on improving coordination and access to services Maimonides Medical Center developed a Council of Community Organizations (COCO), an ongoing forum and vehicle for communication with local community leaders, community groups, businesses, politicians Over 350 people from the neighborhoods that comprise southwestern Brooklyn are personally invited to participate in the meetings The group meets at least annually, is presided over by, Pamela Brier, President and CEO of Maimonides Medical Center, and includes discussion of new programs and initiatives focused on meeting health care needs of the communities served Executive leadership also meets regularly with representatives of Hatzolah Ambulance Corps of Borough Park in Brooklyn to discuss community health needs These meetings are held quarterly and focus on community health needs and activities to improve clinical outcomes especially as they relate to effective and appropriate utilization of emergency services To add scientific rigor to the development of our comprehensive community service plan / community health needs assessment, Maimonides engaged the New York Academy of Medicine (NYAM), a research and evaluative organization based in East Harlem, to assist with the design and implementation of this assessment To that end, NYAM assisted in the design of the key informant interview guides and approaches and facilitated each of the interviews conducted, at which, in nearly every interview, at least one Maimonides staff person was present Each interview has been transcribed, reviewed and analyzed NYAM will continue to assist Maimonides with the design and facilitation of focus groups, which will begin in November and will develop, in coordination with Maimonides, a final report summary Separately, they will work on a toolkit for community health needs assessments, to be available widely next year, which will include template interview and focus group guides, and guidance on facilitation, available in particular to other hospitals and organizations that are looking for assistance Given that our community health needs assessment fell under the category of human research, Maimonides (and separately NYAM) obtained approval from our respective Institutional Review Boards In November 2013, we invited all the key informant interviewees and/or representatives from their respective organizations to meet at Maimonides to review preliminary findings from our data collection, discuss our selected Prevention Agenda priorities, and proposed implementation strategies and provide feedback A total of 50 people from a variety of organizations as well as ethnic and faith communities were invited and 25 people attended the meeting, which was hosted at Maimonides Medical Center Individuals included a Rabbi, Pastor, Imam, Community Board representatives, a senior police officer from the 66th Precinct, a senior representative from a care management and behavioral health care organization, labor representation, a girls' school Board Chair, physicians, other community-based organizational representatives and Maimonides senior planning and administrative staff The ethnic / faith-based communities represented at the meeting included Orthodox Jewish, Arab (Muslim and Christian), Chinese, South Asian and Christian</p> <p>3 Patient education of eligibility for assistance Uninsured patients are screened for eligibility to public sponsored programs such as Medicaid etc If they are not eligible, they are automatically informed of and screened for the Maimonides Financial Assistance Policy</p> <p>ACCESS TO INFORMATION - All written information is available in multiple languages Patients are informed of the hospital's financial assistance via the following methods - Multi-lingual signage - Summary brochure of the financial assistance policy available at points of patient service - Information distributed during the intake and registration process - The hospital website - Information on bills and statements sent to patients - Responses to direct inquiries made to the hospital</p> <p>4 Community information Maimonides Medical Center historically has used a commonly accepted planning definition of service area for acute care hospitals based on the aggregation of inpatient discharges from surrounding zip codes The zip codes comprising the first 50% inpatient zip codes are defined as the primary service area The next group of zip codes comprising the next 25% of zip codes is defined as the secondary service area Based on this planning definition the primary service area for Maimonides Medical Center is comprised of the following 6 zip codes, 11219, 11230, 11218, 11204, 11220, 11214 The following 6 zip codes comprise the secondary service area for Maimonides Medical Center, 11223, 11235, 11229, 11224, 11228, 11209 Approximately 95% of the inpatient discharges at Maimonides Medical Center are patients with a Brooklyn address Maimonides Medical Center is mindful of the New York State Department of Health definition of the hospital primary service areas as the five counties of New York City for purposes of service and financial aid pursuant to PHL 2807 (k) (9-a) Maimonides serves a richly diverse catchment area comprised of numerous immigrant communities, faiths, and ethnicities More than 40% of residents in the immediate catchment area are foreign-born Two-thirds are White, but this composite racial category includes Orthodox Jewish, Italian, Russian, Polish and others, many of them Immigrants One-quarter are Asian Eleven percent are of Hispanic origin (which can include those in the other racial categories) and less than 2% are African American One-quarter of residents are 65 years old and above (compared with 22% for all of Brooklyn) Nearly 30% of residents are enrolled in Medicaid, 14% are uninsured (compared with 23% and 18% respectively for all of Brooklyn)</p> <p>5 Promotion of community health Maimonides Medical Center is governed by a Board of Trustees that is largely comprised of persons who reside in the surrounding communities and neighborhoods that form its primary service area Board members serve on a voluntary basis without compensation Maimonides regularly holds free and accessible community outreach and education symposia across a number of communities in Southwest Brooklyn that primarily focus on prevention, screening and treatment for chronic diseases, with a particular focus on cardiovascular diseases, obesity and stroke These symposia, which often include on-site screenings and referrals, are held 2-3 times per month in a variety of settings community centers, faith-based centers, and senior centers and are facilitated by Maimonides physicians and nursing staff Maimonides Medical Center endeavors to maintain an open medical staff to all qualified physicians in the community except in circumstances of extreme constraints on capacity The Department of Medicine has developed an Affiliate status and a highly effective hospitalist service to assist physicians in joining or retaining membership on the medical staff, providing for access and continuity of care for their patients Maimonides also aligns and builds partnerships with community-based primary and specialty care providers across Southern and Central Brooklyn and serves as the tertiary care hub for the patients of many of these physicians In early 2012, Maimonides was designated a Medicaid Health Home by New York State As a Health Home, Maimonides partners with a network of 50+ providers and community-based organizations to coordinate services for Medicaid beneficiaries who have high-cost and complex chronic conditions This is done primarily through a "care manager" who oversees and helps access all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital These services include housing, social services, medical and behavioral health, substance use, home care, and family support and education, which are coordinated and integrated to control future health care costs and improve health outcomes for this population In 2012, Maimonides received a Health Care Innovation Award from the Center for Medicare and Medicaid Innovation to improve the care and lives of 7,500 adults with serious mental illness in southwest Brooklyn T</p>

Additional Data

Software ID:

Software Version:

EIN: 11-1635081

Name: Maimonides Medical Center

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?

Name and address		Type of Facility (describe)
1	9th Ave Women's Primary Care Center 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
2	MAIMONIDES ADULTPED DENTAL CENTER 4303-4305 13th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
3	Bensonhurst Clinic Treatment Program 8620 18th Avenue Brooklyn, NY 11214	Womens' Primary Care Center
4	Maimonides Ambulatory Care Center 1301 57th Street Brooklyn, NY 11219	Womens' Primary Care Center
5	Fort Hamilton Clinic Treatment Program 8710 Fifth Avenue Brooklyn, NY 11209	Womens' Primary Care Center
6	Maimonides Cancer Center 6300 Eighth Avenue Brooklyn, NY 11220	Womens' Primary Care Center
7	Maimonides Adult Primary Care Center 1250 57th Street Brooklyn, NY 11219	Womens' Primary Care Center
8	Maimonides Family Health Center 1401 Newkirk Avenue Brooklyn, NY 11226	Womens' Primary Care Center
9	Maimonides Primary Health Services 6323 Seventh Avenue Brooklyn, NY 11220	Womens' Primary Care Center
10	Maimonides Rehabilitation Services 883 65th Street Brooklyn, NY 11219	Womens' Primary Care Center
11	MAIMONIDES SLEEP DISORDER CLINIC 6405 7TH AVENUE brooklyn, NY 11219	Womens' Primary Care Center
12	MAPLETON CLINIC TREATMENT PROGRAM 1083 MCDONALD AVENUE BROOKLYN, NY 11230	Womens' Primary Care Center
13	MAIMONIDES BREAST CENTER 745 64TH STREET BROOKLYN, NY 11220	Womens' Primary Care Center
14	MAIMONIDES CARDIOLOGY OUTPATIENT CENTER 421 OCEAN PARKWAY BROOKLYN, NY 11218	Womens' Primary Care Center
15	MAIMONIDES CARDIOLOGY OUTPATIENT CENTER 850 49TH STREET BROOKLYN, NY 11219	Womens' Primary Care Center

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Maimonides Medical Center

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

11-1635081

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

27

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
description of procedures for monitoring the use of grant funds	GENERAL SUPPORT IS GIVEN TO VARIOUS NONPROFIT HEALTH RELATED ORGANIYATIONS WHOSE ACTIVITIES HAVE BEEN DETERMINED ARE COMPATIBLE AND COMPLIMENTARY TO THOSE OF MAIMONIDES MEDICAL CENTER THE MEDICAL CENTER PERIODICALLY REVIEWS ITS GENERAL SUPPORT OF THESE NONPROFIT ORGANIZATIONS IN ORDER TO ENSURE THAT THE RECIPIENT'S ACTIVITIES REMAIN COMPATIBLE WITH THOSE OF THE MEDICAL CENTER

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORO PARK HATZOLAH 5215 16TH AVENUE BROOKLYN, NY 11204	11-3043090	501(c)(3)	85,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HATZOLAH OF FLATBUSH 1880 OCEAN AVENUE BROOKLYN, NY 11230	13-3213138	501(C)(3)	85,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORO PARK COMMUNITY COUNCIL 4912 14TH AVENUE Brooklyn, NY 11219	11-3475993	501(C)(3)	18,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK EHEALTH COLLABORATIVE NYEC 40 WORTH STREET NEW YORK, NY 10013	20-8022336	501(c)(3)	25,500				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Guardians of the Sick 5216 11th AVENUE BROOKLYN, NY 11219	11-6003433	501(C)(3)	9,900				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHEL CHILDREN'S HOME & FAMILY SERVICES 4510 16TH AVENUE BROOKLYN, NY 11204	11-6078704	501(C)(3)	18,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI - NYC METRO 505 EIGHTH AVE STE 1103 NEW YORK, NY 10018	13-3077692	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED HOSPITAL FUND 350 FIFTH AVENUE NEW YORK, NY 10118	13-1562656	501(c)(3)	35,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1199SEIUEMPLOYER CHILD CARE CORP 330 WEST 42ND STREET NEW YORK, NY 10036	13-4063281	501(c)(3)	19,150				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN INFORMATION & CULTURE 647 FULTON STREET BROOKLYN,NY 11217	11-2547268	501(c)(3)	9,750				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES BIKUR CHOLIM D'SATMOR 5422 14TH AVENUE BROOKLYN,NY 11219	11-6081323	501(c)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Primary Care Development Corp 22 CORTLAND STREET NEW YORK, NY 10007	13-3711803	501(c)(3)	10,160				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAITIAN SOLIDARITY 415 EAST 17TH ST STE 35 BROOKLYN,NY 11226	27-2590851	501(C)(3)	14,779				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN JEWISH HEALTH SYSTEM 6323 SEVENTH AVENUE BROOKLYN, NY 11220	11-1630753	501(C)(3)	5,650				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congregation Beth Elohim 274 Garfield Pl Brooklyn, NY 11215	11-1672755	501(C)(3)	9,100				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Best of Brooklyn 209 Joralemon St Suite 360 Brooklyn, NY 11201	04-3699700	501(c)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brooklyn Community Services 285 Schermerhorn St Brooklyn, NY 11217	11-1630780	501(c)(3)	8,400				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brooklyn Public Library 10 Grand Army Plaza Brooklyn, NY 112385619	11-1904261	501(c)(3)	6,750				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Children's Initiatives 322 Eighth Ave 4th Fl New York, NY 10001	13-3039812	501(c)(3)	8,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chevra Hatzalah of Crown Heights 383 Kingston Ave Brooklyn, NY 11213	11-2420013	501(c)(3)	18,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hatzolah of Mill Basin 6363 Avenue U Brooklyn, NY 11234	36-4600064	501(c)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ichud Mosdos Hachinuch 3908 16th Avenue Brooklyn, NY 11234	03-0500351	501(c)(3)	36,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York Academy of Medicine Fellowship Office 1216 Fifth Ave New York, NY 10029	13-1656674	501(c)(3)	5,250				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rivkah Laufer Bikur Cholim 1406 57th Street Brooklyn, NY 11219	11-6111320	501(c)(3)	16,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sanctuary For Families Inc PO B 1406 Wall St Station New York, NY 10268	13-3193119	501(c)(3)	12,750				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sephardic Bikur Holim ComService Network Inc 425 Kings Highway Brooklyn, NY 11223	23-7406410	501(c)(3)	8,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Greater NYC 470 Seventh Avenue New York, NY 10018	91-2049420	501(c)(3)	7,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Maimonides Medical Center

Employer identification number
11-1635081

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div></div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III.</div></div>	5b	No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	Yes
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III.</div></div>	6b	No
<div><div>7</div><div>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.</div></div>	7	Yes
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)PAMELA BRIER Trustee, President & CEO	(i)	1,073,023	200,000	97,187	184,252	58,489	1,612,951	0
	(ii)	0	0	0	0	0	0	0
(2)DOMINICK STANZIONE Executive Vice Pres & COO	(i)	746,523	150,000	60,368	178,028	24,741	1,159,660	0
	(ii)	0	0	0	0	0	0	0
(3)ROBERT NALDI Executive Vice Pres & CFO	(i)	646,089	150,000	36,161	159,292	4,906	996,448	0
	(ii)	0	0	0	0	0	0	0
(4)JOYCE LEAHY Exec VP, Legal Affairs & Gener	(i)	398,166	100,000	30,177	111,222	10,016	649,581	0
	(ii)	0	0	0	0	0	0	0
(5)JACOB SHANI MD Chair, Heart & Vascular Center	(i)	2,850,523	0	21,261	16,575	22,741	2,911,100	0
	(ii)	0	0	0	0	0	0	0
(6)PATRICK BORGEN MD Chairman, Dept of Surgery	(i)	1,813,734	0	18,796	16,575	25,241	1,874,346	0
	(ii)	0	0	0	0	0	0	0
(7)AMIT SCHWARTZ MD Chief, Neurosurgery	(i)	1,268,059	0	17,740	16,575	25,241	1,327,615	0
	(ii)	0	0	0	0	0	0	0
(8)ISRAEL JACOBOWITZ MD Attending, Cardiothoracic Surg	(i)	1,260,101	0	19,291	16,575	7,951	1,303,918	0
	(ii)	0	0	0	0	0	0	0
(9)JACK CHOUKEA MD Chairman, Orthopedics	(i)	1,145,523	0	25,529	16,575	22,741	1,210,368	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 4B	The following persons participated in a 457(F) supplemental nonqualified retirement plan: Pamela S Brier - \$53,083; Dominick Stanzione - \$33,475; Robert Naldi - \$24,917; Joyce Leahy - \$10,400. The Maimonides Medical Center Supplemental Executive Retirement Plan for Executive Vice Presidents (the "EVP SERP") provides additional retirement benefits to supplement other sources of retirement income. The EVP SERP was effective as of January 1, 2012. To participate, an employee must hold the title of EVP, be a key employee within the meaning of the Internal Revenue Code and be designated as a participant by the Compensation Committee of the Board. The Plan provides for an annual employer accrued contribution of 20% of Base Pay for that calendar year including interest of 4.5%. The participant must be an eligible employee on the last day of the calendar year to accrue the contribution for that year. The Maimonides Medical Center Supplemental Executive Retirement Plan for Pamela S Brier (the "CEO SERP") was effective April 1, 2008 with annual contributions of \$125,000 to be made on a quarterly basis with 5.5% interest per year compounded quarterly. The SERP account vests upon retirement or on CEO's death, disability or qualified termination prior thereto. PART I, LINE 6A - The organization pays, pursuant to individual employment contract agreements, a portion of faculty practice earnings, net of expenses. PART I, LINE 7 - Non-fixed payments are paid based upon the approval from the Compensation Committee of the Board of Trustees.

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAMELA BRIER Trustee, President & CEO	(i) (ii)	1,073,023 0	200,000 0	97,187 0	184,252 0	58,489 0	1,612,951 0	0 0
DOMINICK STANZIONE Executive Vice Pres & COO	(i) (ii)	746,523 0	150,000 0	60,368 0	178,028 0	24,741 0	1,159,660 0	0 0
ROBERT NALDI Executive Vice Pres & CFO	(i) (ii)	646,089 0	150,000 0	36,161 0	159,292 0	4,906 0	996,448 0	0 0
JOYCE LEAHY Exec VP, Legal Affairs & Gener	(i) (ii)	398,166 0	100,000 0	30,177 0	111,222 0	10,016 0	649,581 0	0 0
JACOB SHANI MD Chair, Heart & Vascular Center	(i) (ii)	2,850,523 0	0 0	21,261 0	16,575 0	22,741 0	2,911,100 0	0 0
PATRICK BORGEN MD Chairman, Dept of Surgery	(i) (ii)	1,813,734 0	0 0	18,796 0	16,575 0	25,241 0	1,874,346 0	0 0
AMIT SCHWARTZ MD Chief, Neurosurgery	(i) (ii)	1,268,059 0	0 0	17,740 0	16,575 0	25,241 0	1,327,615 0	0 0
ISRAEL JACOBOWITZ MD Attending, Cardiothoracic Surg	(i) (ii)	1,260,101 0	0 0	19,291 0	16,575 0	7,951 0	1,303,918 0	0 0
JACK CHOUKA MD Chairman, Orthopedics	(i) (ii)	1,145,523 0	0 0	25,529 0	16,575 0	22,741 0	1,210,368 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
Maimonides Medical Center

Employer identification number
11-1635081

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) 745-64TH REALTY ASSOC INC	ANDREW KOHEN,TRUSTEE/OWN	2,819,855	REAL ESTATE RENTAL		No
(2) RMNDS REALTY ASSOC	ANDREW KOHEN,TRUSTEE/OWN	1,213,099	REAL ESTATE RENTAL		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Maimonides Medical Center

Employer identification number
11-1635081

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	29,255	400,925	SALE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	23,374	1,088,835	DOH DETERMINATION
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (RAFFLE PRIZES)	X	41	18,539	RETAIL PRICE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
Maimonides Medical Center

Employer identification number

11-1635081

**Return
Reference****Explanation**FORM 990,
PART I, Line
1

MAIMONIDES MEDICAL CENTER, A 711 BED VITAL AND THRIVING NON-PROFIT HOSPITAL, PROVIDES SAFE, HIGH QUALITY AND COMPASSIONATE CARE AND COMMUNITY SERVICES TO PEOPLE OF ALL FAITHS AND BACKGROUNDS FROM THE INCREDIBLY DIVERSE POPULATION OF BROOKLYN FORM 990, PART I, LINE 6 VOLUNTEERS AT MAIMONIDES, WE ARE FORTUNATE TO HAVE A LARGE CORPS OF DEDICATED VOLUNTEERS WHO ENHANCE THE SERVICES PROVIDED BY OUR STAFF THERE WERE 1,786 VOLUNTEERS IN 2013 WHO SERVED 237,046 HOURS ALL VOLUNTEER RECORDS ARE KEPT IN A COMPUTER DATABASE SYSTEM VOLUNTEERS AT MAIMONIDES SIGN IN AND OUT USING A TOUCH SCREEN COMPUTER ACCORDINGLY, THE NUMBER OF VOLUNTEERS AND HOURS SERVED ARE TRACKED BY THE SYSTEM THE DEPARTMENT OF VOLUNTEER SERVICES WORKS VERY CLOSELY WITH YOUTH AGENCIES AND PROVIDES A WORKSITE FOR VARIOUS YOUTH EMPLOYMENT PROGRAMS WE COORDINATE INTERNSHIP PROGRAMS WITH BUSINESS SCHOOLS AND COLLEGES (BOTH UNDERGRADUATE AND GRADUATE PROGRAMS) THIS HAS DEVELOPED SUCCESSFUL RELATIONSHIPS WITH COMMUNITY AGENCIES AND ORGANIZATIONS SOME OF THE SERVICE AREAS THE VOLUNTEERS WORK IN ARE LABOR COACH (DOULA), POSTPARTUM SUPPORT, COMPANIONS TO PATIENTS, FEEDERS, HOSPITALITY, CHILD LIFE, INTERPRETERS, REFRESHMENT CARTS, LADIES AUXILIARY, PATIENT LIBRARY, CHAPLAINCY, CLERICAL SUPPORT, PATIENT TRANSPORT, AND OTHER SUPPORT SERVICES

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

Return Reference	Explanation
Form 990, Part III, LINE 4	<p>Maimonides Medical Center, a 711 bed acute care voluntary, not-for profit hospital, offers a wide array of inpatient and outpatient healthcare services. Our commitment has always been to serve the community providing quality healthcare services and healthcare education regardless of race, creed, sex, natural origin, age, handicap or ability to pay. During 2013, the Medical Center provided 45,709 inpatient discharges and 420,334 outpatient visits which included 102,204 emergency room visits. We provided care to persons covered by government programs and the uninsured at payment rates below cost. Our surgeons performed 8,682 inpatient and 14,044 outpatient procedures in a full range of surgical specialties. Our tertiary cardiology and cardiac surgery programs serve all of Brooklyn and are widely recognized in the region for excellence in interventional cardiology. A comprehensive array of cancer services is also provided. Maimonides, a designated regional perinatal center, operates one of the busiest obstetrical services on the East Coast with 8,523 deliveries. A Level 3 Neonatal Intensive Care Unit provides highly specialized care for babies born prematurely or with birth defects. The adult and child psychiatric outpatient programs provide walk-in services for any members of the surrounding communities. Maimonides Medical Center is a 939 designated psychiatric receiving hospital. We provide full-time (24 hours/365 days per year) emergency services regardless of ability to pay and operate a 911 paramedic ambulance service under contract with the New York City Fire Department to an 800-block area including all of Boro Park and sections of Flatbush, Bensonhurst and Bay Ridge. The Medical Center provides a comprehensive array of acute care inpatient services to residents of southern Brooklyn and tertiary care inpatient services to the entire Borough of Brooklyn and surrounding metropolitan area. With a medical staff numbering over 1,200 and graduate medical residents numbering over 450, Maimonides serves as a teaching affiliate of the Albert Einstein College of Medicine ("Einstein"), located in Bronx, New York, NYU School of Medicine, located in Manhattan, and SUNY Downstate College of Medicine, located in Brooklyn, New York.</p>

Return Reference	Explanation	
Form 990, Part VI, Governance, Management, and Disclosure		<p>Section A Governing Body and Management 2 One of the trustees is a limited partner in real estate ventures for which another trustee is a managing member This business relationship is not related to any of the activities of Maimonides Medical Center ("the Medical Center") 6 The organization has a member, Maimonides Health Resources, Inc ("MHRI") a not-for-profit, corporation which is its sole corporate member 7a MHRI elects the trustees The boards of trustees of Medical Center and MHRI are identical 7b The powers of MHRI are described below MHRI is a New York not-for-profit corporation It is the sole member of the Medical Center MHRI has the following powers pursuant to the Medical Center's bylaws (1) MHRI elects trustees to the governing body of the Medical Center at the annual meeting (Vacancies between annual meetings are filled by the board of trustees of the Medical Center, not MHRI) (2) MHRI has the power to amend, modify or repeal the bylaws of the Medical Center The board of trustees of the Medical Center also has such power MHRI has the following power under New York's not-for-profit corporation law (1) Authorization of merger or consolidation requires MHRI's consent (2) Non-judicial dissolution requires MHRI's consent (3) MHRI has the power to petition the court for judicial dissolution (4) The sale or other disposition of all or substantially all of the assets of the Medical Center requires MHRI's consent (5) The two boards are identical Section B Policies 11b a copy of the Form 990 is reviewed by senior executive staff and the outside tax preparer who signs off on the return The reviewed return and attachments are then presented to the President and Audit and Legal Committee of the Board of Trustees to whom the responsibility for reviewing the Form 990 has been delegated for their comments and questions prior to filing Upon their final review a complete copy of the Form 990 is provided to the entire Board prior to filing 12c It is the responsibility of all trustees, officers, employees and members of the medical staff to familiarize themselves with the conflicts of interest policy and to comply and ensure compliance of family members where applicable They are required to disclose in detail any activities or interests which may conflict or appear to conflict with the Medical Center's best interest The following are required to complete a conflict of interest certificate (1) trustees and officers of the Board, (2) non-trustee officers, chairmen and division chiefs and members of the purchasing department, (3) employees and members of the medical staff, who are in a position to influence vendor selection, to approve a transaction with a third party or approve the expenditure of funds, and (4) such other employees or members of the medical staff as determined from time to time by the President Employees and members of the medical staff who violate this policy are subject to disciplinary action up to and including termination or removal from the staff Members of the Board of Trustees and officers are subject to removal The Audit and Legal Committee of the Board of Trustees advises the President and the Chairman of the Board concerning specific conflicts of interest referred to it by the Executive Vice President for Legal Affairs and General Counsel The Committee decides particular matters referred to them for review, and assists in the overall administration and monitoring of the implementation of the policy The Audit and Legal Committee also annually reviews all potential conflicts of interest disclosed by members of the board of trustees and employees who are in a position to influence vendor selection on their conflict of disclosure forms The Corporate Compliance Department assists in ensuring compliance with completion of the Certificate by all relevant employees The Executive Vice President for Legal Affairs and General Counsel is responsible for reviewing apparent conflicts of interest and other potentially improper activities as referred by the Corporate Compliance Officer and/or the Audit and Legal Committee A report of all conflicts of interest is made by the Chairman of the Audit and Legal Committee at least annually to the Board of Trustees 15 The process for determining compensation includes the following The Medical Center's compensation committee reviews compensation surveys from an independent consultant Approval for all decisions must be agreed upon by the compensation committee and is then recorded in the minutes of that committee This process was last done in 2014 for the CEO, COO, CFO and EVP for Legal Affairs/ General Counsel/ Assistant Secretary and other key employees Section C Disclosure 19 The organization's articles of incorporation may be obtained from the NYS Secretary of State's office They are also available together with the by-laws upon special request to the Executive Office of Maimonides Medical Center at 4802 Tenth A</p>

Return Reference	Explanation	
	Form 990, Part VI, Governance, Management, and Disclosure	ve, Admin Bldg, 2nd floor, Brooklyn, NY 11219 The conflict of interest policy is available on the Medical Center's website "maimonidesmed.org" in the vendor information section. The audited financial statements are available upon request to the Medical Center's Executive Office and are posted on the NYS Charitable Bureau website, oag.state.ny.us. Form 990, Part X - Balance Sheet. Certain reclassifications have been made to amounts previously reported in 2012 to conform with the current year's presentation.

Return Reference	Explanation
FORM 999, PART XI, LINE 9	CHANGE IN EQUITY IN CAPTIVE INSURANCE PROGRAM \$27,522,000 NONCASH CONTRIBUTIONS NOT REPORTED ON BOOKS (\$ 1,107,372) ----- TOTAL \$26,414,628

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Maimonides Medical Center

Employer identification number
11-1635081

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MMC HOLDING OF BROOKLYN INC 4510 16TH AVENUE BROOKLYN, NY 11204 11-2683298	ADMIN SERVICE	NY	NA	C CORP				Yes	
(2) M2 MEDICAL COMMUNITY PRACTICE PC 4802 10TH AVE BROOKLYN, NY 11219 46-3556230	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	620,772	672,548	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l No

1m No

1n No

1o No

1p Yes

1q Yes

1r No

1s

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MMC HOLDING OF BROOKLYN INC	J	851,112	COST
(2) MMC HOLDING OF BROOKLYN INC	P	21,338,014	COST
(3) MMC HOLDING OF BROOKLYN INC	1A	163,018	COST
(4) MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	C	435,889	COST
(5) MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	k	360,128	COST
(6) MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	Q	156,039	COST

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 11-1635081

Name: Maimonides Medical Center

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MMC HOLDING OF BROOKLYN INC	J	851,112	COST
MMC HOLDING OF BROOKLYN INC	P	21,338,014	COST
MMC HOLDING OF BROOKLYN INC	1A	163,018	COST
MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	C	435,889	COST
MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	k	360,128	COST
MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	Q	156,039	COST

CONSOLIDATED FINANCIAL STATEMENTS

Maimonides Medical Center
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

ENCLAVE



Building a better
working world

Maimonides Medical Center

Consolidated Financial Statements

Years Ended December 31, 2013 and 2012

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Report of Independent Auditors

The Board of Trustees
Maimonides Medical Center

We have audited the accompanying consolidated financial statements of Maimonides Medical Center, which comprise the consolidated statements of financial position as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

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.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Maimonides Medical Center at December 31, 2013 and 2012, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst + Young LLP

April 30, 2014

Maimonides Medical Center

Consolidated Statements of Financial Position (In Thousands)

	December 31	
	2013	2012
Assets		
Current assets		
Cash and cash equivalents	\$ 41,730	\$ 45,171
Short-term investments (Notes 1 and 3)	96,339	98,481
Total cash, cash equivalents and short-term investments	138,069	143,652
Assets limited as to use, current portion (Note 3):		
Board designated	14,422	13,774
Medical resident FICA refund (Note 1)	–	12,508
Receivables for patient care, net of allowance for doubtful accounts (2013 – \$88,364, 2012 – \$94,696) (Note 2)	156,396	141,247
Due from affiliates, net, current portion (Note 8)	12,656	9,376
Supplies, at average cost	9,861	9,271
Estimated insurance claims receivable, current portion (Note 7)	28,138	29,122
Other current assets (Note 1)	25,735	25,703
Total current assets	385,277	384,653
Assets limited as to use, less current portion (Notes 3, 5 and 7):		
Sinking funds	14,125	14,083
Collateral	–	2,630
Self-insurance trust	2,606	4,296
Due from affiliates, net, less current portion (Note 8)	2,924	2,761
Property, plant and equipment, net (Notes 4 and 5)	347,109	347,557
Equity in captive insurance program (Note 7)	89,803	62,321
Estimated insurance claims receivable, less current portion (Note 7)	159,448	165,022
Other assets (Note 1)	33,329	24,962
Total assets	\$ 1,034,621	\$ 1,008,285

	December 31	
	2013	2012
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 70,338	\$ 62,488
Construction payable	12,074	11,271
Accrued salaries and related liabilities	86,199	82,817
Current portion of long-term debt and capital lease obligations (<i>Note 5</i>)	31,781	26,176
Line of credit borrowings (<i>Note 5</i>)	21,976	15,976
Estimated insurance claims liabilities, current portion (<i>Note 7</i>)	28,138	29,122
Other current liabilities (<i>Notes 1 and 7</i>)	13,267	31,686
Total current liabilities	263,773	259,536
Long-term debt and capital lease obligations, less current portion (<i>Note 5</i>)	194,954	181,810
Accrued pension and postretirement benefits (<i>Note 6</i>)	50,333	68,094
Other noncurrent liabilities (<i>Notes 2 and 5</i>)	97,078	108,311
Professional liabilities (<i>Note 7</i>)	25,546	31,996
Estimated insurance claims liabilities, less current portion (<i>Note 7</i>)	159,448	165,022
Total liabilities	791,132	814,769
Commitments and contingencies (<i>Notes 2, 5, 6, 7, 9, 14 and 15</i>)		
Net assets (<i>Note 9</i>):		
Unrestricted	226,781	178,480
Temporarily restricted	15,576	13,904
Permanently restricted	1,132	1,132
Total net assets	243,489	193,516
Total liabilities and net assets	\$ 1,034,621	\$ 1,008,285

See accompanying notes.

Maimonides Medical Center

Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

	Year Ended December 31	
	2013	2012
Operating revenue		
Net patient service revenue	\$ 996,525	\$ 962,633
Provision for bad debts (Note 1)	(2,054)	(11,344)
Net patient service revenue, less provision for bad debts (Notes 1 and 2)	994,471	951,289
Other revenue (Note 10)	63,730	59,701
Net assets released from restrictions	1,010	1,810
Total operating revenue	1,059,211	1,012,800
Operating expenses		
Salaries and wages	532,292	504,949
Employee benefits	160,571	147,268
Supplies and other expenses	305,531	298,151
Depreciation and amortization	50,996	50,201
Interest and amortization of deferred financing costs	8,569	10,098
Total operating expenses	1,057,959	1,010,667
Excess of operating revenue over operating expenses before other items	1,252	2,133
Change in captive insurance program interest rate shortfall (Note 7)	1,316	6,981
Change in equity in captive insurance program (Note 7)	27,522	9,615
Medical residents FICA refund (Note 1)	1,670	3,652
Loss on extinguishment of debt (Note 5)	(3,465)	(915)
Excess of revenue over expenses before net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements	28,295	21,466
Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements (Note 5)	(2,549)	(514)
Excess of revenue over expenses	25,746	20,952
Change in accrued pension and postretirement benefits liabilities to be recognized in future periods	22,433	(6,308)
Grants for capital asset acquisitions and net assets released from restrictions used for capital asset acquisitions	122	1,184
Increase in unrestricted net assets	48,301	15,828
Temporarily restricted net assets		
Restricted contributions, grants and other receipts	2,750	1,800
Net assets released from restrictions		
Operating expenses	(1,010)	(1,810)
Capital asset acquisitions	(68)	(524)
Increase (decrease) in temporarily restricted net assets	1,672	(534)
Increase in net assets	49,973	15,294
Net assets at beginning of year	193,516	178,222
Net assets at end of year	\$ 243,489	\$ 193,516

See accompanying notes

Maimonides Medical Center

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended December 31	
	2013	2012
Operating activities		
Increase in net assets	\$ 49,973	\$ 15,294
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Change in accrued pension and postretirement benefits liabilities to be recognized in future periods	(22,433)	6,308
Loss on extinguishment of debt	3,465	915
Depreciation and amortization	50,996	50,201
Amortization of deferred financing costs	184	316
Net change in unrealized gains and losses on investments and change in fair value of interest rate swap agreements	2,549	514
Restricted contributions, grants and other receipts	(2,750)	(1,800)
Changes in operating assets and liabilities		
Receivables for patient care	(15,149)	(9,331)
Due from affiliates	(3,443)	(2,230)
Other assets	(28,930)	(1,516)
Accounts payable and accrued expenses and accrued salaries and related liabilities	11,232	16,205
Other current liabilities	(18,419)	(10,126)
Other liabilities	(16,385)	(16,113)
Net cash provided by operating activities	10,890	48,637
Investing activities		
Purchase of investments	(2,184)	(1,759)
Acquisitions of property, plant and equipment – net	(43,799)	(51,555)
Redemption (purchase) of assets limited as to use	13,200	(12,963)
Decrease in collateral for standby letters of credit	2,630	–
Purchase of sinking funds	(455)	(1,278)
Net cash used in investing activities	(30,608)	(67,555)
Financing activities		
Repayments of long-term debt and capital lease obligations	(133,361)	(50,351)
Restricted contributions, grants and other receipts	2,750	1,800
Line of credit drawdown (repayments)	6,000	(2,432)
Proceeds from financing	140,888	67,884
Net cash provided by financing activities	16,277	16,901
Net decrease in cash and cash equivalents	(3,441)	(2,017)
Cash and cash equivalents at beginning of year	45,171	47,188
Cash and cash equivalents at end of year	\$ 41,730	\$ 45,171
Supplemental disclosures of cash flow information		
Cash paid for interest	\$ 8,041	\$ 9,259
Capital lease arrangements	\$ 6,749	\$ 5,249

See accompanying notes

Maimonides Medical Center

Notes to Consolidated Financial Statements

December 31, 2013

1. Organization and Summary of Significant Accounting Policies

Organization

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

In 2013, the Medical Center entered into an initial three-year strategic alliance agreement with Montefiore Medical Center (Montefiore) located in the Bronx, New York, to leverage the strengths of both institutions and to allow both institutions to better prepare for new models of health care delivery in the future The Medical Center and Montefiore each remain independent under this affiliation The Medical Center also entered into an affiliation agreement with Yeshiva University through its Albert Einstein College of Medicine (Einstein) Under the affiliation agreement, the Medical Center became a university hospital and the Brooklyn clinical campus of Einstein Both Einstein and the Medical Center continue to be autonomous and governed independently by their respective governing bodies and administrations

In August 2013, M2 Medical Community Practice, P C (the PC) was formed pursuant to an agreement between the Medical Center and the PC The agreement established a professional corporation to facilitate an alignment between the Medical Center and certain physicians The accompanying consolidated financial statements include the accounts of the Medical Center and the PC, which are collectively referred to herein as the Medical Center

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, such as estimated uncollectibles for accounts receivable for services to patients, estimated settlements with third-party payors, estimated insurance claims liabilities and receivables and retirement liabilities, and

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the amounts of revenues and expenses reported during the period. Actual results could differ from those estimates.

Cash and Cash Equivalents

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

Investments

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

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

Net Patient Service Revenue and Accounts Receivable

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive revenue adjustments due to ongoing and future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payor (insurance) coverage on the basis of contractual rates, governmental rates or established charges for the services rendered. For uninsured patients who are ineligible for any government assistance program, the Medical Center provides services without charge or at amounts less than its established rates to patients who meet the criteria of its charity care policy. For uninsured patients and patients who were determined by the Medical

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Center to have the ability to pay but do not, including those covered by insurance who might be responsible for copayments and deductibles, the estimated uncollectible amounts are recorded as bad debts

Patient revenue for 2013, net of contractual and charity care allowances, from third-party payors (insured patients) was approximately \$991.1 million and from self-pay patients was approximately \$5.4 million, before the provision for bad debts. For accounts receivable associated with services provided to patients who have third-party coverage, the Medical Center analyzes amounts due from third parties and provides an allowance for doubtful accounts and a provision for bad debts. For accounts receivable associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due after third-party coverage, the Medical Center records an allowance for doubtful accounts and provision for uncompensated care (charity care and bad debts) in the period of service based on historical experience.

The allowance for doubtful accounts represents the Medical Center's estimate of the uncollectible accounts receivable related to bad debts. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The allowance for doubtful accounts is based upon the Medical Center's assessment of historical and expected net collections, business and economic conditions, trends in health care coverage and other collection indicators. In distinguishing charity care from the provision for bad debts, a number of factors are considered, certain of which require a high degree of judgment. Accounts that initially are estimated to be bad debts might ultimately be written off to charity care.

Uncompensated Care

For financial reporting purposes, the Medical Center reports as uncompensated care amounts related to care provided for which the patient's payment obligation has not been fully satisfied. Uncompensated care is the sum of the Medical Center's charity care, including free and reduced price medical care, and bad debts. During the registration, billing and collection process, a patient's eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medical Center's charity care and financial aid policy, care given but not paid for is classified as charity care. The Medical Center's charity care and financial aid policy authorizes use of additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care. The additional

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial aid in accordance with the Medical Center's policies. For patients who were determined by the Medical Center to have the ability to pay but did not, the uncollected amounts are classified as bad debts. Distinguishing between bad debt and charity care is difficult, in part because services are often rendered prior to full evaluation of a patient's ability to pay. The classification of individual accounts as either bad debt or charity care might be made long after services are provided and collections are pursued.

The Medical Center's estimated costs for charity care were \$44.3 million for 2013 and \$45.0 million for 2012. This does not include the loss of treating the Medicaid population. The cost of charity care includes the direct and indirect cost of providing charity care services. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care. Net of pool contributions, funds received from the New York State Indigent Care Pool to offset bad debts and charity care provided totaled approximately \$10.2 million and \$9.4 million for the years ended December 31, 2013 and 2012, respectively. The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement and excludes amounts designated for teaching programs.

Assets Limited as to Use

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

Property, Plant and Equipment

Property, plant and equipment are stated at cost, except for donated equipment, which is recorded at the fair value established at the date of the gift. Assets acquired through capitalized lease obligations are recorded at the present value of the future minimum lease payments. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of, and any resulting gain or loss is included in

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

operations Depreciation is provided on a straight-line basis over the estimated useful lives of the assets

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

Other Assets

Included in other assets are deferred costs, pledges receivable, other noncurrent investments and funding available to be spent on capital leased fixed assets Deferred costs are approximately \$2.2 million and \$3.0 million at December 31, 2013 and 2012, respectively, net Deferred costs include costs incurred with respect to debt financing and are amortized using the effective interest method over the period the applicable obligation is outstanding At December 31, 2013 and 2012, the accumulated amortization for deferred costs was approximately \$0.1 million and \$3.5 million, respectively Amortization of deferred financing costs is included in interest and amortization of deferred financing costs in the accompanying consolidated statements of operations and changes in net assets Pledges receivable are approximately \$1.4 million and \$0.8 million at December 31, 2013 and 2012, respectively Pledges receivable are unconditional promises to give cash, which are reported at the present value of their estimated cash flows at the date the promise is received Funding available to be spent on capital leased fixed assets was approximately \$11.4 million at December 31, 2013 (approximately \$6.8 million at December 31, 2012)

Equity Investments

Included in other assets is an amount related to the Medical Center's investment in a limited liability company The Medical Center accounts for this investment using the equity method of accounting During 2013 and 2012, the Medical Center recognized income of approximately \$2.6 million and \$3.1 million, respectively, and received distributions of approximately \$1.1 million and \$1.2 million, respectively

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Additionally, the Medical Center had an investment in First to Care Home Care, Inc., a joint venture with Metropolitan Jewish Geriatric Corporation. As a result of its ownership in this joint venture the Medical Center recorded a gain of approximately \$1.4 million in its consolidated statement of operations and changes in net assets for the year ended December 31, 2012. This joint venture was terminated in 2012 and resulted in a gain of \$4.0 million for the Medical Center in 2013 (see Note 10).

Temporarily and Permanently Restricted Net Assets

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

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

Faculty Practice Revenue

Employed physicians may participate in the Medical Center's faculty practice plan. Plan participants are authorized to conduct faculty practices and engage in professional consultation in accordance with established institutional guidelines. Professional service fee receipts are recorded and deposited in faculty practice funds established by the Medical Center for each individual participant or group practice when received by the Medical Center. These receipts are used to reimburse the Medical Center for costs incurred in supporting plan activities. The remaining amounts, after direct plan expenses, provide participant salary supplements and support departmental activities. Faculty practice revenue activities are included in net patient service revenue and are recorded on a modified cash basis, which approximates the accrual basis with respect to the accompanying consolidated statements of operations and changes in net assets. Physicians comprising the faculty practices participate in the Medical Center's professional and general liability insurance programs.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Performance Indicator

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

Interest Rate Swap Agreements

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

Tax Status

The Medical Center is a Section 501(c)(3) organization exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code. It also is exempt from New York State and City income taxes. The PC operates as a taxable entity. The provision for income taxes is not material to the accompanying consolidated financial statements.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Medical Residents FICA Refund

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

In 2010, the Medical Center recorded estimated net revenue of approximately \$10.7 million related to the Medical Center's portion of the FICA medical resident refund claims and accumulated interest that were expected to meet the IRS requirements to be eligible for refunds. The Medical Center established its estimate based on information available, subject to change as the IRS adjudicates the claims. The Medical Center also recorded estimated claims receivable from the IRS as well as claims payable to medical residents made on their behalf.

As the result of these claims, the Medical Center received approximately \$1.7 million and \$14.4 million in 2013 and 2012, respectively, for its portion of the claim as compared to the \$10.7 million in expected revenue accrued in 2010. The amount received in excess of the amount receivable recorded previously was approximately \$1.7 million in 2013 and \$3.7 million in 2012, which were recognized in the accompanying consolidated statements of operations and changes in net assets. The Medical Center received approximately \$1.6 million and \$12.5 million in 2013 and 2012, respectively, of funds collected on behalf of medical residents; these amounts have been remitted to the medical students.

Reclassifications

Certain reclassifications have been made to amounts previously reported in 2012 to conform with the current year's presentation.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

2. Third-Party Payor System

Non-Medicare Reimbursement: In New York State, hospitals and all non-Medicare payors, except Medicaid, workers' compensation and no-fault 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. Payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments. Outpatient services also are paid based on a statewide prospective system, APGs (Ambulatory Payment Group). Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services (CMS), which may routinely request information about such methodologies prior to approval. Revenue related to specific rate components that have not been approved by CMS is not recognized until the Medical Center is reasonably assured that such amounts are realizable. Adjustments to the current and prior years' payment rates for those payors will continue to be made in future years.

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

The Medical Center has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for adjustments to current and prior years' payment rates, based on industry-wide and Medical Center-specific data. Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2008. Other years remain open for audit and settlement as are numerous issues related to the New York State Medicaid program for prior years. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled and additional information is obtained.

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

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

2. Third-Party Payor System (continued)

For the years ended December 31, 2013 and 2012, revenue from the Medicare and Medicaid programs on a combined basis accounted for approximately 76% in each year of the Medical Center's net patient service revenue. The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. The Medical Center is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations. Action for noncompliance could result in repayment of amounts improperly reimbursed, fines, penalties and exclusion from such programs.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use

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

	December 31	
	2013	2012
	<i>(In Thousands)</i>	
Short-term investments		
U S government obligations	\$ 67,334	\$ 68,585
Corporate bonds	26,464	27,179
Time deposits	2,000	2,000
Accrued interest	541	717
Total short-term investments	<u>\$ 96,339</u>	<u>\$ 98,481</u>
Assets limited as to use – current portion		
Board designated		
Cash and cash equivalents	\$ 6,776	\$ 5,959
U S government obligations	7,575	7,769
Accrued interest	71	46
Total board designated	<u>14,422</u>	<u>13,774</u>
Medical resident FICA refund		
Cash and cash equivalents	–	12,508
Total medical resident FICA refund	<u>–</u>	<u>12,508</u>
Total assets limited as to use – current portion	<u>\$ 14,422</u>	<u>\$ 26,282</u>
Assets limited as to use – noncurrent portion		
Sinking funds		
Cash and cash equivalents	\$ 493	\$ 413
U S government obligations	13,559	13,594
Accrued interest	73	76
Total sinking funds	<u>14,125</u>	<u>14,083</u>
Collateral for standby letter of credit <i>(Note 5)</i>		
Certificate of deposit	–	2,630
Self-insurance trust		
Mutual fund	2,606	4,296
Total assets limited as to use – noncurrent portion	<u>\$ 16,731</u>	<u>\$ 21,009</u>

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Investment income comprises the following

	Year Ended December 31	
	2013	2012
	<i>(In Thousands)</i>	
Interest income	\$ 2,221	\$ 2,548
Net realized gains on investments reported at fair value	5,361	2,842
Equity in earnings of investees	2,625	4,543
	\$ 10,207	\$ 9,933

4. Property, Plant and Equipment

A summary of property, plant and equipment is as follows

	December 31	
	2013	2012
	<i>(In Thousands)</i>	
Land	\$ 4,980	\$ 4,980
Buildings and building improvements	400,360	392,902
Equipment	612,517	564,557
	1,017,857	962,439
Less accumulated depreciation and amortization	677,761	626,765
	340,096	335,674
Capital projects in progress	7,013	11,883
	\$ 347,109	\$ 347,557

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

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

4. Property, Plant and Equipment (continued)

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

	December 31	
	2013	2012
	<i>(In Thousands)</i>	
Assets recorded under capital leases	\$ 141,363	\$ 120,100
Less accumulated amortization	78,155	67,659
	<u>\$ 63,208</u>	<u>\$ 52,441</u>

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

A summary of long-term debt is as follows

	December 31	
	2013	2012
	<i>(In Thousands)</i>	
FHA Section 242 insured mortgage loans (a and c)	\$ 9,137	\$ 9,970
FHA Section 241 insured mortgage loans (b and d)	91,268	91,423
Construction bank loans (e and g)	16,542	20,359
Capital lease obligations (f)	84,532	59,798
Syndicated bank credit facility (g)	25,256	26,436
	<u>226,735</u>	<u>207,986</u>
Less current portion	31,781	26,176
	<u>\$ 194,954</u>	<u>\$ 181,810</u>

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

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

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

As a condition of these borrowings, the Medical Center was required to establish and maintain a sinking fund. Amounts deposited into the sinking fund, together with investment earnings thereon, were available for principal payments and purchases of specified levels of capital assets. Assets on deposit in the sinking fund at December 31, 2012 were in compliance with the required amounts. This loan was refinanced in March 2013 (see Note 5(c)).

- (b) In June 2004, the Medical Center entered into an FHA Section 241 loan in the amount of \$104.7 million. Proceeds of the loan, which were raised by DASNY through the issuance of tax-exempt revenue bonds, supported the Medical Center's major modernization project. The loan was insured by FHA. The loan bore interest at 7.5% during the construction period (based on amounts drawn) until final endorsement and thereafter at a rate of 5.45%, with monthly payments commencing April 1, 2007 through March 1, 2032. This project was completed in 2009. Although final endorsement occurred in March 2013, effective November 2009, DASNY approved the monthly interest rate of 5.45%.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Under the terms of the agreements, the Medical Center was required to maintain three standby letters of credit. The first letter of credit was cancelled in 2009, based upon the approval of DASNY. The second letter of credit in the amount of \$1.5 million through February 2, 2013 was cancelled based upon the approval of DASNY related to the application of the final equity payment. The third letter of credit in the amount of \$2.2 million was due to expire on February 1, 2016 and was fully collateralized. This letter of credit was cancelled and collateral released in 2013 based upon the approval of DASNY.

As a condition of this borrowing, the Medical Center was required to establish and maintain a sinking fund. Amounts deposited into the sinking fund, together with investment earnings thereon, were available for principal payments. Assets on deposit in the sinking fund at December 31, 2012 were in compliance with the required amounts. This loan was refinanced in March 2013 (see Note 5(d)).

- (c) In March 2013, the Medical Center refinanced its 1996 FHA loan in the amount of \$9.8 million. Proceeds were raised by the Medical Center through the issuance of GNMA collateralized taxable revenue bonds (GNMA Taxable Bonds). This loan remains insured by FHA. The loan bears interest at 3.595%, with monthly payments commencing April 1, 2013 through October 1, 2022.

As a condition of this borrowing, the Medical Center is required to maintain a sinking fund. Amounts deposited into the sinking fund, together with investment earnings thereon, are available for principal payments and purchases of specific levels of capital assets. Assets on deposit in the sinking fund at December 31, 2013 are in compliance with the required amounts.

- (d) In March 2013, the Medical Center also refinanced its 2004 FHA loan in the amount of \$90.7 million. Proceeds were raised by the Medical Center through the issuance of GNMA Taxable Bonds. Sufficient assets were funded into a trust to redeem the existing debt, such assets are not reflected in the accompanying consolidated financial statements. This loan remains insured by FHA. The loan bears interest at 3.595%, with monthly payments commencing April 1, 2013 through March 1, 2032. As a result of this refinancing, and the refinancing referred to in (c) above, the Medical Center recorded a loss on extinguishment of debt of approximately \$3.5 million, including the write off of approximately \$2.9 million in deferred financing costs.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

As a condition of this borrowing, the Medical Center is required to maintain a sinking fund. Amounts deposited into the sinking fund, together with investment earnings thereon, are available for principal payments. Assets on deposit in the sinking fund at December 31, 2013 are in compliance with the required amounts.

- (e) The Medical Center entered into a ten-year, \$8.0 million construction bank loan in February 2004 for the renovation of the property to house a comprehensive cancer center. The interest rate is variable and was 1.42% and 1.46% at December 31, 2013 and 2012, respectively. Monthly payments are due through January 2014.

During 2005, the Medical Center entered into a second construction loan for ten years in the amount of \$2.5 million for additional renovations of the cancer center. The interest rate for this loan is variable and was 1.42% and 1.46% at December 31, 2013 and 2012, respectively. Monthly payments are due through August 2015.

- (f) The Medical Center has various capital lease obligations with interest rates ranging up to 6.5%.
- (g) On May 25, 2006, the Medical Center entered into a loan agreement in the amount of \$31.2 million. The proceeds of the loan, which were raised by the New York City Capital Resource Corporation through the issuance of tax-exempt revenue bonds, were used to renovate, improve, repair and equip the Medical Center's facilities. The loan bore interest at a variable rate, with monthly payments due through 2026. The loan was secured by a letter of credit of approximately \$26.6 million which was due to expire on May 25, 2016.

On June 1, 2012, this loan was prepaid and refinanced with a syndicated bank credit facility that bears interest at 1.87% and 1.91% at December 31, 2013 and 2012, respectively, with monthly payments through June 2019. The syndicated arrangement also includes a construction loan of \$20.0 million, that bears interest at 1.87% and 1.91% at December 31, 2013 and 2012, respectively, with monthly payments through June 2019. In connection with the refinancing, the Medical Center recorded a loss on extinguishment of debt of approximately \$0.9 million. As part of these financing

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

transactions, the Medical Center restructured its existing lines of credit with two banks (\$40.0 million) to one line of credit for \$30.0 million. Approximately \$19.0 million and \$16.0 million were outstanding at December 31, 2013 and 2012, respectively (interest rate of 1.77% and 1.86% for 2013 and 2012, respectively). This line of credit is due on June 27, 2014.

In addition, the Medical Center obtained an additional line of credit with another bank in 2013, in the amount of \$10.0 million. At December 31, 2013, approximately \$3.0 million was outstanding on this line of credit. The drawdown was for interim financing of capital expenditures and working capital needs. The average interest rate charged in 2013 was 1.99% (1.99% at December 31, 2013). This line of credit will expire on July 9, 2014.

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

	Loans Payable	Capital Leases	Total
	<i>(In Thousands)</i>		
2014	\$ 9,000	\$ 24,788	\$ 33,788
2015	9,144	23,907	33,051
2016	9,292	18,667	27,959
2017	9,621	14,670	24,291
2018	9,963	3,765	13,728
Thereafter	95,183	4,355	99,538
Total minimum payments	142,203	90,152	232,355
Less amounts representing interest	—	5,620	5,620
Total long-term debt	142,203	84,532	226,735
Less current portion of long-term debt	9,000	22,781	31,781
Long-term debt, net of current portion	<u>\$ 133,203</u>	<u>\$ 61,751</u>	<u>\$ 194,954</u>

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Required sinking fund balances for loan agreements for the next five years are as follows (in thousands)

2014	\$ 14,567
2015	15,572
2016	16,553
2017	16,290
2018	15,708

As discussed in Note 7, the Medical Center also had a letter of credit from a bank of \$1.0 million at December 31, 2012 for the benefit of one of its captive insurance companies. No drawdowns were made in 2013 or 2012 under this letter of credit agreement. This letter of credit was cancelled in 2013.

In connection with various debt agreements, the Medical Center is required to maintain certain financial covenants. The Medical Center was not in compliance with the current ratio financial covenant related to its FHA mortgage loans at December 31, 2013 and 2012. The Medical Center has notified the U.S. Department of Housing and Urban Development of the noncompliance for 2013. This noncompliance does not constitute an event of default under the terms of the related agreements.

Interest Rate Swap Agreements

The Medical Center uses interest rate swap agreements to manage risk associated with changes in interest rates associated with its long-term debt. Under the terms of the interest rate swaps, the Medical Center pays fixed rates monthly and receives from the counterparties variable payments based on percentages of LIBOR. Interest payments and the change in fair value of the swaps (gain of approximately \$2.5 million in 2013 and loss of approximately \$0.7 million in 2012) are recorded in the excess of revenue over expenses.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

At December 31, 2013 and 2012, the swaps are reported in other noncurrent liabilities and are summarized as follows

Notional Amount	Maturity Date	Fixed Payment Rate	2013 Fair Value (All Liabilities)
\$ 25,255,902	June 1, 2027	3.95%	\$ 3,400,598
16,048,877	June 1, 2019	1.186	25,164
7,576,771	June 1, 2019	1.28	(146,907)
76,190	January 31, 2014	6.19	307
416,667	August 15, 2015	5.985	15,657
			<u>\$ 3,294,819</u>

Notional Amount	Maturity Date	Fixed Payment Rate	2012 Fair Value (All Liabilities)
\$ 26,435,942	June 1, 2027	3.95%	\$ 5,339,052
18,701,986	June 1, 2019	1.186	316,978
7,930,783	June 1, 2019	1.28	112,581
990,476	January 31, 2014	6.19	27,305
666,667	August 15, 2015	5.985	39,538
			<u>\$ 5,835,454</u>

6. Pension Plans and Postretirement Health Care Benefits

The Medical Center provides retirement and similar benefits to its union employees through several defined benefit multiemployer pension plans and to its nonunion employees through a noncontributory defined benefit pension plan, tax deferred annuity plans, and a nonqualified defined contribution plan covering certain employees. Payments to the defined benefit multiemployer union plans are made in accordance with contractual arrangements under which contributions are generally based on gross salaries and are funded on a current basis. The Medical Center contributes amounts to the nonunion plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974. The Medical Center's pension expense under all existing plans aggregated approximately \$45.8 million and \$39.9 million for the years ended December 31, 2013 and 2012, respectively.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

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

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

The Medical Center's participation in these plans for the years ended December 31, 2013 and 2012 is outlined in the table below. The "EIN Number" column provides the Employer Identification Number (EIN). Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2013 and 2012 is for a plan's year-end at December 31, 2012 and 2011, respectively. The zone status is based on information that the Medical Center received from the plans and is certified by the plans' actuaries. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is pending or has been implemented. The last column lists the expiration dates of the collective bargaining agreements to which the plans are subject.

The number of employees covered by the Medical Center's multiemployer plans did not change significantly from 2012 to 2013. Contribution rates required to be paid to the plans have increased from 2012 to 2013.

Pension Fund	EIN Number	Plan Number	Pension Protection Act Zone Status		FIP/RP Pending/Implemented	Contributions by the Medical Center		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
			2013	2012		2013	2012		
The New York State Nurses Association Pension Plan	13-6604799	001	Green	Green	No	\$10,611,000	\$10,344,000	No	1/01/2015
1199 SEIU Health Care Employees Pension Fund	13-3604862	001	Green	Green	No	\$15,355,000	\$11,788,000	No	7/15/2014

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

The Medical Center was listed in The New York State Nurses Association Pension Plan Form 5500 as providing more than 5% of the total contributions of the plan for the plan years ended December 31, 2012 and 2011, respectively

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

The Medical Center 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 the net unrecognized prior service costs at the reporting date will be subsequently recognized in the future as net periodic benefit cost pursuant to the Medical Center's accounting policy for amortizing such amounts. Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic benefit cost in the same periods will be recognized as a component of unrestricted net assets.

Included in other changes in unrestricted net assets at December 31, 2013 and 2012 are the following amounts that have not yet been recognized in net periodic pension and postretirement cost:

	Pension Benefits		Postretirement Health Care Benefits	
	2013	2012	2013	2012
	<i>(In Thousands)</i>			
Unrecognized prior service (cost) credit	\$ (195)	\$ (236)	\$ 563	\$ 663
Unrecognized actuarial loss	(28,025)	(47,509)	(1,388)	(4,396)
	<u>\$ (28,220)</u>	<u>\$ (47,745)</u>	<u>\$ (825)</u>	<u>\$ (3,733)</u>

The net prior service cost and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension and postretirement cost during the year ending December 31, 2014 is approximately \$1.6 million.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

The following table sets forth the change in benefit obligations, change in plan assets and the funded status of the plans as of December 31, 2013 and 2012

	Pension Benefits		Postretirement Health Care Benefits	
	2013	2012	2013	2012
	<i>(In Thousands)</i>			
Change in benefit obligation				
Benefit obligation, beginning of year	\$ 141,774	\$ 120,766	\$ 12,652	\$ 12,335
Service cost	8,260	6,611	213	217
Interest cost	5,312	5,117	423	503
Plan amendments	—	—	27	(521)
Actuarial (gains) losses	(12,847)	13,398	(2,823)	623
Net benefits paid and expected expenses	(2,659)	(4,118)	(347)	(505)
Benefit obligation, end of year	139,840	141,774	10,145	12,652
Change in plan assets				
Fair value of plan assets, beginning of year	85,847	73,356	—	—
Actual return on plan assets	8,862	9,227	—	—
Contributions	7,255	7,615	347	523
Benefits paid and actual expenses	(2,721)	(4,351)	(347)	(523)
Fair value of plan assets, end of year	99,243	85,847	—	—
Unfunded status	\$ (40,597)	\$ (55,927)	\$ (10,145)	\$ (12,652)

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

	Pension Benefits		Postretirement Health Care Benefits	
	2013	2012	2013	2012
	<i>(In Thousands)</i>			
Accrued benefit liability – noncurrent	\$ (40,597)	\$ (55,927)	\$ (9,736)	\$ (12,167)
Accrued benefit liability – current	—	—	(409)	(485)
	\$ (40,597)	\$ (55,927)	\$ (10,145)	\$ (12,652)

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

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

	December 31	
	2013	2012
	<i>(In Thousands)</i>	
Projected benefit obligation	\$ 139,840	\$ 141,774
Accumulated benefit obligation	122,542	122,902
Fair value of plan assets	99,243	85,847

Net periodic benefit cost, included in employee benefits expense, consist of the following components

	Pension Benefits		Postretirement Health Care Benefits	
	2013	2012	2013	2012
	<i>(In Thousands)</i>			
Service cost	\$ 8,260	\$ 6,611	\$ 213	\$ 217
Interest cost on projected benefit obligation	5,312	5,117	423	503
Expected return on plan assets	(6,521)	(5,836)	—	—
Net amortization and deferral	4,399	3,913	112	121
Net periodic benefit cost	\$ 11,450	\$ 9,805	\$ 748	\$ 841

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

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

	Pension Benefits		Postretirement Health Care Benefits	
	2013	2012	2013	2012
Weighted-average assumptions used to determine benefit obligations as of December 31				
Discount rate	4.70%	3.75%	4.45%	3.75%
Rate of compensation increase	4.00	4.00	4.00	4.00
Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31				
Discount rate	3.75%	4.25%	3.75%	4.25%
Expected return on plan assets	7.7	8.0	N/A	N/A
Rate of compensation increase	4.0	4.0	4.0	4.0

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

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

	2013	2012
Assumed health care cost trend rates at December 31		
Pre-65 Medical		
Initial rate for health care costs	7.6%	7.3%
Ultimate rate for health care costs	4.4%	4.4%
Ultimate year of health care increase	2091	2083
Post-65 Medical		
Initial rate for health care costs	6.9%	7.3%
Ultimate rate for health care costs	4.5%	4.5%
Ultimate year of health care increase	2091	2083
Dental		
Initial rate for health care costs	5.0%	5.0%
Ultimate rate for health care costs	4.3%	4.3%
Ultimate year of health care increase	2091	2083

Assumed health care cost trend rates may have a significant effect on the amounts reported for the health care plans. A 1% change in assumed health care cost trend rates would have the following effects at December 31, 2013:

	1% Increase	1% Decrease
	<i>(In Thousands)</i>	
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	\$ 86	\$ (72)
Effect on health care components of the accumulated postretirement benefit obligation	1,249	(1,061)

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

Plan Assets

The Medical Center's pension plan weighted-average asset allocation at December 31, 2013 and 2012, by asset category, is as follows

	Plan Assets as of December 31	
	2013	2012
Asset category		
Equities	44%	49%
Fixed income	56	50
Other	—	1
Total	100%	100%

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

Investment Strategy

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

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

Cash Flows

Contributions: The Medical Center expects to contribute \$11.1 million to its defined benefit pension plan in 2014.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

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

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

Year	Pension Benefits	Postretirement Health Care Benefits
	<i>(In Thousands)</i>	
2014	\$ 7,398	\$ 418
2015	7,520	547
2016	7,849	614
2017	8,802	684
2018	8,306	697
2019 to 2023	50,073	3,712

Medicare Prescription Drug, Improvement and Modernization Act of 2003

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

Effective September 1, 2013, the prescription drug benefit for Medicare participants in the Empire EPO plan is provided under an Employer Group Waiver Plan (EGWP), with a supplemental wrap. As a result, the Medical Center will no longer receive a Medicare Part D subsidy for this coverage.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

7. Professional Liabilities

Beginning in 1977, the Medical Center has participated in a pooled professional and general liability program with certain other health care facilities (principally hospitals) affiliated with the Federation of Jewish Philanthropies of New York (the FOJP Program). This participation has been with captive and commercial insurance companies utilizing occurrence basis type coverage. At December 31, 2013, the Medical Center retained ownership in three captive insurance companies affiliated with the FOJP Program. The captive insurance companies are primarily accounted for using the equity method.

The aggregate net carrying value of the Medical Center's interests in the insurance program was approximately \$92.3 million and \$64.8 million at December 31, 2013 and 2012, respectively, of which approximately \$89.8 million and \$62.3 million is included in equity in captive insurance program and approximately \$2.5 million for both 2013 and 2012 is included in other current assets in the accompanying consolidated statements of financial position.

The Medical Center changed its malpractice insurance program for the period from January 1, 1998 through December 31, 1998. Under the terms of the revised program, a portion of the Medical Center's coverage became self-retained. Effective January 1, 1999, this program was terminated prospectively and the Medical Center no longer maintains a self-retained component. At December 31, 2013 and 2012, the Medical Center's consolidated statements of financial position reflected professional liabilities of approximately \$2.5 million and \$3.3 million, respectively, for the actuarial present value of the self-retained component of malpractice insurance based on a study prepared by independent consulting actuaries discounted at 3% for 2013 and 2012. In conjunction with this program, the Medical Center, together with several other hospitals, invested approximately \$6.7 million at December 31, 1998 (Medical Center's portion) in pooled investment unit trusts. At December 31, 2013 and 2012, the fair value of these units is approximately \$2.6 million and \$4.3 million, respectively.

Effective January 1, 1999, the Medical Center's malpractice insurance program reverted to a coverage agreement similar to the arrangement that existed prior to January 1, 1998. This program provides for a deferral of premium payments through 2016 for years commencing in 2011. At December 31, 2013 and 2012, approximately \$38.1 million and \$36.7 million, respectively, represent the estimated present value of future payments. Amounts due in 2014 and 2013, respectively, are included in other current liabilities and the balance is included in long-term professional liabilities in the accompanying consolidated statements of financial position.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

7. Professional Liabilities (continued)

The Medical Center, as part owner of its malpractice captive, guarantees a certain level of investment return. Due to the market losses in 2011, the Medical Center was required to fund its share of market losses of approximately \$10.4 million. As a result of gains in the financial market, as well as the Medical Center's 2012 and 2013 payments to fund the 2011 losses, the liability was reduced at December 31, 2012 to approximately \$1.4 million and was eliminated in 2013.

The Medical Center presents in its consolidated statements of financial position its gross professional liabilities and insurance recoveries receivable. The estimate of professional liabilities and the estimate for incidents that have been incurred but not reported is included in estimated insurance claims liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$187.6 million and \$194.1 million based on a discount rate of 2.75% and 3.5% at December 31, 2013 and 2012, respectively. The Medical Center has recorded related estimated insurance claims receivable of approximately \$187.6 million and \$194.1 million at December 31, 2013 and 2012, respectively, in consideration of the expected insurance recoveries. The current portion of estimated insurance claims liabilities and the related estimated insurance claims receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

At December 31, 2012, the Medical Center had an unsecured letter of credit for the benefit of one of its captive insurance companies from a bank in the amount of \$1.0 million. No drawdowns were made in 2013 or 2012 under this letter of credit agreement. This letter of credit was cancelled in 2013.

8. Transactions with Affiliates

Services provided by MMC Holding of Brooklyn, Inc. through its various subsidiaries to the Medical Center include pharmaceuticals, medical supplies and equipment, technical support services, contracted services and management reviews for various Medical Center properties. Expenses incurred by the Medical Center for such services approximated \$21.0 million and \$19.6 million during 2013 and 2012, respectively. Additionally, MMC Holding of Brooklyn, Inc. purchases various goods and services from the Medical Center. Revenue generated from such activity approximated \$851,000 and \$751,000 during 2013 and 2012, respectively.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

8. Transactions with Affiliates (continued)

The net amounts due from affiliates in the accompanying consolidated statements of financial position include a revolving loan receivable and accrued interest thereon from MMC Holding of Brooklyn, Inc. of approximately \$2.9 million and \$2.8 million at December 31, 2013 and 2012, respectively. The loan bears interest at 5.75% at December 31, 2013 and 2012 and has no specified repayment date. Also included in the balances each year are amounts due from and to MMC Holding of Brooklyn, Inc. and its subsidiaries for services provided by and to the Medical Center, as previously described.

9. Temporarily and Permanently Restricted Net Assets

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

	2013	2012
	<i>(In Thousands)</i>	
Research and education	\$ 1,465	\$ 1,098
Plant replacement and expansion	14,111	12,806
	\$ 15,576	\$ 13,904

Permanently restricted net assets at December 31, 2013 and 2012 consist of investments to be held in perpetuity, the income from which is to be used for health care related services.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

10. Other Revenue

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

	2013	2012
	<i>(In Thousands)</i>	
Government grant income	\$ 7,890	\$ 13,396
Electronic health records incentive payments	5,688	6,066
Real estate rentals	5,133	4,952
Investment income	10,207	9,933
Special funds income	14,689	11,538
Dining room and parking lot income	1,442	1,429
Grants and contributions	2,898	1,962
Termination of interest in joint venture <i>(Note 1)</i>	4,003	—
Insurance company surplus distribution	5,689	6,527
Other	6,091	3,898
	\$ 63,730	\$ 59,701

The Medical Center was awarded grants under the HEAL NY program. Grant revenue recorded was approximately \$8.4 million for the year ended December 31, 2012 and was related to expenditures incurred. The proceeds from these grants were used for the establishment of a health information network, as well as care management to provide patient centered services for the mental health patients through a consortium of various health care providers.

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

10. Other Revenue (continued)

The Medical Center uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Medical Center is reasonably assured that the EHR meaningful use criteria for the required period of time are met and that the grant revenue will be received. EHR incentive payment revenue totaling approximately \$5.7 million (Medicare approximately \$2.4 million, Medicaid approximately \$3.3 million) for the year ended December 31, 2013 and approximately \$6.1 million (Medicare approximately \$3.4 million, Medicaid approximately \$2.7 million) for the year ended December 31, 2012 are included in other revenue. These incentive payments were received by the Medical Center during 2013 and 2012, respectively. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Medical Center's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

11. Functional Expenses

Functional expenses, including loss on extinguishment of debt, for the years ended December 31 are as follows:

	2013	2012
	<i>(In Thousands)</i>	
Health care and related services	\$ 851,656	\$ 805,878
Program support and general	209,768	205,704
	\$ 1,061,424	\$ 1,011,582

12. Concentration of Credit Risk

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

	December 31	
	2013	2012
Medicare and Medicaid	47%	45%
Commercial and managed care	49	50
Self pay	4	5
	100%	100%

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

12. Concentration of Credit Risk (continued)

At December 31, 2013 and 2012, substantially all of the Medical Center's cash and cash equivalents were held in custodial accounts at four financial institutions. Management believes that credit risk related to these deposits is minimal.

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

13. Fair Value Measurements

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

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

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

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

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.

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Medical Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible as well as considers counterparty credit risk in its assessment of fair value. Financial assets and liabilities, including the defined benefit plan assets, carried at fair value as of December 31, 2013 are classified in the table below in one of the three categories described above.

	Level 1	Level 2	Level 3	Total
	<i>(In Thousands)</i>			
Assets				
Cash and cash equivalents	\$ 50,999	\$ –	\$ –	\$ 50,999
U S government notes and bonds	88,468	–	–	88,468
Corporate bonds	–	26,464	–	26,464
Mutual funds	–	2,606	–	2,606
Total assets at fair value	<u>\$ 139,467</u>	<u>\$ 29,070</u>	<u>\$ –</u>	<u>\$ 168,537</u>
Defined benefit plan assets				
Cash and cash equivalents	\$ 467	\$ –	\$ –	\$ 467
Mutual funds – equity	55,269	–	–	55,269
Mutual funds – fixed income	43,507	–	–	43,507
Total defined benefit plan assets at fair value	<u>\$ 99,243</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 99,243</u>
Liabilities				
Interest rate swap agreements	<u>\$ –</u>	<u>\$ 3,295</u>	<u>\$ –</u>	<u>\$ 3,295</u>

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

Financial assets and liabilities, including the defined benefit plan assets, carried at fair value as of December 31, 2012 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
	<i>(In Thousands)</i>			
Assets				
Cash and cash equivalents	\$ 66,051	\$ –	\$ –	\$ 66,051
U S government notes and bonds	89,948	–	–	89,948
Corporate bonds	–	27,179	–	27,179
Certificate of deposit	2,630	–	–	2,630
Mutual funds	–	4,296	–	4,296
Total assets at fair value	<u>\$ 158,629</u>	<u>\$ 31,475</u>	<u>\$ –</u>	<u>\$ 190,104</u>
Defined benefit plan assets				
Cash and cash equivalents	\$ 630	\$ –	\$ –	\$ 630
Mutual funds – equity	42,518	–	–	42,518
Mutual funds – fixed income	42,699	–	–	42,699
Total defined benefit plan assets at fair value	<u>\$ 85,847</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 85,847</u>
Liabilities				
Interest rate swap agreements	<u>\$ –</u>	<u>\$ 5,835</u>	<u>\$ –</u>	<u>\$ 5,835</u>

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

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

The Medical Center's long-term debt obligations are reported at carrying value. The fair value of the Medical Center's long-term debt obligations is approximately \$218.8 million and \$212.4 million at December 31, 2013 and 2012, respectively, based on quoted market prices and other valuation considerations. These fair values are categorized as Level 2 in the fair value hierarchy described above.

14. Operating Lease Obligations

The Medical Center has entered into various agreements under non-cancellable operating leases. Rent payments are recognized as expense on a straight-line basis over the term of the related lease. At December 31, 2013 and 2012, the Medical Center had an asset of approximately \$4.8 million and \$4.0 million, respectively, representing rental payments made in excess of rent expense on a straight-line basis.

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

2014	\$ 15,434
2015	14,242
2016	13,084
2017	10,746
2018	9,388
Thereafter	56,155
Total minimum operating lease payments	<u>\$ 119,049</u>

Total rental expense charged to operations for the years ended December 31, 2013 and 2012 aggregated approximately \$15.4 million and \$13.4 million, respectively.

15. Commitments and Contingencies

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

Maimonides Medical Center

Notes to Consolidated Financial Statements (continued)

15. Commitments and Contingencies (continued)

Approximately 76% of the Medical Center's employees are members of various unions. The Local 1199 union contract expires on July 15, 2014. The New York State Nurses Association contract expires on January 1, 2015 and the Committee on Interns and Residents contract expires on October 31, 2016.

16. Subsequent Events

Subsequent events have been evaluated through April 30, 2014, which is the date the consolidated financial statements were issued. Subsequent events have not occurred that require disclosure in or adjustment to the consolidated financial statements.

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