

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Maimonides Medical Center  
% ROBERT NALDI EXEC VP & CFO  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
4802 Tenth Avenue  
City or town, state or 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 \$ 1,319,123,209

**F** Name and address of principal officer  
KENNETH D GIBBS  
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](http://www.maimonidesmed.org)

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

**L** Year of formation 1947

**M** State of legal domicile NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	32
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	30
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	7,195
<b>6</b> Total number of volunteers (estimate if necessary)	1,770
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-17,938
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	1,045,063

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	47,670,078	55,607,467
<b>9</b> Program service revenue (Part VIII, line 2g)	1,117,705,144	1,157,109,852
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,066,852	96,977,573
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,237,654	5,032,124
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,199,679,728	1,314,727,016
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,793,143	1,976,635
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	793,385,896	796,532,227
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	60,000	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,196,155		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,123,719	410,053,574
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,198,362,758	1,208,562,436
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,316,970	106,164,580
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,318,886,908	1,417,811,063
<b>21</b> Total liabilities (Part X, line 26)	992,411,192	998,531,337
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	326,475,716	419,279,726

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2019-11-14  
ROBERT NALDI exec vp finance/cfo  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ 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 Phone no (317) 681-7000  
INDIANAPOLIS, IN 46204

**Part III Statement of Program Service Accomplishments**

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

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

Maimonides Medical Center is dedicated to fostering healthy communities. We provide high quality, compassionate patient care and comprehensive community services. As a premier academic medical center, we are devoted to educating health care professionals, patients, families, employees and the communities we serve. We conduct research that improves the lives of our patients. We welcome patients of all faiths, and at the same time remain uniquely committed to serving the special health care needs of the Orthodox Jewish community, whose religious and cultural traditions help guide the provision of Maimonides services.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 648,492,615 including grants of \$ 0 ) (Revenue \$ 687,275,690 )

See Additional Data

**4b** (Code ) (Expenses \$ 76,287,281 including grants of \$ 0 ) (Revenue \$ 59,003,303 )

See Additional Data

**4c** (Code ) (Expenses \$ 93,459,979 including grants of \$ 0 ) (Revenue \$ 42,708,311 )

See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 190,942,588 including grants of \$ 1,976,635 ) (Revenue \$ 368,122,548 )

**4e** Total program service expenses ▶ 1,009,182,463

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	7,195			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>	<b>3b</b>		Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>			No	
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>				
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<b>6a</b>			No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> 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? . . . . .</p>	<b>7a</b>		Yes		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>		Yes		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>				
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>				
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>	<b>13a</b>				
<p><b>b</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 . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>	<b>14b</b>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>		Yes		
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (30); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (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? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Another's website, Upon request, 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, address, and telephone number of the person who possesses the organization's books and records (ROBERT NALDI EXEC VP CFO 4802 TENTH AVENUE BROOKLYN, NY 11219 (718) 283-3900)





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	531,955		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	213,621		
	<b>e</b> Government grants (contributions)	<b>1e</b>	46,491,441		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,370,450		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		1,275,754		
	<b>h Total.</b> Add lines 1a-1f . . . . .		55,607,467		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> PATIENT SERVICE REVENUE		621110	1,139,160,233	1,139,176,584	-16,351
	<b>b</b> INSURANCE COMPANY SURPLUS DISTRIB		524298	13,331,132	13,331,132	
	<b>c</b> RENTAL INCOME		531390	3,976,969	3,976,969	
	<b>d</b> MEANINGFUL USE EHR		900099	641,518	641,518	
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .			1,157,109,852			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			35,948,999			35,948,999	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			741,528					
		<b>b</b> Less rental expenses		755,754				
		<b>c</b> Rental income or (loss)		-14,226		0		
	<b>d</b> Net rental income or (loss) . . . . .				-14,226		-14,226	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			24,555	64,362,909				
		<b>b</b> Less cost or other basis and sales expenses		24,798		3,334,092		
		<b>c</b> Gain or (loss)		-243		61,028,817		
	<b>d</b> Net gain or (loss) . . . . .				61,028,574		61,028,574	
	<b>8a</b> Gross income from fundraising events (not including \$ 531,955 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>		145,100			
<b>c</b> Net income or (loss) from fundraising events . . . . .					-136,449		-136,449	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .				0		0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .				0		0	
Miscellaneous Revenue		Business Code						
<b>11a</b> CORPORATE REBATES		900099	1,847,497				1,847,497	
<b>b</b> PARKING		812930	1,635,969				1,635,969	
<b>c</b> RECORD & ABSTRACT FEES		900099	425,390				425,390	
<b>d</b> All other revenue . . . . .			1,273,943		12,639		1,261,304	
<b>e Total.</b> Add lines 11a-11d . . . . .			5,182,799					
<b>12 Total revenue.</b> See Instructions . . . . .			1,314,727,016	1,157,126,203	-17,938		102,011,284	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	726,179	726,179		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	1,250,456	1,250,456		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,679,781	421,003	3,258,778	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	611,025,929	517,880,105	92,547,211	598,613
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	49,698,528	42,392,953	7,256,691	48,884
<b>9</b> Other employee benefits	90,995,891	76,820,158	14,086,964	88,769
<b>10</b> Payroll taxes	41,132,098	34,708,306	6,383,702	40,090
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	1,502,840		1,502,840	
<b>b</b> Legal	2,755,352		2,755,352	
<b>c</b> Accounting	479,572		479,572	
<b>d</b> Lobbying	493,988		493,988	
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	286,932		286,932	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,470,929	35,305,471	9,165,458	
<b>12</b> Advertising and promotion	3,493,862		3,493,862	
<b>13</b> Office expenses	9,318,817		9,318,817	
<b>14</b> Information technology	15,308,985	12,153,803	3,155,182	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	34,120,477	27,088,247	7,032,230	
<b>17</b> Travel	426,104		426,104	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	2,546,022		2,546,022	
<b>20</b> Interest	7,658,287		7,658,287	
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	48,857,755	38,788,172	10,069,583	
<b>23</b> Insurance	32,614,943	31,007,026	1,607,917	
<b>24</b> 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.)				
<b>a</b> MEDICAL EXPENSES	150,167,609	150,167,609		
<b>b</b> MAINTENANCE CONTRACTS	20,348,342	20,348,342		
<b>c</b> BILLING FEES	9,022,227		9,022,227	
<b>d</b> UBI TAX	302,670		302,670	
<b>e</b> All other expenses	25,877,861	20,124,633	5,333,429	419,799
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,208,562,436	1,009,182,463	198,183,818	1,196,155
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,423,850	<b>1</b>	21,920,865
	<b>2</b> Savings and temporary cash investments . . . . .	88,022,737	<b>2</b>	88,482,964
	<b>3</b> Pledges and grants receivable, net . . . . .	924,291	<b>3</b>	2,897,337
	<b>4</b> Accounts receivable, net . . . . .	156,321,259	<b>4</b>	169,043,581
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	450,572	<b>7</b>	156,318
	<b>8</b> Inventories for sale or use . . . . .	10,719,951	<b>8</b>	11,325,879
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,028,585	<b>9</b>	10,271,193
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,218,436,332		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 909,180,519	308,549,254	<b>10c</b> 309,255,813
	<b>11</b> Investments—publicly traded securities . . . . .	190,338,828	<b>11</b>	255,361,598
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	183,130,134	<b>13</b>	184,601,320
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	360,977,447	<b>15</b>	364,494,195
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,318,886,908	<b>16</b>	1,417,811,063	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	178,308,136	<b>17</b>	193,287,652
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	257,216,658	<b>23</b>	239,339,227
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	25,516,143	<b>24</b>	25,516,143
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	531,370,255	<b>25</b>	540,388,315
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	992,411,192	<b>26</b>	998,531,337
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	308,584,083	<b>27</b>	398,403,689
	<b>28</b> Temporarily restricted net assets . . . . .	16,759,350	<b>28</b>	19,743,754
	<b>29</b> Permanently restricted net assets	1,132,283	<b>29</b>	1,132,283
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	326,475,716	<b>33</b>	419,279,726	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,318,886,908	<b>34</b>	1,417,811,063	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,314,727,016
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,208,562,436
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	106,164,580
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	326,475,716
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-827,070
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-12,533,500
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	419,279,726

**Part XII Financial Statements and Reporting**

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

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

Form 990 (2018)

---

**Form 990, Part III, Line 4a:**

INPATIENT SERVICES This is further described in Schedule O

---

**Form 990, Part III, Line 4b:**

MATERNITY SERVICES This is further described in SCHEDULE O

---

**Form 990, Part III, Line 4c:**

EMERGENCY DEPARTMENT This is further described in Schedule O

---

**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			
STEVEN ADELSBERG ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
DONNA ASTION MD ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
RICHARD S BARASCH ..... TRUSTEE AS OF SEPT 2018	0 5 ..... 0 0	X						0	0	0
IRWIN BIRNBAUM ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
JOSEPH BRUNO ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
MONSIGNOR DAVID CASSATO ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
DAVID DIAMOND MD ..... TRUSTEE THROUGH JUNE 2018	0 5 ..... 0 0	X						0	0	0
RICHARD FORMAN ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
JEREMY GLICK ..... TRUSTEE AS OF JUNE 2018	0 5 ..... 0 0	X						0	0	0
MARVIN HELLMAN ..... TRUSTEE THROUGH JUNE 2018	0 5 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JACK A HIDARY ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
LOFTON HOLDER ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
LOUIS JEROME ..... TRUSTEE AS OF JUNE 2018	0 5 ..... 0 0	X						0	0	0
EUGENE KEILIN ..... TRUSTEE & CHAIRMAN	0 5 ..... 0 0	X						0	0	0
MORTIMER N KLAUS ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
C HERBERT LESHKOWITZ ..... Treas 6/18(Vice Chr thru 6/18)	0 5 ..... 0 0	X						0	0	0
GEORGE LIU ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
ROBERT MACHINIST ..... TRUSTEE (VICE CHAIR THRU 6/18)	0 5 ..... 0 0	X						0	0	0
CHARLES MAMIYE ..... TRUSTEE THROUGH JUNE 2018	0 5 ..... 0 0	X						0	0	0
DONALD MELTZER ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
FRANK NACCARATO ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
AZZAM OBEID ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
STEVEN OPPENHEIM ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
MARTIN PAYSON ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
PETER REBENWURZEL ..... VICE CHAIR AS OF JUNE 2018	0 5 ..... 0 0	X						0	0	0
ERMINIA RIVERA ..... TRUSTEE & VICE CHAIR	0 5 ..... 0 0	X						0	0	0
ALEX ROVT PhD ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
VERONICA SANTILLI MD ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
MARY SINGH ..... TRUSTEE, SECRETARY AS OF 6/18	0 5 ..... 0 0	X						0	0	0
ISAAC M SUTTON ..... TRUSTEE THROUGH JUNE 2018	0 5 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
AARON D TWERSKI ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
MOSHE H WIEDER ..... TRUSTEE & SECRETARY THRU 6/18	0 5 ..... 0 0	X						0	0	0
KEITH WORTMAN ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
MICHAEL L ZIEGLER ESQ ..... TRUSTEE	0 5 ..... 0 0	X						0	0	0
GEORGE NEIDERMAN MD ..... Trstee & Pres Md Stff THR 6/18	15 0 ..... 0 0	X						41,450	0	0
EDWARD CHAPNICK MD ..... Tstee & Pres Md Stf as of 6/18	40 0 ..... 0 0	X						329,502	0	50,051
KENNETH D GIBBS ..... President & CEO	40 0 ..... 0 0	X		X				1,201,090	0	434,100
Robert Naldi ..... Executive Vice Pres & CFO	40 0 ..... 0 0			X				941,571	0	22,672
Joyce Leahy ..... Exec VP, Legal Aff & Gen Cnsl	40 0 ..... 0 0			X				629,101	0	30,244
Jacob Shani MD ..... Chair, Heart & Vascular Center	40 0 ..... 0 0					X		3,499,216	0	37,217

**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			
Patrick I Borgen MD ..... Chairman, Dept of Surgery	40 0 ..... 0 0					X		1,830,231	0	46,641
Alexander Shaknovich MD ..... Director, I&I Cardiology	40 0 ..... 0 0					X		1,696,992	0	36,900
Greg H Ribakove MD ..... Chief, Cardiothoracic Surgery	40 0 ..... 0 0					X		1,741,457	0	37,217
David M Edelstein MD ..... Orthopedic Surgery	40 0 ..... 0 0					X		1,516,935	0	46,641

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Maimonides Medical Center

Employer identification number  
11-1635081

**Part I 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 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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-
1				
2				
3				
4				
5				
6				



**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		493,988
<b>j</b> Total Add lines 1c through 1i			493,988
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION PART II-B	Part II-B - Description of other lobbying activities Payments made to lobbyists \$253,988 - LOBBYING PORTION OF DUES PAID \$240,000 - PAYMENTS TO LOBBYISTS RELATING TO NYS AND NYC CAPITAL FUNDING FOR HOSPITAL EQUIPMENT AND HEALTHCARE ISSUES

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Maimonides Medical Center

**Employer identification number**  
11-1635081

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

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

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

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)** Revenue included on 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** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	17,891,633	18,139,018	17,169,658	17,223,426	16,707,179
<b>b</b> Contributions . . . . .	4,343,233	634,589	1,950,937	762,477	1,610,909
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	1,358,829	881,974	981,577	816,245	1,094,662
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	20,876,037	17,891,633	18,139,018	17,169,658	17,223,426

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 5 420 %
  - c** Temporarily restricted endowment ▶ 94 580 %
- The percentages on 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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" on 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
<b>1a</b> Land . . . . .		4,980,000		4,980,000
<b>b</b> Buildings . . . . .		438,553,642	353,561,758	84,991,884
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		774,902,690	555,618,761	219,283,929
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				309,255,813

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CAPTIVE INSURANCE COMPANY	173,505,428	F
(2) INVSTMT HEALTHCARE RELATED ENT	11,095,892	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	184,601,320	

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	18,525,967
(2) OTHER CURRENT ASSETS	109,437,008
(3) PREPAID CAPITAL ASSETS	6,132,771
(4) ESTIMATED INSURANCE CLAIMS REC	227,218,000
(5) OTHER NONCURRENT ASSETS	3,180,449
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	364,494,195

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ESTIMATED INSURANCE CLAIMS PAY	227,218,000
THIRD PARTY LIABILITIES	46,082,972
ACCRUED POSTRETIREMENT BENEFIT	89,138,986
PROFESSIONAL LIABILITIES	35,514,162
INSURANCE PREMIUM DEFERRAL & LIABILITY	21,690,076
DUE TO DSRIP PARTICIPANTS	99,494,194
OTHER LIABILITIES	21,249,925
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	540,388,315

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**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
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	TEMPORARILY RESTRICTED NET ASSETS ARE AVAILABLE FOR THE FOLLOWING PURPOSES RESEARCH AND EDUCATION - \$1,020,000 PLANT REPLACEMENT AND EXPANSION - \$18,723,754 TOTAL - \$19,743,754 PERMANENTLY RESTRICTED NET ASSETS - \$1,132,283 (Consist of investments to be held in perpetuity, the income from which is to be used for health care related services ) Grand Total - \$20,876,037

## Supplemental Information

Return Reference	Explanation
PART X, Line 2	THERE WAS NO LIABILITY FOR UNCERTAIN TAX POSITION UNDER FIN 48 MAKING THE FOOTNOTE UNNECESSARY

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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** Activities 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
See Add'l Data					
<b>3a</b> Sub-total	2				25,062,750
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	2				25,062,750

**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)

- 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 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 separately 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, don't file with Form 990)*  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	2		Program Services	CAPT INSURANCE-INVEST	21,714,178
Central America and the Caribbean			Program Services	MALPRACTICE INSURANCE	3,348,572

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number 11-1635081

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Row 1: PROJECTS PLUS INC, FUNDRAISING, No.

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" on 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)
		<b>PINK RUNWAY</b> (event type)	<b>GOLF CLASSIC</b> (event type)	<b>3</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	352,270	156,935	167,850	677,055
	<b>2</b> Less Contributions . . . . .	319,770	103,835	108,350	531,955
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	32,500	53,100	59,500	145,100
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		569	500	1,069
	<b>6</b> Rent/facility costs . . . . .	9,470	55,798	16,125	81,393
	<b>7</b> Food and beverages . . . . .	38,050		49,602	87,652
	<b>8</b> Entertainment . . . . .			23,884	23,884
	<b>9</b> Other direct expenses . . . . .	35,157	28,341	24,053	87,551
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				281,549
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-136,449

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

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

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

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

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

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

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

- 11** Does the organization conduct 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 conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**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 provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART II	ADDITIONAL REVENUE HAS BEEN RECEIVED IN 2019 FOR THE 2018 FUNDRAISING EVENTS

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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 <input checked="" 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			
<b>3</b> 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			
<b>a</b> 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 free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %	<b>3a</b>	Yes	
<b>b</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 <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 _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> 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?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	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**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			56,144,534		56,144,534	4 650 %
<b>b</b> Medicaid (from Worksheet 3, column a)			393,990,606	312,661,094	81,329,512	6 730 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			1,929,272	1,660,554	268,718	0 020 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			452,064,412	314,321,648	137,742,764	11 400 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			6,074,492	2,454,042	3,620,450	0 300 %
<b>f</b> Health professions education (from Worksheet 5)			134,248,632	41,425,548	92,823,084	7 680 %
<b>g</b> Subsidized health services (from Worksheet 6)			56,968,260	53,124,871	3,843,389	0 320 %
<b>h</b> Research (from Worksheet 7)			490,527	252,677	237,850	0 020 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			542,645		542,645	0 040 %
<b>j Total.</b> Other Benefits			198,324,556	97,257,138	101,067,418	8 360 %
<b>k Total.</b> Add lines 7d and 7j			650,388,968	411,578,786	238,810,182	19 760 %

**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			100,620		100,620	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			209,660		209,660	0 020 %
8 Workforce development						
9 Other			310,280		310,280	0 020 %
<b>10 Total</b>			620,560		620,560	0 040 %

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		No
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		
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		
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	256,522,181
6 Enter Medicare allowable costs of care relating to payments on line 5	6	261,766,599
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,244,418
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		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	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

**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 letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	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 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V DISCLOSURE</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V DISCLOSURE</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, 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 (FAP)**

MAIMONIDES MEDICAL CENTER

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>see Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>see Section C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>see Section C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

MAIMONIDES MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized 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? . . . . .	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .	21	Yes	
	If "No," indicate why			
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MAIMONIDES MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** 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 Section C

**24** 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 Section C

	Yes	No
<b>23</b>		No
<b>24</b>		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	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 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
- 2 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
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	<p>The ratio of patient care cost to charges is used in the costing methodology as outlined in Worksheet 2. Instructions for Schedule H, total hospital cost is divided by total charges. Part II Community Building Cash donations are given to various nonprofit organizations whose activities related to community support have been determined to be compatible and complimentary to those of Maimonides Medical Center. Maimonides Medical Center is a member of various health care associations that promote high quality, more affordable health care. Through our support of collective advocacy we participate in strengthening the role modern health care has in the improvement of the health of our communities. Part III, line 3 A soft credit check is performed on the bad debt file in order to determine if any of the debt meets criteria for eligibility under financial assistance policy. Part III, line 4 For financial reporting purposes, the Medical Center reports as uncompensated care amounts related to care provided for which the patients payment obligation has not been fully satisfied. Uncompensated care is the sum of the Medical Centers charity care, including free and reduced price medical care, certain implicit price concessions and bad debts. During the registration, billing and collection process, a patients eligibility for charity care is determined. For patients who are determined to be eligible for charity care under the Medical Centers charity care and financial assistance policy, care given but not paid for is classified as charity care. The Medical Centers charity care and financial assistance 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 information obtained is used by the Medical Center to determine whether to qualify patients for charity care and/or financial assistance in accordance with the Medical Centers 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 implicit price concessions. Distinguishing such amounts is difficult, in part because services are often rendered prior to full evaluation of a patients ability to pay. Therefore, classification of individual accounts as charity care might be made long after services are provided and collections are pursued. The Medical Centers estimated costs for charity care were \$52.3 million for 2018 and \$51.1 million for 2017. 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 \$16.4 million (including \$13.4 million related to 2017) and \$3.0 million (including \$0.5 million related to 2016 and 2015) for the years ended December 31, 2018 and 2017, 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. Part III, line 8 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>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	<p>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 Centers collection agencies are not permitted to freeze the debtors bank account, garnish the debtors payroll check unless authorized by a Vice President of the Medical Center, seek civil arrest, or seek a forced sale or foreclosure of a primary residence. Collection agencies are required to obtain the Medical Centers written consent prior to commencing legal action.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
2 NEEDS ASSESSMENT	<p>Maimonides Medical Center has a long history of community engagement and a robust program of outreach and interaction with the communities that utilize our services, on which we continue to build to keep our communities engaged and healthy. Several years ago, Maimonides developed a Council of Community Organizations (COCO), an ongoing forum and vehicle for communication with local community leaders, community groups, businesses, and elected officials. Over 350 people from the neighborhoods that comprise southwestern Brooklyn are personally invited to participate in the annual meeting. During these meetings, the hospital's senior leadership provides an update on new initiatives and invites clinical leaders to profile new services available for patients. We also presented the results of our community health needs assessment to COCO in May 2014 and invited participants' comments. In addition, executive leadership meets regularly with representatives of local EMS providers such as Hatzolah Ambulance Corps of Borough Park and Flatbush in Brooklyn to discuss community health needs and ways to improve emergent and urgent care services for our patients. In response to the new federal requirement in the Affordable Care Act that tax-exempt hospitals must conduct an in-depth community health needs assessment, Maimonides applied a rigorous approach. In coordination with our partners at the research and evaluation organization the New York Academy of Medicine (NYAM), our community health needs assessment (CHNA) was completed and approved by our Board in 2013 and published on our web site and distributed in early 2014. In 2015, using funding awarded by the Agency for Healthcare Quality and Research (AHRQ), Maimonides again partnered with NYAM, this time to conduct an in-depth public deliberation study with residents of communities in Southwest Brooklyn. The purpose of this exercise was for the people Maimonides serves to develop their own recommendations for initiatives Maimonides can undertake to promote community health and wellness. This study involved three 2-day sessions with a total of 66 residents. NYAM facilitated the sessions along with an expert consultant. NYAM then shared the recommendations with members of Maimonides leadership team and discussed ways in which Maimonides could act on the recommendations. In 2016 a final report was developed and distributed to Maimonides leadership as well as to participants in the public deliberation sessions. Maimonides supplemented the public deliberation sessions with a range of quantitative data about the health status and needs of the communities it serves. In particular, Maimonides drew heavily from the Community Health profiles published by the New York City Department of Health and Mental Hygiene in 2015. An updated CHNA was completed and approved by the Board in December 2016. It was posted to our website and made publicly available the same month.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
3 Patient education of eligibility for assistance	Financial Counselors work with uninsured patients who are screened for eligibility for public sponsored programs such as Medicaid etc. If they are not eligible, they are automatically informed of and screened for eligibility under the Maimonides Financial Assistance Policy. 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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	<p>Maimonides Medical Center historically has used a commonly accepted planning definition of service area for acute care hospitals based on the aggregation of inpatient discharges from surrounding zip codes. The zip codes comprising the first 50% inpatient zip codes are defined as the primary service area. The next group of zip codes comprising the next 25% of zip codes is defined as the secondary service area. Based on this planning definition the primary service area for Maimonides Medical Center is comprised of the following 6 zip codes, 11219, 11230, 11218, 11204, 11220, 11214. The following 7 zip codes comprise the secondary service area for Maimonides Medical Center, 11223, 11235, 11229, 11224, 11226, 11228, 11209.</p> <p>Approximately 95% of the inpatient discharges at Maimonides Medical Center are patients with a Brooklyn address. These zip codes correspond roughly to the following New York City Community Districts, for which the New York City Department of Health and Mental Hygiene (DOHMH) produces community health profiles that inform Maimonides CHNA: Sunset Park (7), Bay Ridge &amp; Dyker Heights (10), Bensonhurst (11), Borough Park (12), Coney Island (13), Flatbush &amp; Midwood (14), and Sheepshead Bay (15). 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. 45% of residents in the immediate catchment area are foreign-born. 52% are White non-Hispanic, this composite racial category includes Orthodox Jewish, Italian, Russian, Polish and others, many of them Immigrants. 21% are Asian. 17% percent are of Hispanic origin and 8% are African-American. 14% of residents are 65 years old and above (compared with 12% for all of Brooklyn). 21% of residents are uninsured (compared with 20% for all of Brooklyn). 37% have limited English proficiency (compared with 24% for all of Brooklyn).</p>

Form and Line Reference	Explanation
5 PROMOTION OF COMMUNITY HEALTH	<p>Maimonides Medical Center is governed by a Board of Trustees that is largely comprised of persons who reside in the surrounding communities 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 focus on injury and disease 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 institutions, and senior centers and are facilitated by Maimonides physicians and nursing staff.</p> <p>Maimonides is developing additional community-based initiatives aimed at chronic disease prevention and promotion of maternal and infant health. Maimonides directly funds or provides a number of services that promote community health. Maimonides provides screenings for breast cancer, colon cancer, and lung cancer, irrespective of patients' ability to pay. Maimonides implemented a program called the Family Health Challenge in two public schools. This eight-week program involves medical residents and fellows leading weekly sessions to introduce school-age children to healthy behaviors, with a focus on obesity prevention. In addition to these activities, many of Maimonides' clinical departments including Obstetrics &amp; Gynecology, Pediatrics, Psychiatry, Medicine, Cardiology, and Nursing are involved in activities that provide health or wellness services at no cost to the patient. Maimonides 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 established the Southwest Brooklyn Health Home (dba Brooklyn Health Home) which was subsequently reorganized as an independent LLC for which Maimonides holds the management contract. The Brooklyn Health Home contracts with a network of 30+ providers and community-based organizations to provide care management services for Medicaid beneficiaries who have high-cost and complex chronic conditions. In this program, medical and social services are coordinated by specially trained care managers using a dynamic care management platform to ensure that patients' comprehensive care needs are met. Services may include housing, social services, medical and behavioral health, substance use, home care, and family support and education, which are coordinated and integrated to avoid preventable emergency department visits and hospitalizations, control future health care costs, and improve health outcomes for this population. In 2012, Maimonides received a three-year 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. This population experiences a disproportionate burden of chronic disease and comorbidities, and often receives care that is fragmented and inefficient, leading to poor health outcomes and shortened life expectancy. This Project virtually co-located medical and mental health providers through accessible health information technology tools and functionalities that advance care coordination and planning to holistically address the needs of these patients. Working with a group of medical, behavioral health, and social service providers and community-based organizations, the Project established a model of care delivery to transform how healthcare services for this population are provided and reimbursed, while developing new jobs and career paths for the community. The project resulted in substantial Medicaid cost savings, patient engagement, and improved outcomes. Maimonides is also the fiduciary for Community Care of Brooklyn (CCB), which is the largest Performing Provider System (PPS) in Brooklyn. PPS were established as part of New York State's Delivery System Reform Incentive Payment (DSRIP) program. CCB is responsible for managing care for 650,000 Medicaid beneficiaries, nearly 10% of the total Medicaid population of New York State. The CCB network is comprised of over 1,000 partner entities, including more than 4,000 medical practitioners, seven hospitals, many federally qualified health centers (FQHCs), and 350 social service and community-based organizations. Together, this consortium is</p>

Form and Line Reference	Explanation
5 PROMOTION OF COMMUNITY HEALTH	<p>Implementing a coordinated approach to managing the care of the Medicaid population, including through the development of NCQA-recognized Patient-Centered Medical Homes. The PPS is responsible for implementing evidence-based initiatives and integrating primary, specialty and behavioral healthcare in community settings in order to avoid unnecessary hospital care. Through community-level collaborations, the PPS will reduce avoidable inpatient admissions by 25% and decrease emergency room visits over five years for the Medicaid and uninsured populations in New York, while achieving the triple aim of better health, better care, and reduced costs. Programs across CCB to promote and expand primary care access and support patients through transitions in care are well underway. As of 2018, CCB hospitals, including Maimonides, have engaged and scheduled primary care appointments for over 4,000 emergency department patients to help them better manage their own care outside of the hospital. As a CCB member, Maimonides has also received NCQA Patient-Centered Medical Home recognition for all adult and primary care sites. Following a 2018 survey by New York's United Hospital Fund, CCB and peer PPS entities were credited with increasing the growth of PCMH certifications by over 35% from May 2017 to May 2018. Lastly, CCB is actively engaged in creating dialogue between community members and healthcare institutions. After two successful rounds of participatory action research (PAR) projects in 2016 and 2017, CCB led a third PAR project in three southeastern Brooklyn neighborhoods during summer 2018 to characterize community perceptions of the social determinants of health and learn how provider organizations can better support residents.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
6 AFFILIATED HEALTH CARE SYSTEM	N/A

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
7 STATE FILING OF COMMUNITY BENEFIT REPORT	NEW YORK

**Additional Data****Software ID:****Software Version:****EIN:** 11-1635081**Name:** Maimonides Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	MAIMONIDES MEDICAL CENTER 4802 TENTH AVE BROOKLYN, NY 11219 www.maimonidesmed.org 7001020H	X	X	X	X		X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V	#3e Describe the significant health needs of the community The significant health needs of the community identified in the CHNA are prioritized based on several factors, including the scope and significance of the need as indicated by New York City and State data sources, opportunities for Maimonides Medical Center to provide effective interventions, the importance of the need as described by community members, and the relevance of the need to New York States Prevention Agenda Priorities #3j Describe other content contained in the CHNA The CHNA also satisfies New York States requirement to complete a Community Service Plan (CSP) As such, it includes a section describing Maimonides work plan for addressing New York State Prevention Agenda Priorities

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
#5	<p>Describe how the hospital took into account input from persons who represent the community and identify the persons consulted To more deeply understand the health challenges and needs facing our communities, Maimonides sought input from members of the community who represent the broad interests of the community through multiple mechanisms including * Partnering with the New York Academy of Medicine to convene and facilitate deliberative public deliberation sessions, described below, * Interviews with leadership at community-based organizations and local community boards, and * Convening a meeting of the Council of Community Organizations (COCO) to gain feedback from community and faith-based leaders, elected officials, healthcare providers and public health specialists Additionally, Maimonides has engaged in numerous conversations with staff in NYC Department of Health and Mental Hygiene's Center for Health Equity, as well as with the Director of Nutrition and Physical Activity at the Brooklyn District Public Health Office These discussions addressed community health needs, programs and initiatives the DOHMH were establishing, opportunities to partner on Brooklyn public and community health initiatives, and feedback on Maimonides strategy Public Deliberation Methods Beginning in the fall of 2015, with funding from the Agency for Healthcare Research and Quality (AHRQ), The New York Academy of Medicine (The Academy) and Maimonides Medical Center hosted Prioritize Health! a public deliberation model to elicit recommendations for Maimonides focused on preferred approaches to prevent chronic disease The New York Academy of Medicine convened and facilitated three 2-day deliberative sessions to elicit recommendations for Maimonides Medical Center focused on approaches to prevent chronic disease within the communities they serve Public deliberation is a method of engaging a group of community members in informed discussion in order to provide advice to institutions and/or policy makers that are considering a complex, value-laden decision that lacks a technical solution As part of the deliberative process, participating community members receive relevant background information and hear presentations that allow them to explore the different considerations that are relevant to a decision making context Participants interact with the facilitators, the presenters, and most importantly with one another as they consider case studies and/or exercises developed to facilitate discussion that will elucidate preferences, priorities and recommendations for the sponsoring institution or policy maker Deliberative sessions typically pose specific questions to participating community members, which articulate the decision the sponsoring institution or policy maker is considering Each deliberative session involved 21-24 participants who were selected from a group of nearly 300 Brooklyn residents that completed screening forms for the project Extensive outreach w</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
#5	<p>as conducted to identify participants, including phone calls to community members that have previously participated in Maimonides community programming, signs in libraries and other public places, engagement of local elected officials to assist with dissemination of information, announcements on social media sites including Facebook, Twitter and Craigslist, and outreach at health fairs, libraries and to community organizations serving diverse populations. Eligibility criteria included Brooklyn resident, age 18 or older, self-reported comfort with English, and a correct response to one numeracy item. Participants were purposefully selected for diversity according to age, race and ethnicity, educational attainment, and neighborhood, as reported on the screening form. This includes members of medically underserved and minority populations. The deliberative sessions were framed around two main questions that participating community members considered. The questions were intentionally framed broadly such that the hospital would have general guidance to approaches favored by the community, but not be constrained by highly specific recommendations. The questions were: 1. Should Maimonides efforts to improve health focus primarily on: a. Improving prevention services delivered by medical staff in the hospital's clinics b. Community interventions that decrease risk factors for disease, c. Working to change policies (e.g., of the government, of employers, of schools) that make it easier for people to stay healthy. 2. Should Maimonides concentrate its efforts to prevent disability and disease primarily on: a. Children b. Working age adults c. Older individuals d. People who have the highest risk for early disability or death due to their living circumstances. In advance of each deliberative session, participants were furnished with background materials that provided context for the deliberation. Deliberative sessions were facilitated by Academy staff and an expert consultant. Each included presentations to participants on health characteristics (e.g., obesity, cardiovascular disease), behavioral risk factors (e.g., physical activity and fruit and vegetable consumption), and social and environmental risk factors (e.g., education, community resources). In addition, each included educational presentations (in person or by teleconference) by recognized experts in the field, which focused on the different approaches to prevention: clinical, community and policy. Small and large group discussions throughout the two days allowed participants to explore and discuss with the facilitators, and with one another a variety of approaches to chronic disease prevention, targeting different populations and/or operating at different levels (i.e., clinical, community or policy). All approaches presented were built from evidence-based reviews conducted by the U.S. Preventive Services Task Force, the Community Guide to Prevention and/or Cochrane reviews.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
#6B - LIST OTHER ORGANIZATIONS THE CHNA WAS CONDUCTED WITH	<p>* New York Academy of Medicine * Arab American Association of New York * Community Board 1 1, representing the neighborhoods of Bensonhurst, Bath Beach, Gravesend, and Mapleton * Co mmunity Board 14 Human Services Committee, representing the neighborhoods of Ditmas Park, Flatbush, Manhattan Terrace, Midwood, and Ocean Parkway * NIA Community Services Network * Salam Arabic Lutheran Church # 7a - The CHNA report is available <a href="https://www.maimonidesmed.org/about-us/community-services/community-services">https //www maimonidesmed org/about-us/community-services/community-services</a> # 10a - The most recently adopted implementation strategy is available <a href="https://www.maimonidesmed.org/about-us/community-services/community-services">https //www maimonidesmed org/about-us/community-services/community-services</a> # 11 - Description of how the significant needs identified in the most recently conducted CHNA are being addressed Maimonides continues to commit significant resources to partner with our communities and work to build healthy communities Maimonides devotes staffing and financial resources to sustain the programs and activities described below in our Implementation Plan, including resources from the following departments * Patient &amp; Community Relations * Executive Office resources and personnel * Academic Affairs - Residents, Fellows, and the Committee of Interns &amp; Residents * Foundation Grants, with which staff are hired to conduct health interventions * Clinical departments * DSRIP Funding from New York State, which helps to staff the Central Service Organization, which manages and coordinates all DSRIP projects In alignment with the three areas that Maimonides has selected to prioritize from the New York State Prevention Agenda Prevent Chronic Diseases, Promote Healthy Women, Infants and Children, and Promote Mental Health and Prevent Substance Abuse Maimonides has developed strategies for health promotion and health advancement of its patients and community members on two parallel and often overlapping tracks On the clinical level, Maimonides is working with the NYC Department of Health and Mental Hygiene to implement services and interventions at the hospital and at outpatient clinical sites, which are predominantly patient-facing, while also developing and implementing community-based programs and initiatives that promote health On an ongoing basis MMC works with the following types of organizations both to understand the health needs of the people it serves and to conduct health programming * Faith-based organizations * Public and non -profit social services providers e.g senior centers, recreation centers * Public schools * Community associations &amp; boards * Elected officials * Public health officials Maimonides engages its broader community through events held with organizations like those described above, stakeholder interviews, structured deliberations like the one which was conducted as an input to this assessment, COCO meetings, and other forums Maimonides has undertaken from 2016-2018 a range of interventions to address community health needs These initiatives were selected based on MM</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
#6B - LIST OTHER ORGANIZATIONS THE CHNA WAS CONDUCTED WITH	<p>Cs institutional competencies and capacity, input from community members and partner organizations, and ability to deliver meaningful, measurable interventions They include Prevent Chronic Diseases * Lung and colon cancer screening programs * Family Health Challenge Promote Healthy Women, Infants and Children * Pursue baby-friendly practice and hospital designations * Provide volunteer doulas to pregnant women and families Promote Mental Health and Prevent Substance Abuse * Participate in DSRIP-funded 100 Schools Initiative to make mental health services more accessible to children * Provide LCSWs to operate in primary care practices</p> <p>A number of social determinants adversely affect health in parts or all of Maimonides service area These include air quality, affordability and condition of housing, density of tobacco retailers, accessibility of supermarkets, incarceration, and poverty While MMC is engaged in work that can affect or compensate for these variables, including as a participant and fiduciary for a DSRIP PPS, as a provider of certain social services, and as an advocate for public policies that promote a healthy Brooklyn, it is not addressing these needs to the degree that it is addressing others MMC has chosen to prioritize other needs over these based on the competencies and capabilities it possesses, chief among which are its clinical resources and the relationships it has built across diverse communities and organizations</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Section B, Line 16a - The FAP is available on a website	<a href="https://www.maimonidesmed.org/patients-and-visitors/insurance-payment-information/financial-policies">https://www.maimonidesmed.org/patients-and-visitors/insurance-payment-information/financial-policies</a> Section B, Line 16b The FAP application form is available <a href="https://www.maimonidesmed.org/patients-and-visitors/insurance-payment-information/financial-policies">https://www.maimonidesmed.org/patients-and-visitors/insurance-payment-information/financial-policies</a> Section B, Line 16c The plain language summary of FAP is available <a href="https://www.maimonidesmed.org/patients-and-visitors/insurance-payment-information/financial-policies">https://www.maimonidesmed.org/patients-and-visitors/insurance-payment-information/financial-policies</a>

**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)
<b>1</b> Maimonides Cancer Center 6300 Eighth Avenue Brooklyn, NY 11220	Cancer Center
<b>1</b> MAIMONIDES CARDIOLOGY OUTPATIENT CENTER 850 49TH STREET BROOKLYN, NY 11219	CARDIOLOGY OUTPATIENT CENTER
<b>2</b> MAIMONIDES WOMEN'S SERVICES 9TH AVENUE 4422 9th Avenue Brooklyn, NY 11219	Womens' Primary Care Center
<b>3</b> MAIMONIDES SLEEP DISORDER CLINIC 6405 7TH AVENUE brooklyn, NY 11219	SLEEP DISORDER CLINIC
<b>4</b> Maimonides ADULT & PED CARE NEWKIRK AVE 1401 Newkirk Avenue Brooklyn, NY 11226	Family Health Center
<b>5</b> MAIMONIDES PEDIATRIC CARE 57TH STREET 1301 57th Street Brooklyn, NY 11219	Ambulatory Care Center
<b>6</b> MAIMONIDES ADULT AND PEDIATRIC CARE 7TH 6323 Seventh Avenue Brooklyn, NY 11220	PRIMARY HEALTH SERVICES
<b>7</b> Maimonides Adlt Primary Care Ctr 57th ST 1250 57th Street Brooklyn, NY 11219	Adult Primary Care Center
<b>8</b> Maimonides Rehabilitation Services 883 65th Street Brooklyn, NY 11219	Rehabilitation Services
<b>9</b> MAIMONIDES BREAST CENTER 745 64TH STREET BROOKLYN, NY 11220	BREAST CENTER
<b>10</b> MAIMONIDES ADULTPED DENTAL CENTER 4303-4305 13th Avenue Brooklyn, NY 11219	Adult/Ped Dental Center
<b>11</b> MAIMONIDES CARDIOLOGY OUTPATIENT CENTER 421 OCEAN PARKWAY BROOKLYN, NY 11218	CARDIOLOGY OUTPATIENT CENTER
<b>12</b> MAPLETON CLINIC TREATMENT PROGRAM 1083 MCDONALD AVENUE BROOKLYN, NY 11230	CLINIC TREATMENT PROGRAM
<b>13</b> Fort Hamilton Clinic Treatment Program 8710 Fifth Avenue Brooklyn, NY 11209	Clinic Treatment Program
<b>14</b> Bensonhurst Clinic Treatment Program 8620 18th Avenue Brooklyn, NY 11214	Clinic Treatment Program

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Maimonides Medical Center

Employer identification number

11-1635081

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 28
3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Federal vaccines dispensed under CFDA 93 268	6581		1,250,456	nyc dohmnh determ	vaccines for childrn
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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
Schedule I, Part I, LINE 2	General support is given to various nonprofit health related organizations 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 hospital SCHEDULE I, PART III, LINE 1(B) Maimonides clinics administer the vaccines dispensed through the free vaccines program and track the number of recipients who are provided with these vaccines

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
1199SEIU Employer Child Care Corp 330 West 42nd St New York, NY 10036	13-4063281	501(C)(3)	7,750				
American Lung Association 21 West 38th Street New York, NY 10018	06-0646594	501(C)(3)	20,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Arab American Assoc of NY 7111 5th Ave Brooklyn, NY 11209	11-3604756	501(C)(3)	15,000				
Boro Park Hatzolah 5215 16th Ave Brooklyn, NY 11204	11-3043090	501(C)(3)	92,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAIPA Foundation Inc 202 Canal St SUITE 500 New York, NY 10013	26-2791755	501(C)(3)	7,320				
Chevra Hatzalah of Crown Heights 383 Kingston Ave BROOKLYN, NY 11213	11-2420013	501(C)(3)	54,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chinese American Medical Society 265 Canal Street New York, NY 10013	13-3418133	501(C)(3)	22,500				
Ezras Cholim Yad Ephraim 1274 49th Street BOX 69 BROOKLYN, NY 11219	54-2196301	501(C)(3)	12,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Federation of Italian-American Orgs 8711 18th Avenue Brooklyn, NY 11214	11-2507910	501(C)(3)	9,000				
Futures in Education 243 Prospect Park West BROOKLYN, NY 11215	20-5496382	501(C)(3)	13,750				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Greater New York Councils BSA 475 Riverside Drive STE 600 New York, NY 10115	13-1624015	501(C)(3)	8,500				
Guardians of the Sick Bikur Cholim 5216 11 Ave BROOKLYN, NY 11219	11-6003433	501(C)(3)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Hatzolah of Flatbush 1880 Ocean Ave BROOKLYN, NY 11230	13-3213138	501(C)(3)	85,000				
Hatzolah of Mill Basin Canarsie 6363 Avenue U BROOKLYN, NY 11234	36-4600064	501(C)(3)	20,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Jewish Community Council of Marine Park 2076 Flatbush Ave BROOKLYN, NY 11234	26-2647383	501(C)(3)	7,000				
Mesifita Yeshiva Rabbi Chaim Berlin 1605 Coney Island Ave BROOKLYN, NY 11230	11-2225154	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Metropolitan Jewish Health System Fdn 6323 Seventh Ave BROOKLYN, NY 11220	11-1630753	501(C)(3)	10,800				
Nachas Health & Family Network Inc 1310 48 St BROOKLYN, NY 11219	11-3067201	501(C)(3)	14,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
New York Community Hospital 2513 Avenue O BROOKLYN, NY 11210	11-1986351	501(C)(3)	6,650				
New York eHealth Collaborative NYeC 40 Worth St New York, NY 10013	20-8022336	501(C)(3)	8,050				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ohel Children's Home & Family Services 1268 East 14th St BROOKLYN, NY 11230	11-6078704	501(C)(3)	20,000				
Primary Care Development Corp 22 Cortlandt St New York, NY 10007	13-3711803	501(C)(3)	7,210				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rivkah Laufer Bikur Cholim 1406 57th Street BROOKLYN, NY 11219	11-6111320	501(C)(3)	10,000				
Satmar Bikur Cholim 5422 14 Ave BROOKLYN, NY 11219	11-6081323	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sephardic Community Center 1901 Ocean Parkway BROOKLYN, NY 11223	11-2567809	501(C)(3)	26,000				
United Hospital Fund 350 Fifth Ave New York, NY 10118	13-1562656	501(C)(3)	23,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VillageCare Foundation 120 Broadway New York, NY 10271	13-3471553	501(C)(3)	6,650				
Yeshiva and Mesivta Torah Vodaath 425 East 9th St BROOKLYN, NY 11219	11-3091709	501(C)(3)	12,200				

**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" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Maimonides Medical Center

Employer identification number  
11-1635081

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>										
<p><b>2</b> 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?</p>	<b>2</b>										
<p><b>3</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>											
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>											
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>											
<p><b>a</b> The organization?</p>	<b>5a</b>		No								
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>											
<p><b>a</b> The organization?</p>	<b>6a</b>	Yes									
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes									
<p><b>8</b> Were any amounts reported on 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</p>	<b>8</b>		No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>										

**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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> EDWARD CHAPNICK MD Tstee & Pres Md Stf as of 6/18	(i)	318,470	10,000	1,032	17,875	32,176	379,553	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> KENNETH D GIBBS President & CEO	(i)	1,135,416	0	65,674	403,217	30,883	1,635,190	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Robert Naldi Executive Vice Pres & CFO	(i)	739,098	0	202,473	17,875	4,797	964,243	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Joyce Leahy Exec VP, Legal Aff & Gen Cnsl	(i)	482,523	0	146,578	17,875	12,369	659,345	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Jacob Shani MD Chair, Heart & Vascular Center	(i)	3,473,800	0	25,416	17,875	19,342	3,536,433	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Patrick I Borgen MD Chairman, Dept of Surgery	(i)	1,810,790	0	19,441	17,875	28,766	1,876,872	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Alexander Shaknovich MD Director, I&I Cardiology	(i)	1,695,408	0	1,584	17,875	19,025	1,733,892	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Greg H Ribakove MD Chief, Cardiothoracic Surgery	(i)	1,720,581	0	20,876	17,875	19,342	1,778,674	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> David M Edelstein MD Orthopedic Surgery	(i)	1,496,695	20,000	240	17,875	28,766	1,563,576	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
Schedule J, Part I, Line 4B	<p>The following persons participated in a 457(F) supplemental nonqualified retirement plan, pursuant to which contributions were made for 2018: Kenneth Gibbs, Robert Naldi and Joyce Leahy. THE MAIMONIDES MEDICAL CENTER SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENTS (THE CEO &amp; EVP PLAN) PROVIDES ADDITIONAL RETIREMENT BENEFITS TO SUPPLEMENT OTHER SOURCES OF RETIREMENT INCOME. THE EVP PLAN WAS EFFECTIVE AS OF JANUARY 1, 2012 AND WAS AMENDED AND RESTATED AS CEO &amp; EVP PLAN AS OF JANUARY 1, 2016, TO ADD THE CEO AS A PARTICIPANT, AND FURTHER AMENDED, EFFECTIVE JANUARY 1, 2017 TO PARTICIPATE, AN EMPLOYEE MUST HOLD THE TITLE OF CEO OR 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 SALARY 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. WITH RESPECT TO THE CEO, THE PLAN AS AMENDED PROVIDES FOR AN ADDITIONAL 10% OF BASE SALARY TO BE CREDITED WITH REGARD TO THE 2017 PLAN YEAR AND THAT THE MEDICAL CENTERS COMPENSATION COMMITTEE MAY APPROVE ADDITIONAL SERP CONTRIBUTIONS UP TO 10% OF BASE SALARY AND AS DETERMINED BY THE COMMITTEE FOR PLAN YEARS AFTER 2017. THE COMPENSATION COMMITTEE MET ON JULY 31, 2018 AND APPROVED AN ADDITIONAL 10% FOR 2018. ACCORDING TO THE CEO &amp; EVP PLAN, BENEFITS WERE VESTED AND PAID OUT IN 2018 TO THE FOLLOWING PARTICIPANTS: Robert Naldi \$155,210; Joyce Leahy \$106,020. According to the CEO and EVP PLAN, the following participants accrued a deferred benefit in 2018: Kenneth Gibbs \$385,342. The amount of supplemental nonqualified deferred compensation provided is included in the compensation amount disclosed in Part II, column (B)(iii). The deferred compensation amounts were earned over many years of service to the organization. The Compensation Committee of the Board reviewed and approved all payments in advance, including when the deferred compensation amounts were first earned, and conducted its review and approval process in a manner intended to qualify for the rebuttable presumption of reasonableness under Section 4958 of the Internal Revenue Code.</p>

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 6A	The organization pays, pursuant to individual employment contract agreements, a portion of faculty practice earnings, net of expenses

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 7	Non-fixed payments are paid based upon the approval from the Compensation Committee of the Board of Trustees



**Schedule J (Form 990) 2018**



**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	Yes	No
Total						▶	\$					

**Part III Grants or Assistance Benefiting 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
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1635081

**Name:** Maimonides Medical Center

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
CONTRIBUTOR 24	Substantial contributor	1,049,440	FOOD SERVICES		No
CONTRIBUTOR 29	Substantial contributor	246,848	SPONSORSHIPS		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
CONTRIBUTOR 55	Substantial contributor	150,514	PROFESSIONAL FEES		No
CONTRIBUTOR 60	Substantial contributor	1,750,465	CONTRACTOR		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
CONTRIBUTOR 77	Substantial contributor	194,959	PROFESSIONAL FEES		No
CONTRIBUTOR 78	Substantial contributor	297,208	FIRE SAFETY		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
CONTRIBUTOR 92	Substantial contributor	845,151	CONTRACTOR		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Maimonides Medical Center

**Employer identification number**

11-1635081

**Part I 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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	2	24,798	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .	X	23,077	1,250,456	NYC DOH DETERMINAT
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( <u>FUNDRAISING PRIZE TV</u> ) . . . . .	X	1	500	FMV
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> 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 **29**

	Yes	No
<b>30a</b> 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? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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		

**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 I, LINE 20 - DRUGS AND MEDICAL SUPPLIES	THE MEDICAL CENTER PARTICIPATED IN THE CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGIENE - VACCINES FOR CHILDREN PROGRAM THROUGH THE PROVISION OF VACCINATIONS THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE FEDERAL AGENCY THAT SPONSORS THIS PROGRAM HAS DETERMINED THAT THE VACCINES ADMINISTERED ARE CONSIDERED PROPERTY IN LIEU OF MONEY

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

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
Maimonides Medical Center

Employer identification number

11-1635081

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>Maimonides Medical Center, a 711 bed thriving non-profit hospital, is a vital access provider of safe, high quality and compassionate patient care and community services to people of all faiths and backgrounds from the incredibly diverse population of Brooklyn PART I, LINE 6 At Maimonides, we are fortunate to have a large corps of dedicated volunteers who enhance the services provided by our staff There were 1,770 volunteers in 2018 who served 225,830 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 and Student 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, research, pastoral care, refreshment carts, ladies auxiliary, patient library, clerical support, patient transport, and other support services</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part PART III, LINE 4	<p>4a - Inpatient Services 4b - Maternity Services 4c - Emergency Services 4d - Other Program Services 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 2018, the Medical Center provided 43,889 inpatient discharges and 447,322 outpatient visits which included 99,271 emergency room visits We provided care to persons covered by government programs and the uninsured at payment rates below cost Our surgeons performed 9,769 inpatient and 13,493 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 performing 8,151 deliveries in 2018 A Level 3 Neonatal Intensive Care Unit provides highly specialized care for babies born prematurely or with birth defects The adult and child psychiatric outpatient programs provide walk-in services for any members of the surrounding communities Maimonides Medical Center is a 9 39 designated psychiatric receiving hospital We provide full-time (24 hours/365 days per year) emergency services regardless of ability to pay and operate a 911 paramedic ambulance service under contract with the New York City Fire Department to an 800-block area including all of Boro Park and sections of Flatbush, Bensonhurst and Bay Ridge Other program services include grants that supported over 28 various nonprofit health related and community based organizations The Medical Center dispensed Federal vaccines received under the Immunization CFDA 93 268 program to over 6,500 recipients The Medical Center supports a program of health promotion and education activities for employees and residents of its surrounding communities, including mammography, lung, cardiac and colon cancer screenings The Medical Center is a teaching affiliate of Albert Einstein College of Medicine, New York College of Osteopathic Medicine, NYU School of Medicine, and SUNY Downstate Medical Center Maimonides has fully accredited residency-training programs with over 450 interns and residents</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Governance, Management, and Disclosure	<p>Section A Governing Body and Management 2 One of the trustees, Mortimer Klaus is a limited partner in real estate ventures for which another trustee, Peter Rebenwurz, 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 Centers 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 Yorks not-for-profit corporation law (1) Authorization of merger or consolidation requires MHRIs consent (2) Non-judicial dissolution requires MHRIs 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 MHRIs consent 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 Centers 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Governance, Management, and Disclosure	<p>ng termination or removal from the staff Members of the Board of Trustees and officers are subject to removal by the Board of Trustees 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 to the Audit and Legal Committee on an annual basis by the Compliance Officer 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 for the CEO was done in May 2017 and again in July 2018 The process for determining compensation for the COO position, which has been vacant since August 2017, was last done in August 2015 The process for determining compensation for the CFO and EVP for Legal Affairs/ General Counsel/ Assistant Secretary and other key employees was last done in 2014 Annual raises have been limited to 3% since then The Committees review and approval process is intended to be in compliance with applicable federal tax and New York State laws and regulations, including, (a) Sections 515(b) and 715 of the New York Not-for-Profit Corporation Law, and (b) the regulations issued under New York State Executive Order 38 In addition, the Committees review and approval process is intended to qualify for the rebuttable presumption of reasonableness under the intermediate sanctions rules of federal tax law The Committee will use the following process (intended to qualify for the rebuttable presumption of reasonableness under the federal tax law intermediate sanctions rules) to consider and approve compensation arrangements for executives 1 The Committee, which will consist entirely of independent trustees who do not have a conflict of interest with respect to any compensation arrangement under consideration, will approve in advance the compensation of the executives, without any executive present during the deliberation or vote on his or her compensation 2 The Committee will obtain and rely upon appropriate data as to comparabl</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Governance, Management, and Disclosure	<p>e compensation arrangements, with appropriate data consisting of information sufficient to determine whether each compensation arrangement in its entirety is reasonable, and including, but not limited to, compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in the New York metropolitan area, current compensation surveys compiled by independent consulting firms, and actual written offers from similar organizations. 3 The Committee will adequately and contemporaneously document the basis for its approval in meeting minutes. In June 2017, the organization was required to report for the first time since inception of the New York State Executive Order 38, key executive compensation and overhead costs. Since the organization was under the threshold for both compensation and overhead expenses, no waivers were required. Section C Disclosure 19 The organizations articles of incorporation may be obtained from the NYS Secretary of States office. They are also available together with the by-laws upon special request to the Executive Office of Maimonides Medical Center at 4802 Tenth Ave, Admin Bldg, 2nd floor, Brooklyn, NY 11219. The conflict of interest policy is available on the Medical Centers website <a href="http://maimonidesmed.org">maimonidesmed.org</a> in the vendor information section. The audited financial statements are available upon request to the Medical Centers Executive Office and are posted on the NYS Charitable Bureau website, <a href="http://oag.state.ny.us">oag.state.ny.us</a></p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN EQUITY IN CAPTIVE INSURANCE PROGRAM (12,533,500)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Maimonides Medical Center

**Employer identification number**

11-1635081

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

(a) Name, address, and EIN (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
<b>(1)</b> MAIMONIDES RESEARCH & DEVELOPMENT FDN 4802 TENTH AVENUE  BROOKLYN, NY 11219 11-2608229	RESEARCH	NY	501(c)(3)	12b Type II	MMC	Yes	
<b>(2)</b> MAIMONIDES HEALTH RESOURCES INC 4802 TENTH AVENUE  BROOKLYN, NY 11219 11-3018258	SUPPORT ORG	NY	501(c)(3)	12a, type I	NA		No

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

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

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

See Additional Data Table

(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

**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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

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

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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	0	0	0 %	Yes	
(1) M2 MEDICAL COMMUNITY PRACTICE PC 4802 10TH AVE BROOKLYN, NY 11219 46-3556230	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	52,756,993	9,038,007	100 000 %	Yes	
(2) RADIOLOGY IMAGING CONSULTANTS PC 4802 Tenth Ave BROOKLYN, NY 11219 11-3528432	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	1,052,019	14,593	100 000 %	Yes	
(3) Dosik Hematology & Oncology PC 4802 Tenth Ave BROOKLYN, NY 11219 45-5511550	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	0	426,600	100 000 %	Yes	
(4) Halper Medical Service PC 40 W Brighton Ave BROOKLYN, NY 11224 11-2662660	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	2,945,423	90,728	99 000 %	Yes	
(5) Ocean Renal Care PC 40 W Brighton Ave BROOKLYN, NY 11224 61-1452496	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	330,574	10,373	99 000 %	Yes	
(6) Brooklyn Eye and Ear Medical PC 40 W Brighton Ave BROOKLYN, NY 11224 20-0814864	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	1,359,876	1,463	99 000 %	Yes	
(7) Ocean Eye Care Medical PC 40 W Brighton Ave BROOKLYN, NY 11224 11-3496374	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	692,510	46,661	99 000 %	Yes	
(8) Berkowitz Medical PC 4802 TENTH AVE BROOKLYN, NY 11219 46-5660609	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	547,401	1,215	100 000 %	Yes	
(9) Edward Ezrick MD PC 4802 TENTH AVE BROOKLYN, NY 11219 46-5508251	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	26,115	0	100 000 %	Yes	
(10) Orthopedic Associates PC 1660 East 14th St BROOKLYN, NY 11229 11-2579782	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	709,276	9,792	49 000 %	Yes	
(11) Moshe Katzenelenbogen MD PC 4802 TENTH AVE BROOKLYN, NY 11219 47-4302815	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	437,091	8,870	99 000 %	Yes	
(12) DIAMOND MEDICAL ASSOCIATES PC 440 AVENUE U BROOKLYN, NY 11223 73-1676883	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	5,080,518	430,009	98 000 %	Yes	
(13) ILYA BLOKH MD PC 3319 KINGS HIGHWAY BROOKLYN, NY 11234 27-0373597	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	751,834	5,188	99 000 %	Yes	
(14) JOSEPH YELLIN DO PC 4802 10TH AVENUE BROOKLYN, NY 11219 81-1892434	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	133,376	4,098	99 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
(16) EDWARD FITZPATRICK MD PLLC 4802 TENTH AVE BROOKLYN, NY 11219 23-0631628	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	445,852	11,476	99 000 %	Yes	
(1) LARRY TETSOTI MD LLC 1009 BRIGHTON BEACH AVE STE 5 BROOKLYN, NY 11235 54-2084042	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	1,021,720	577	99 000 %	Yes	
(2) YAN MEDICAL PC 2511 OCEAN AVE SUITE 104 BROOKLYN, NY 11229 43-5531085	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	1,484,966	8,396	99 000 %	Yes	
(3) AUGUST FEOLA MD 763 EAST 83RD ST BROOKLYN, NY 11236 13-3533674	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	330,844	128,860	99 000 %	Yes	
(4) SEYMOUR LEONARD EDELSTEIN MD PC 2382 13TH STREET BROOKLYN, NY 11229 81-5461423	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	405,063	20,844	99 000 %	Yes	
(5) DR WEINER & DR GALLO PLLC 2352 Ralph AVE BROOKLYN, NY 11234 26-1135083	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	623,052	51,387	99 000 %	Yes	
(6) JEFFREY C MARC PHYSICIAN PLLC 1711 SHEEPSHEAD BAY RD BROOKLYN, NY 11235 47-2587374	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	366,418	198	99 000 %	Yes	
(7) HEMATOLOGY ONC ASSOC OF BKLYN LLP 1660 e 14TH BROOKLYN, NY 11219 11-3509474	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	22,685,301	425,518	96 000 %	Yes	
(8) ALLIED MEDICAL ASSOCIATES 1687 Ralph Avenue Brooklyn, NY 11236 35-2258722	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	1,325,809	16,751	98 000 %	Yes	
(9) JUST RIGHT MEDICINE PC 4802 10TH AVENUE BROOKLYN, NY 11219 20-1952187	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	178,287	37,509	99 000 %	Yes	
(10) OLEG KOTELSKIY DO PC 3816 NOSTRAND AVENUE BROOKLYN, NY 11235 20-4952196	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	337,066	13,511	99 000 %	Yes	
(11) Traube Marush & Plawes MD PC 2270 KIMBALL STREET STE 210 BROOKLYN, NY 11214 11-3433376	MEDICAL SERVICES	NY	MAIMONIDES	C CORP	4,691,147	638,452	99 000 %	Yes	
(12) OCEAN PARKWAY MEDICAL PC 8782 20TH AVENUE BROOKLYN, NY 11214 01-0734862	MEDICAL SERVICES	NY	MAIMONIDES	S CORP	-5,173	113,686	42 000 %	Yes	
(13) STAROSTA MEDICAL PC 2114 GRAVESEND NECK ROAD BROOKLYN, NY 11229 11-3470413	MEDICAL SERVICES	NY	MAIMONIDES	S CORP	-11,178	113,491	99 000 %	Yes	

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	C	213,621	COST
<b>(1)</b>	MMC HOLDING OF BROOKLYN INC	J	1,619,713	COST
<b>(2)</b>	MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	K	309,735	cost
<b>(3)</b>	MMC HOLDING OF BROOKLYN INC	M	21,530,326	COST
<b>(4)</b>	M2 Medical Community Practice PC	M	390,000	cost
<b>(5)</b>	MMC Holding of Brooklyn Inc	P	20,899,907	COST
<b>(6)</b>	MMC Holding of Brooklyn Inc	Q	22,011,553	COST
<b>(7)</b>	MAIMONIDES RESEARCH & DEVELOPMENT FOUNDATION	Q	109,458	COST
<b>(8)</b>	M2 MEDICAL COMMUNITY PRACTICE PC	R	17,709,941	COST
<b>(9)</b>	MMC HOLDING OF BROOKLYN INC	S	300,000	COST