

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
Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization THE LONG ISLAND HOME
% ARBER KOKONESHI TREASURER
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite 400 SUNRISE HIGHWAY
City or town, state or province, country, and ZIP or foreign postal code AMITYVILLE, NY 11701

D Employer identification number 11-2837244
E Telephone number (631) 608-5107

F Name and address of principal officer ARBER KOKONESHI 400 SUNRISE HIGHWAY AMITYVILLE, NY 11701

H(a) Is this a group return for subordinates? No Yes
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527
J Website: WWW.LONGISLANDHOME.ORG

G Gross receipts \$ 104,443,590

H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation 1999

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE LONG ISLAND HOME STRIVES TO PROVIDE innovative, effective and cost-efficient services within an integrated community health delivery system

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

Table with 3 columns: Description, 3, 4, 5, 6, 7a, 7b. Rows include: Number of voting members (19), Number of independent voting members (14), Total number of individuals employed (1,516), Total number of volunteers (70), Total unrelated business revenue (0), Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Contributions and grants (456,030 / 501,615), Program service revenue (96,080,797 / 103,455,835), Investment income (44,308 / 48,823), Other revenue (491,349 / 437,317), Total revenue (97,072,484 / 104,443,590).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Grants and similar amounts paid (0 / 0), Benefits paid (0 / 0), Salaries, other compensation (84,078,520 / 85,352,966), Professional fundraising fees (0 / 0), Total fundraising expenses (0 / 0), Other expenses (27,980,471 / 29,061,501), Total expenses (112,058,991 / 114,414,467), Revenue less expenses (-14,986,507 / -9,970,877).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: Total assets (98,765,080 / 98,651,237), Total liabilities (91,480,851 / 101,128,332), Net assets or fund balances (7,284,229 / -2,477,095).

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 2016-11-02 Date
PATRICIA A PORTER EXEC DIRECTOR & COO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no

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

**Part III Statement of Program Service Accomplishments**

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

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

THE LONG ISLAND HOME PROVIDES INNOVATIVE, EFFECTIVE AND COST-EFFICIENT SERVICES WITHIN AN INTEGRATED COMMUNITY HEALTH DELIVERY SYSTEM, AND PROMOTES THE HIGHEST PRACTICAL LEVELS OF WELLNESS AND INDEPENDENCE FOR PATIENTS AND FAMILIES

**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 \$ 58,149,564 including grants of \$ ) (Revenue \$ 60,629,024 )  
SOUTH OAKS HOSPITAL (SOH) IS A FREESTANDING PYSCHIATRIC HOSPITAL LICENSED BY THE NEW YORK STATE OFFICE OF MENTAL HEALTH (OMH) AND OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS) MENTAL HEALTH SERVICES ARE PROVIDED TO CHILDREN, ADOLESCENTS, ADULTS, AND GERIATRICS SOH ALSO PROVIDES PARTIAL HOSPITALIZATION TREATMENT FOR ADULTS AND ADOLESCENTS THIS SETTING PROVIDES INTENSIVE PSYCHIATRIC TREATMENT IN A STRUCTURED ENVIRONMENT COMPREHENSIVE OUTPATIENT BEHAVIORAL SERVICES (COBS) PROGRAM SERVICES YOUTHS AND FAMILIES WITHIN THE COMMUNITY

**4b** (Code ) (Expenses \$ 45,407,130 including grants of \$ ) (Revenue \$ 42,826,811 )  
BROADLAWN MANOR NURSING AND REHABILITATION CENTER IS A COMPREHENSIVE RESIDENTIAL HEALTH CARE FACILITY, LICENSED IN NEW YORK STATE, OFFERING PROGRESSIVE AND INNOVATIVE CARE INCLUDED IN THEIR FACILITY BEDS ARE A 40 BED SUBACUTE UNIT AND TWO 40 BED UNITS DEDICATED TO ALZHEIMER'S DISEASE AND RELATED DEMENTIAS THE NURSING CENTER ALSO PROVIDES A NUMBER OF SPECIALTY SERVICES ADULT DAY HEALTH SERVICES PROVIDES THERAPEUTIC, REHABILITATIVE AND RECREATIONAL SERVICES TO THE MEDICALLY IMPAIRED OLDER ADULT AND THE DISABLED

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**4e** Total program service expenses ► 103,556,694

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

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

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-13c), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

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 (19); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (No); 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: a The governing body? (Yes); b 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 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?

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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] 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 (ARBER KOKONESHI TREASURER 400 SUNRISE HIGHWAY AMITYVILLE, NY 11701 (631) 608-5107).



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

(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,096,318	8,723,853	1,798,438	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 79**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFFINITY REHABILITATION, 10600 YORK ROAD SUITE 105 COCKEYSVILLE, MD 21030	PT/OT/ST THERAPY	2,021,441
Transcare Ambulance Corp, 1 Metrtech Center 20th Floor BROOKLYN, NY 11201	Transportation SVCS	854,207
NORTHWELL HEALTH LABORATORIES, 10 Nevada Drive LAKE SUCCESS, NY 11201	LABORATORY SERVICES	795,679
SPENCER KETCHAM SON BUILDERS, 43 SHORE DR W COPIAGUE, NY 11726	GENERAL CONTRACTOR	334,696
RD CARPET TILE CORPORATION, 72 ROME STREET FARMINGDALE, NY 11735	GENERAL CONTRACTOR	248,101

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 42**



**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> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____ 489,852					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 11,763					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		501,615			
<b>Program Service Revenue</b>	<b>2a</b> BEHAVIORAL HEALTH PSYCHIATRIC Business Code 900099	60,629,024	60,629,024			
	<b>b</b> SENIOR HEALTH SERVICES Business Code 623000	42,826,811	42,826,811			
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		103,455,835			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	48,823			48,823	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶	0				
	<b>5</b> Royalties . . . . . ▶	0				
	<b>6a</b> Gross rents	(i) Real 20,400				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss) 20,400 0				
	<b>d</b> Net rental income or (loss) . . . . . ▶		20,400			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶		0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 396				
		<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		396		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____				
<b>b</b> Less direct expenses . . . . . <b>b</b> _____						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> EXCESS UTILITIES	221000	17,340			17,340	
<b>b</b> CAFETERIA	722210	110,032			110,032	
<b>c</b> CHALLENGE ACTIVITIES ROPES	900099	82,189	82,189			
<b>d</b> All other revenue . . . . .		206,960			206,960	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		416,521				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		104,443,590	103,538,024		383,155	

**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 . . . . .	0			
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	583,610	0	583,610	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	62,617,806	58,234,433	4,383,373	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,476,342	3,327,900	148,442	
<b>9</b>	Other employee benefits . . . . .	13,883,906	12,828,946	1,054,960	
<b>10</b>	Payroll taxes . . . . .	4,791,302	4,421,974	369,328	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	118,537	3,178	115,359	
<b>c</b>	Accounting . . . . .	83,609		83,609	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	0			
<b>12</b>	Advertising and promotion . . . . .	117,566	2,143	115,423	
<b>13</b>	Office expenses . . . . .	375,656	301,115	74,541	
<b>14</b>	Information technology . . . . .	876,004		876,004	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	2,724,259	2,349,932	374,327	
<b>17</b>	Travel . . . . .	68,572	55,060	13,512	
<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 . . . . .	69,245	47,440	21,805	
<b>20</b>	Interest . . . . .	1,657,076	1,524,510	132,566	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,605,393	2,357,286	248,107	
<b>23</b>	Insurance . . . . .	1,281,032	1,129,620	151,412	
<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>	BAD DEBT	1,797,086	1,797,086		
<b>b</b>	PURCHASED SERVICES	5,698,391	5,393,539	304,852	
<b>c</b>	COST OF DRUGS	2,417,315	2,415,866	1,449	
<b>d</b>	STATE CASH ASSESSMENT	2,012,754	2,012,754		
<b>e</b>	All other expenses	7,159,006	5,353,912	1,805,094	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	114,414,467	103,556,694	10,857,773	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,630,471	<b>1</b>	722,900
	<b>2</b> Savings and temporary cash investments . . . . .	4,917,701	<b>2</b>	2,634,546
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	11,058,551	<b>4</b>	12,541,000
	<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 . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	488,476	<b>8</b>	487,517
	<b>9</b> Prepaid expenses and deferred charges . . . . .	823,673	<b>9</b>	850,937
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 65,506,690		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 8,510,926	55,298,883	<b>10c</b> 56,995,764
	<b>11</b> Investments—publicly traded securities . . . . .	7,079,538	<b>11</b>	7,069,658
	<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 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	17,467,787	<b>15</b>	17,348,915
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	98,765,080	<b>16</b>	98,651,237	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,346,058	<b>17</b>	8,594,776
	<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 . . . . .	28,081,389	<b>23</b>	26,021,909
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	55,053,404	<b>25</b>	66,511,647
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	91,480,851	<b>26</b>	101,128,332
<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 . . . . .	7,284,229	<b>27</b>	-2,477,095
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<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 . . . . .	7,284,229	<b>33</b>	-2,477,095	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	98,765,080	<b>34</b>	98,651,237	

**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>	104,443,590
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	114,414,467
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-9,970,877
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,284,229
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,879
<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>	219,432
<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>	-2,477,095

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 11-2837244  
**Name:** THE LONG ISLAND HOME

**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			
PATRICIA A PORTER ..... EXEC DIRECTOR & COO	35 0 ..... 0 0	X		X				435,109	0	290,281
ROGER A BLUMENCRAZ ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
ROBERT W CHASANOFF ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
ELLEN RICCIUTI ..... VICE CHAIRPERSON	1 0 ..... 0 0	X		X				0	0	0
MICHAEL STOLTZ ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
MICHAEL E FELDMAN ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
ROBERT F ROSE ..... CHAIRMAN	3 0 ..... 0 0	X		X				0	0	0
JOHN T O CONNELL ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
RAYMOND J FUREY ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
JACQUELINE S HARRIS ..... TRUSTEE	1 0 ..... 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			
MARK CLASTER ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
LLOYD M GOLDMAN ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
RICHARD D GOLDSTEIN ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
MARK SHAW ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
DONALD ZUCKER ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
JEFFREY A KRAUT ..... TRUSTEE/SVP PLANNING, Nwh	0 0 ..... 50 0	X						0	1,077,844	373,819
WINIFRED MACK ..... TRUSTEE/REG EXEC DIR, nwh	0 0 ..... 50 0	X						0	969,931	38,059
MARK J SOLAZZO ..... TRUSTEE/ EVP & COO, nwh	0 0 ..... 50 0	X						0	2,196,565	556,379
DEBORAH TASCONE ..... TRUSTEE	0 0 ..... 2 0	X						0	0	0
HOWARD B GOLD ..... EVP & chf mgd care bs dvlp off	0 0 ..... 50 0			X				0	1,638,945	38,059

**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			
LAURENCE A KRAEMER ..... vp & deputy gen counsel, nwh	0 0 ..... 50 0			X				0	640,878	55,176
HARRY GINDI ..... ASSISTANT SECRETARY	0 0 ..... 50 0			X				0	319,536	46,368
Laura Peabody ..... SVP & Chief Legal Officer	0 0 ..... 50 0			X				0	1,002,534	210,021
Andrew Schulz ..... Vp & General Counsel	0 0 ..... 50 0			X				0	877,620	55,176
ARBER KOKONESHI ..... SECRETARY & ASST TREASURER	35 0 ..... 0 0			X				148,501	0	30,752
KIRAN KAMDAR MD ..... MEDICAL DIRECTOR PSYCH	35 0 ..... 0 0					X		317,929	0	16,437
KEVIN COTTERELL MD ..... medical director physch	35 0 ..... 0 0					X		270,450	0	9,919
GERARD KAISER ..... vp OF SENIOR SERVICE	35 0 ..... 0 0					X		286,415	0	36,640
PATRICE REIVES-BRIGHT ..... MEDICAL DIRECTOR PHYSCH	35 0 ..... 0 0					X		266,030	0	8,077
HENA SIDDIQUI ..... MEDICAL DIRECTOR BLM	35 0 ..... 0 0					X		248,434	0	32,066

**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			
ROBERT E DETOR ..... FORMER CHAIRMAN	00 ..... 00						X	123,450	0	1,209



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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE LONG ISLAND HOME

Employer identification number

11-2837244

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 Total support.</b> Add lines 7 through 10						

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

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 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 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
<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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<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>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** 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? 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.
- 2** 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? 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.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** 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)? 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).

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** 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? 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.
- 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? 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.
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** 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? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

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

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**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 Part VI) 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 Part VI) See instructions	
<b>9</b> Distributable amount for 2015 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-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation



**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.**  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
THE LONG ISLAND HOME  
**Employer identification number**  
11-2837244

**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		
<b>5</b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6</b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 8/17/06, 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>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

- 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" to Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- 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>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
<b>1a</b> Land . . . . .		20,669,023		20,669,023
<b>b</b> Buildings . . . . .		36,239,656	4,782,394	31,457,262
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		7,772,668	3,728,532	4,044,136
<b>e</b> Other . . . . .		825,343		825,343
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				56,995,764



**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>	102,636,625
<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>	-9,879	
<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>	-1,797,086	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -1,806,965
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 104,443,590
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<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> 104,443,590

**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>	111,066,775
<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> 111,066,775
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<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>	3,347,692	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 3,347,692
<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> 114,414,467

**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
PART X, LINE 2	The Long Island Home and the Foundation are exempt from federal income taxes under the provisions of Section 501(a) of the Internal Revenue Code (the Code) as organizations described in Section 501 (C)(3) and are also exempt from New York State and local income taxes LIH has determined that there are no material uncertain tax positions that require recognition or disclosure in the consolidated financial statements LIH's Wholly Owned, For-Profit entities (SOMBHA, Inc and LIPA-1, Inc , both of which are currently dormant) are taxable entities under federal and state laws

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
PART XII, LINE 4B	ADDITIONAL MINIMUM PENSION Adjustment 1,550,606 PROVISION FOR BAD DEBTS 1,797,086 TOTAL 3,347,692

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 11-2837244  
**Name:** THE LONG ISLAND HOME

### Form 990, Schedule D, Part X, - Other Liabilities

<sup>1</sup> (a) Description of Liability	(b) Book Value
PENSION & POST-RET BENEFITS	1,524,320
ACCRUED PENSION LIAB	9,025,213
DUE TO THIRD PARTY PAYORS	2,363,678
INTEREST RATE SWAP LIABILITY	1,160,884
INSURANCE CLAIMS LIABILITY	7,920,851
NOTE PAYABLE TO AFFILIATE	35,089,106
MALPRACTICE & OTHER INSURANCE	3,975,558
DUE TO AFFILIATE	5,452,037

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

## 2015

**Open to Public Inspection**

<b>Name of the organization</b> THE LONG ISLAND HOME	<b>Employer identification number</b> 11-2837244
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**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 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 <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<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 type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ 500 %	<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? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1,772,866		1,772,866	2 830 %
<b>b</b> Medicaid (from Worksheet 3, column a)			2,189,032		2,189,032	3 490 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> <b>Total</b> Financial Assistance and Means-Tested Government Programs			3,961,898		3,961,898	6 320 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,401		3,401	0 010 %
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,124,712	500,782	623,930	1 000 %
<b>j</b> <b>Total.</b> Other Benefits			1,128,113	500,782	627,331	1 010 %
<b>k</b> <b>Total.</b> Add lines 7d and 7j			5,090,011	500,782	4,589,229	7 330 %

**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			185		185	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			53,503		53,503	
7 Community health improvement advocacy			3,649		3,649	
8 Workforce development			4,562		4,562	
9 Other						
10 Total			61,899		61,899	

**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?	1	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.	2	1,419,846
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	141,985
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	9,785,925
6 Enter Medicare allowable costs of care relating to payments on line 5	6	10,488,940
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-703,015
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 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
9b 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)

SOUTH OAKS HOSPITAL

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? .....	<b>1</b>	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 .....	<b>2</b>	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)	<b>3</b>	Yes
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</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 of 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 .....	<b>5</b>	Yes
<b>6a</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 .....	<b>6a</b>	Yes
<b>6b</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 .....	<b>6b</b>	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)	<b>7</b>	Yes
<b>a</b>	<input type="checkbox"/> Hospital facility's website (list url) <u>WWW NORTHWELL EDU</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input 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 .....	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>WWW NORTHWELL EDU/ABOUT/OUR-ORGANIZATION/OFFI</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	No
<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)? .....	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<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)**

SOUTH OAKS HOSPITAL

Name of hospital facility or letter of facility reporting group

- 13** Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP
  - a**  Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 500 %
  - b**  Income level other than FPG (describe in Section C)
  - c**  Asset level
  - d**  Medical indigency
  - e**  Insurance status
  - f**  Underinsurance discount
  - g**  Residency
  - h**  Other (describe in Section C)

	Yes	No
<b>13</b>	Yes	
<b>14</b>	Yes	
<b>15</b>	Yes	
<b>16</b>	Yes	

- 14** Explained the basis for calculating amounts charged to patients?
- 15** 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)
  - a**  Described the information the hospital facility may require an individual to provide as part of his or her application
  - b**  Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
  - c**  Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
  - d**  Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
  - e**  Other (describe in Section C)

- 16** Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)
  - a**  The FAP was widely available on a website (list url) WWW NORTHWELL EDU
  - b**  The FAP application form was widely available on a website (list url) WWW NORTHWELL EDU
  - c**  A plain language summary of the FAP was widely available on a website (list url) WWW NORTHWELL EDU
  - d**  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
  - e**  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
  - f**  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
  - g**  Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
  - h**  Notified members of the community who are most likely to require financial assistance about availability of the FAP
  - i**  Other (describe in Section C)

**Billing and Collections**

- 17** 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 non-payment?
- 18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP
  - a**  Reporting to credit agency(ies)
  - b**  Selling an individual's debt to another party
  - c**  Actions that require a legal or judicial process
  - d**  Other similar actions (describe in Section C)
  - e**  None of these actions or other similar actions were permitted

<b>17</b>	Yes	
<b>18</b>		

**Part V Facility Information** (continued)

SOUTH OAKS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
<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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<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"/> Actions that require a legal or judicial process		
<b>d</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 type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<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? . . . . . If "No," indicate why	Yes	
<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)		

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

<b>22</b>	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		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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		No
<b>24</b>	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		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? 1

Name and address	Type of Facility (describe)
<b>1</b> BROADLAWN MANOR NURSING & REHABILITATION 399 COUNTY LINE ROAD AMITYVILLE, NY 11701	SKILLED NURSING FACILITY
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

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 VI - SUPPLEMENTAL INFORMATION	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 11-2837244  
**Name:** THE LONG ISLAND HOME

## Form 990 Schedule H, Part V Section A. Hospital Facilities

### 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

1

SOUTH OAKS HOSPITAL  
 400 SURNISE HIGHWAY  
 AMITYVILLE, NY 11701  
 WWW.LONGISLANDHOME.ORG

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

X



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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.

**2015**  
Open to Public Inspection

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

Name of the organization THE LONG ISLAND HOME	Employer identification number 11-2837244
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**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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><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?</p> <p>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?</p> <p>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>	No								
<p><b>b</b> Any related organization?</p> <p>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 non-fixed 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				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	Certain individuals participate in a Supplemental Executive Retirement Plan ("SERP") which is subject to substantial risk of complete forfeiture. Accordingly, the individual may never actually receive the unvested benefit amount and the amounts outlined herein were properly not reported in each individual's Form W-2, Box 5. These amounts are included in Schedule J, Column C for Mark J Solazzo (\$509,112), Jefferey Kraut (\$318,643), Patricia Porter (\$248,708), and Laura Peabody (\$154,845).
PART I, LINE 7	On Form 990, Part VII, Section A, line 1A, the organization may provide non-fixed payments, not described on lines 5 and 6, to certain listed persons. The organization bases such payments on many performance based factors. Payments of this type appear on Schedule J, Part II, B (ii).



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
THE LONG ISLAND HOME

**Employer identification number**

11-2837244

**Return  
Reference**

**Explanation**

PART VI, SECTION  
A - GOVERNING  
BODY, LINE 2

All transactions with Northwell Health entities are as follows (1) negotiated at arms length, (2) all purchases are at fair market value, and (3) all products or services are rendered on an "as needed" basis. Roger Blumencranz has a business relationship with Richard Goldstein, Mark Solazzo and Donald Zucker. Mark Claster has a business relationship with Richard Goldstein. Lloyd Goldman has a business relationship with Richard Goldstein. Richard Goldstein has a business relationship with Roger Blumencranz, Mark Claster and Lloyd Goldman. Mark Solazzo has a business relationship with Roger Blumencranz. Donald Zucker has a business relationship with Roger Blumencranz.

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION B, LINE 11	<p>The annual Return of Organization Exempt From Income Tax (Form 990) for Northwell Health, Inc and Affiliated entities are prepared with input from various departments including Corporate Compliance, Finance, Human Resources, and Legal Before filing the returns, the documents are electronically made available to all trustees through a secure online portal Members of the Executive Committee are then informed the returns are ready for review The Executive Committee, which is a committee made up of members from the Board of Trustees, may exercise all of the authority of the Board of Trustees except as such authority is limited by applicable law and except to the extent, if any, that such authority would be inconsistent with any provision of these By-laws or is limited by any resolution to such effect adopted by the Board of Trustees</p>

Return Reference	Explanation
PART VI, SECTION B, LINE 12	<p>Northwell Health, Inc ("Northwell") has several control mechanisms to mitigate conflicts of interest. Northwell's Code of Ethical Conduct contains a detailed section educating individuals about how to avoid potential conflicts of interest. Specifically, our Code of Ethical Conduct requires individuals to conduct Northwell business in a manner that places the interests of Northwell ahead of their personal interests. In addition, Northwell has a Conflicts of Interest Policy Statement further elaborating upon individuals' disclosure and recusal obligations. Individuals that are in a position to influence the business or other decisions of Northwell are required to fill out a conflicts of interest disclosure form on a regular basis. The Corporate Compliance Office reviews all disclosures of possible conflicts, including matters disclosed in any conflicts of interest disclosure report and takes any actions deemed required or appropriate to manage or resolve any actual or potential conflicts of interest. In appropriate cases these disclosures and responsive actions will be reported to Northwell's Audit and Corporate Compliance Committee and other applicable committees. In addition, Northwell provides training to individuals on an annual basis regarding conflicts of interest and other compliance related topics. If an individual violates the Code of Ethical Conduct or any related policy such as the Conflicts of Interest Policy Statement, appropriate disciplinary action is taken based upon the facts and circumstances of the situation.</p>

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION B, LINE 15	<p>The by-laws of Northwell Health, Inc ("Northwell") create a committee of the board with full powers of the board to review and approve the compensation of officers and other key employees. The committee consists of approximately 6 trustees who have no connection to Northwell except as trustees and they have no conflicts as to matters they consider. The committee meets several times a year as needed but always meets in November/December to review and determine officer and key employee compensation for the following year. For purposes of their review the committee considers the recommendations of the CEO for all persons other than the CEO. For purposes of the review each year the committee receives information from an outside independent compensation consultant as to compensation for comparable positions in comparable organizations and makes its decisions on this basis, with the overall objective of paying base salary at the 50th percentile. Any contracts or other compensation for officers or key employees are separately considered and normally only approved after receipt of a "fairness opinion" from the independent consultant. All the work and process of the committee is structured to fall within the applicable safe harbor regulations.</p>



Return Reference	Explanation
PART VI, SECTION C, LINE 19	CURRENTLY THE ORGANIZATION PROVIDES GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION A - GOVERNING BODY, LINE 7	Northwell Healthcare, Inc ("Northwell Healthcare") is the sole corporate member of the organization. Northwell Healthcare has the right to elect or appoint member of the organization's governing body and has the right to approve or ratify certain corporate decisions. This organization and Northwell Healthcare are part of Northwell Health, Inc, an integrated health care delivery system.

**Return Reference****Explanation**

PART XI, LINE 9

CHANGE IN INTEREST RATE SWAP \$219,432 Total \$219,432

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE LONG ISLAND HOME

Employer identification number

11-2837244

**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
See Additional Data Table							

**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	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)  
 . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

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

**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

<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



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

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

<b>Return Reference</b>	<b>Explanation</b>
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 11-2837244  
**Name:** THE LONG ISLAND HOME

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

(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
NORTHWELL HEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3418133	SUPPORT	NY	501(C)(3)	11, TYPE I	NA		No
NORTHWELL HEALTHCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2965586	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		No
NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1562701	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2241326	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
GLEN COVE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1633487	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
FOREST HILLS HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2163522	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
PLAINVIEW HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3241243	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
FRANKLIN HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2296824	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
SOUTHSIDE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1667761	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
NORTHWELL HEALTH LABORATORIES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3412370	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		No
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2673595	RESEARCH	NY	501(C)(3)	4	NW HEALTH		No
NORTHWELL HEALTH FOUNDATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2965586	FUNDRAISING	NY	501(C)(3)	7	NW HEALTH		No
NORTHWELL HEALTH STERN FAMILY CENTER FOR 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7007485	NURSING HOME	NY	501(C)(3)	9	NW HEALTHCAR		No
LIJ AT HOME PHARMACY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3251128	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		No
LIJ FOUNDATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2661239	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		No
NORTH SHORE-LIJ MEDICAL CARE CENTERS INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3473923	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		No
SSH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2774102	SUPPORT	NY	501(C)(3)	11, TYPE I	SOUTHSIDE		No
NORTH SHORE COMMUNITY SERVICES INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7273200	HOUSING	NY	501(C)(2)	N/A	NW HEALTH		No
NORTH SHORE UNIVERSITY HOSPITAL HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2171903	HOUSING	NY	501(C)(2)	N/A	NW HEALTH		No
NSUH AT GLEN COVE HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7010468	HOUSING	NY	501(C)(2)	N/A	NW HEALTH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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
HILLSIDE HOUSING HOUSES INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2113949	HOUSING	NY	501(C)(2)	N/A	NW HEALTH		No
SIUH SYSTEMS INC 475 SEAVIEW AVE STATEN ISLAND, NY 10305 06-1074604	FUNDRAISING	NY	501(C)(3)	7	NW HEALTHCAR		No
STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 11-2868878	HEALTH CARE	NY	501(C)(3)	3	NW HEALTH		No
STATEN ISLAND UNIVERSITY HOSPITAL FDN 360 SEAVIEW AVE STATEN ISLAND, NY 10305 87-0765787	FUNDRAISING	NY	501(C)(3)	7	SIUH		No
THE HEART INSTITUTE 475 SEAVIEW AVE STATEN ISLAND, NY 10305 31-1757254	INACTIVE	NY	501(C)(3)	11, TYPE I	NA		No
PHYSICIANS OF UNIVERSITY HOSPITAL PC 1 EDGEWATER PLAZA 6TH FL STATEN ISLAND, NY 10305 20-0096809	HEALTH CARE	NY	501(C)(3)	11, TYPE I	SIUH		No
HOSPICE CARE NETWORK 99 SUNNYSIDE BVLD WOODBURY, NY 11797 11-2925757	HOSPICE	NY	501(C)(3)	9	NW HEALTH		No
HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY 11743 11-1630914	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PULASKI RD GREENLAWN, NY 11740 11-3368503	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		No
LENOX HILL HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 13-1624070	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		No
LHH CORPORATION 100 EAST 77TH ST NEW YORK, NY 10021 13-3272016	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		No
THE ELMEZZI GRADUATE SCHOOL OF MOLECULAR 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3284934	GRAD SCHOOL	NY	501(C)(3)	2	RESEARCH		No
SPORTS PHYSICAL THERAPY AND REHAB SVCS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 06-1655704	HEALTH CARE	NY	501(C)(3)	9	LIJ		No
NORTH SHORE-LIJ ALLIANCE 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3727582	HEALTH CARE	NY	501(C)(3)	3	NA		No
CLNY Alliance Inc 972 Brush Hollow Road Westbury, NY 11590 46-3146870	Laboratory	NY	501(C)(3)	3	NWH LAB		No
North Shore-LIJ Cardiovascular Medicine 972 Brush Hollow Road Westbury, NY 11590 27-5078717	Medical Servi	NY	501(C)(3)	11, Type I	NSUH		No
North Shore-LIJ Cardiology At Deer Park 972 Brush Hollow Road Westbury, NY 11590 27-5078531	Medical Servi	NY	501(C)(3)	11, Type I	NSUH		No
North Shore-LIJ Heart Surgery PC 972 Brush Hollow Road Westbury, NY 11590 27-5078838	Medical Servi	NY	501(C)(3)	11, Type I	NSUH		No
North Shore-LIJ Internal Medicine PC 972 Brush Hollow Road Westbury, NY 11590 27-5078631	Medical Servi	NY	501(C)(3)	11, Type I	NSUH		No
North Shore-LIJ Medical Group Urgent Med 972 Brush Hollow Road Westbury, NY 11590 27-5078426	Medical Servi	NY	501(C)(3)	11, Type I	NSUH		No

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

(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
North Shore-LIJ Medical PC 972 Brush Hollow Road Westbury, NY 11590 45-3023019	Medical Servi	NY	501(C)(3)	11, Type I	NSUH		No
North Shore-LIJ Health Plan Inc 972 Brush Hollow Road Westbury, NY 11590 46-1617516	Insurance	NY	501(C)(3)	9	HPLAN HOLDIN		No
Advocate Community Providers 972 Brush Hollow Rd Westbury, NY 11590 47-2528627	DSRIP	NY	APPLIED OFR		NA		No
North Shore-LIJ Health Plan Holding Comp 972 Brush Hollow Rd Westbury, NY 11590 46-2478147	HOLDING CO	NY	501(C)(3)	11, TYPE II	NW HEALTHCAR		No
Phelps Memorial Hospital Association 701 North Broadway Sleepy Hollow, NY 10591 13-1725076	Hospital	NY	501(c)(3)	3	NW HEALTHCAR		No
Phelps Medical Services PC 701 North Broadway sleepy Hollow, NY 10591 27-4416017	MEDICAL SVCS	NY	501(C)(3)	11, type I	pmh		No
Northern Westchester Hospital Associatio 400 East Main Street Mount Kisco, NY 10549 13-1740118	Hospital	NY	501(C)(3)	3	NW HEALTHCAR		No
Northern Westchester Hospital Foundation 400 East Main Street Mount Kisco, NY 10549 13-4067064	FOUNDATION	NY	501(C)(3)	9	NWHA		No
NORCORP Inc 400 East Main Street Mount Kisco, NY 10549 13-3366748	Support Org	NY	501(C)(3)	11, TYPE I	NWHA		No
Northern Westchester Realty Holding Comp 400 East Main Street Mount Kisco, NY 10549 91-2134215	HOLDING CO	NY	501(c)(2)	N/A	NWHA		No



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								Yes	No
(1) NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3316922	HOLDING COMPANY	NY	NW HEALTH	C					No
(1) REGIONCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3052191	HEALTH CARE	NY	NSHS ENT	C					No
(2) NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 06-1605319	HOLDING COMPANY	NY	NSHS ENT	C					No
(3) CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3336381	BUSINESS SERVICES	NY	NSH ENT	C					No
(4) VIVOHEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-4118016	HEALTH CARE	NY	NSH ENT	C					No
(5) REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE 41 CEDAR AVE HAMILTON, BERMUDA HM 12 BD 000000000	INSURANCE	BD	NW HEALTHCARE	C					No
(6) ALETTA CORPORATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2622371	HEALTH CARE	NY	SOUTHSIDE	C					No
(7) NS-LIJ PHYSICIAN INSURANCE COMPANY RRG 100 BANK ST BURLINGTON, VT 05401 26-1487515	INSURANCE	VT	NW HEALTHCARE	C					No
(8) NORTH SHORE-LIJ SERVICE ALLIANCE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3651575	SUPPORT	NY	NA	C					No
(9) NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533659	HEALTH CARE	NY	LIJ	C					No
(10) NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533670	HEALTH CARE	NY	LIJ	C					No
(11) NORTH SHORE IPA 5 INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3383468	BUSINESS SERVICES	NY	NW HEALTHCARE	C					No
(12) NORTH SHORE-LIJ NETWORK INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 32-0257193	SUPPORT	NY	NW HEALTH	C					No
(13) AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-0701489	INACTIVE	NY	RESEARCH	C					No
(14) NORTH SHORE-LIJ RADIOLOGY SERVICES PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 22-3970667	MEDICAL SERVICES	NY	NSUH	C					No

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								Yes	No
(16) NORTH SHORE-LIJ MEDICAL GROUP AT SYOSSET 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-3957752	MEDICAL SERVICES	NY	NSUH	C					No
(1) NORTH SHORE-LIJ MEDICAL GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384249	MEDICAL SERVICES	NY	NSUH	C					No
(2) NS-LIJ MEDICAL GROUP AT HUNTINGTON 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384049	MEDICAL SERVICES	NY	NSUH	C					No
(3) NS-LIJ MEDICAL GROUP AT NORTH NASSAU PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384146	MEDICAL SERVICES	NY	NSUH	C					No
(4) NORTH SHORE-LIJ PHYSICIANS GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384326	MEDICAL SERVICES	NY	NSUH	C					No
(5) LENOX HILL HOSPITAL MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-2661543	MEDICAL SERVICES	NY	LENOX	C					No
(6) NS-LIJ OCCUPATIONAL MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-1004103	MEDICAL SERVICES	NY	NSUH	C					No
(7) NORTH SHORE-LIJ OB-GYN PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1382916	MEDICAL SERVICES	NY	LIJ	C					No
(8) NORTH SHORE-LIJ ANESTHESIOLOGY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1617561	MEDICAL SERVICES	NY	SOUTHSIDE	C					No
(9) OCEAN VIEW MANAGEMENT 1 EDGEWATER PLAZA 6TH FL STATEN ISLAND, NY 10305 13-3138888	MANAGEMENT SVCS	NY	SIUH	C					No
(10) OCEAN BREEZE HOME CARE AGENCY 1 EDGEWATER PLAZA 6TH FL STATEN ISLAND, NY 10305 13-3773601	INACTIVE	NY	OVM	C					No
(11) REGENCY ALLIANCE SERVICES INC 1 EDGEWATER PLAZA 6TH FL STATEN ISLAND, NY 10305 13-3277698	INACTIVE	NY	OVM	C					No
(12) SIUH PERINATOLOGY PC 475 SEAVIEW AVE STATEN ISLAND, NY 10305 13-4107082	MEDICAL SERVICES	NY	SIUH	C					No
(13) UNITED MEDICAL SURGICAL PC 256 MASON AVE BLDG B 2ND FL STATEN ISLAND, NY 10305 13-4038780	MEDICAL SERVICES	NY	SIUH	C					No
(14) LENOX HILL PHYSICIAN HOSPITAL ORG 122 EAST 76TH ST STE 3-A NEW YORK, NY 10021 13-3775996	MANAGED CARE	NY	LENOX	C					No

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								Yes	No
(31) LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY 186 EAST 76TH ST 2ND FL NEW YORK, NY 10021 20-8784395	MEDICAL SERVICES	NY	LENOX	C					No
(1) LENOX HILL PATHOLOGY PC 100 EAST 77TH ST NEW YORK, NY 10021 13-3644370	MEDICAL SERVI	NY	LENOX	C					No
(2) PARK LENOX EMERGENCY MEDICINE PC 100 EAST 77TH ST NEW YORK, NY 10021 26-2661082	MEDICAL SERVICES		LENOX	C					No
(3) North Shore-LIJ Internal Medicine at Lyn 972 Brush Hollow Road Westbury, NY 11590 46-3475908	Medical Services	NY	NSUH	C					No
(4) North Shore-LIJ Internal Medicine At NHP 972 Brush Hollow Road Westbury, NY 11590 46-2822879	Medical Services	NY	NSUH	C					No
(5) North Shore-LIJ OB-GYN at Garden City P 972 Brush Hollow Road Westbury, NY 11590 46-2886776	Medical Services	NY	NSUH	C					No
(6) North Shore-LIJ CareConnect Insurance Co 972 Brush Hollow Road Westbury, NY 11590 46-2270382	Insurance	NY	GROUP HOLDING	C					No
(7) NORTH SHORE MEDICAL ACCELERATOR PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2945979	MEDICAL SERVICES	NY	NSUH	S					No
(8) TRUE NORTH HEALTH PHARMACY INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1020508	PHARMACY	NY	NSUH	C					No
NORTH SHORE-LIJ CARECONNECT (9) INSURANCE AG 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1994548	INSURANCE AGE	NY	GROUP HOLDING	C					No
CARECONNECT GROUP HOLDING (10) COMPANY INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-2478692	HOLDING CO	NY	HPLAN HOLDING	C					No
NORTH SHORE-LIJ PEDIATRICS OF (11) SUFFOLK CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-5746956	MEDICAL SERVICES	NY	NSUH	C					No
(12) NORTH SHORE-LIJ URGENT CARE PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1758444	MEDICAL SERVICES	NY	NSUH	C					No
NORTH SHORE-LIJ MATERNAL FETAL (13) MEDICINE 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-5495054	MEDICAL SERVICES	NY	NSUH	C					No
(14) North Shore-LIJ Ophthalmology Institute 972 Brush Hollow RD Westbury, NY 11590 30-0930851	Inactive	NY	NSUH	C					No

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								Yes	No
(46) Phelps Realty Corp 701 North Broadway Sleepy Hollow, NY 10591 13-3645135	Real Estate	NY	Phelps Memorial	C					No
(1) Health Delivery Analysis Inc 701 North Broadway Sleepy Hollow, NY 10591 13-3352327	Inactive	NY	PHELPS MEMORIAL	C					No
(2) Phelps Management Services Inc 701 North Broadway Sleepy Hollow, NY 10591 13-1726635	Inactive	NY	Phelps Memorial	C					No
(3) Phelps Services Inc 701 North Broadway Sleepy Hollow, NY 10591 13-1742995	Inactive	NY	Phelps Memorial	C					No
(4) Northern Westchester Oncology Management 400 East Main St Mount Kisco, NY 10549 13-3697507	Medical Svcs	NY	NORCORP	C					No
(5) NWHC Health Management Services Inc 400 East Main St Mount Kisco, NY 10591 13-3697510	Health Mgmt	NY	NORCORP	C					No
(6) Northern Westchester Surgical Services 400 East Main St Mount Kisco, NY 10549 27-4550915	Medical Svcs	NY	NWHA	C					No
(7) North Shore-LIJ OB-GYN at New Hyde Park 972 Brush Hollow Rd Westbury, NY 11590 47-3722278	Medical Svcs	NY	NSUH	C					No
(8) Lakeville Surgery PC 972 Brush Hollow Rd Westbury, NY 11590 47-4377760	Medical Svcs	NY	Lenox Hill	C					No
(9) Marcus Emergency Medicine PC 972 Brush Hollow Rd Westbury, NY 11590 47-4377679	Medical Svcs	NY	Lenox Hill	C					No
(10) Carnegie Cardiovascular PC 972 Brush Hollow Rd Westbury, NY 11590 47-4377825	Medical Svcs	NY	Lenox Hill	C					No
(11) Madison Imaging PC 972 Brush Hollow Rd Westbury, NY 11590 000000000	Medical Svcs	NY	NSUH	C					No
(12) Community Drive Medicine PC 972 Brush Hollow Rd Westbury, NY 11590 47-4447289	Medical Svcs	NY	NSUH	C					No
(13) Westchester Health Medical PC 972 Brush Hollow Rd Westbury, NY 11590 47-4539584	Medical Svcs	NY	NSUH	C					No
(14) Marcus Avenue Medical PC 972 Brush Hollow Rd Westbury, NY 11590 30-0930577	Medical Svcs	NY	NSUH	C					No



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								Yes	No
(61) CareConnect Administrative Services Inc 972 Brush Hollow Rd Westbury, NY 11590 47-5182974	Admin	NY	Group Holding	C					No
(1) Northwell FlexStaff Inc 972 Brush Hollow Rd Westbury, NY 11590 81-0836815	Inactive	NY	NW HEALTHCARE	C					No