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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Catholic Health System of Long Island

Doing Business As
Catholic Health Services of Long Isl

Number and street (or P O box if mail is not delivered to street address) | Room/suite
992 North Village Avenue

City or town, state or country, and ZIP + 4
Rockville Centre, NY 11570

D Employer identification number
11-3403968

E Telephone number
(516) 705-3700

G Gross receipts $ 14,359,143

F Name and address of principal officer
James Harden
992 North Village Avenue
Rockville Centre, NY 11570

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //www chsli org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Catholic Health Services of Long Island (CHSLI), as a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care, and commits itself to those in need CHSLI affirms the sanctity of life, advocates for the poor and underserved, and serves the common good It conducts its healthcare practice, business, education and innovation with justice, integrity and respect for the dignity of each person

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	16,381,427	0
	9	Program service revenue (Part VIII, line 2g)	0	14,128,048
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,510	231,095
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,473,937	14,359,143
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,268,634	7,346,543
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	7,568,920	6,145,547
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,837,554	13,492,090
	19	Revenue less expenses Subtract line 18 from line 12	636,383	867,053

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	58,200,120	59,249,120
	21	Total liabilities (Part X, line 26)	62,789,910	61,921,857
	22	Net assets or fund balances Subtract line 21 from line 20	-4,589,790	-2,672,737

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

****** | 2010-11-15
Signature of officer | Date

James Harden President, Chief Executive Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Thomas Lanning	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JH COHN LLP, 4 BECKER FARM ROAD, ROSELAND, NJ 070681739			EIN ▶
			Phone no ▶ (973) 228-3500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Catholic Health Services of Long Island (CHSLI), as a ministry of the Catholic Church, continues Christ's healing mission, promotes excellence in care, and commits itself to those in need CHSLI affirms the sanctity of life, advocates for the poor and underserved, and serves the common good It conducts its healthcare practice, business, education and innovation with justice, integrity and respect for the dignity of each person

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 10,351,160 including grants of $) (Revenue $ 10,351,160)

Promoting efficient governance and management, cooperative planning and the efficient use of resources by the supported organizations

4b (Code) (Expenses $ 805,500 including grants of $) (Revenue $ 805,500)

Supporting and strengthening the ministries of the Diocese of Rockville Centre and other ministries sponsored by the Roman Catholic Church

4c (Code) (Expenses $ 2,053,730 including grants of $) (Revenue $ 2,053,730)

Strategic Initiatives

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 13,210,390

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a 35			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			No
6	Does the organization have members or stockholders?	6		Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Catholic Health Services of Long Island
992 North Village Avenue
Rockville Centre, NY 11570
(631) 465-4102

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	6,159,673	0	1,202,798

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 6

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4 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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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

(A) Name and business address	(B) Description of services	(C) Compensation
TOWERS PERRIN PO BOX 8500 S-6110 PHILADELPHIA, PA 19178	CONSULTING	399,236
ISEMAN CUNNINGHAM RIESTER H 9 THURLOW TERRACE ALBANY, NY 12203	LEGAL	336,014
PARK STRATEGIES LLC 101 PARK AVENUE SUITE 2506 NEW YORK, NY 10178	CONSULTING	240,000
HEIDRICK & STRUGGLES 1133 PAYSHPERE CIRCLE CHICAGO, IL 60674	CONSULTING	235,501
PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK, NY 10036	LEGAL	117,413

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a	Federated campaigns . . 1a				
b	Membership dues 1b				
c	Fundraising events 1c				
d	Related organizations . . . 1d				
e	Government grants (contributions) 1e				
f	All other contributions, gifts, grants, and similar amounts not included above 1f				
g	Noncash contributions included in lines 1a-1f $				
h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue	Business Code				
2a	ASSESSMENT REVENUE 900,099	14,046,000	14,046,000		
b	OTHER REVENUE 900,099	82,048	82,048		
c					
d					
e					
f	All other program service revenue				
g	**Total.** Add lines 2a–2f . . . . . ▶	14,128,048			
3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	231,095			231,095
4	Income from investment of tax-exempt bond proceeds . . ▶				
5	Royalties . . . . . ▶				
	(i) Real / (ii) Personal				
6a	Gross Rents				
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss) . . . . . ▶				
	(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory				
b	Less cost or other basis and sales expenses				
c	Gain or (loss)				
d	Net gain or (loss) . . . . . ▶				
Other Revenue					
8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . a				
b	Less direct expenses . . . b				
c	Net income or (loss) from fundraising events . . ▶				
9a	Gross income from gaming activities See Part IV, line 19 . . . a				
b	Less direct expenses . . . b				
c	Net income or (loss) from gaming activities . . . ▶				
10a	Gross sales of inventory, less returns and allowances . a				
b	Less cost of goods sold . . b				
c	Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue / Business Code				
11a					
b					
c					
d	All other revenue				
e	**Total.** Add lines 11a–11d . . . . . ▶				
12	**Total revenue.** See Instructions . . . ▶	14,359,143	14,128,048	0	231,095

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,977,384	3,977,384		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,679,453	1,679,453		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,214,606	1,214,606		
9	Other employee benefits	311,642	311,642		
10	Payroll taxes	163,458	163,458		
11	Fees for services (non-employees)				
a	Management				
b	Legal	487,523	487,523		
c	Accounting	100,000	100,000		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,326,680	1,326,680		
12	Advertising and promotion	162,545	162,545		
13	Office expenses	16,162	16,162		
14	Information technology				
15	Royalties . .				
16	Occupancy	122,580		122,580	
17	Travel	65,327	65,327		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	429,937	429,937		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	215,000	215,000		
23	Insurance	85,044		85,044	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	LONG ISLAND HEALTH NETW	2,053,730	2,053,730		
b	CONTRIBUTIONS	805,500	805,500		
c	TELEPHONE/VOICE COMMUNI	28,995	28,995		
d	SUBSCRIPTIONS & PERIODI	14,480	14,480		
e	POSTAGE	9,087	9,087		
f	All other expenses	222,957	148,881	74,076	
25	**Total functional expenses.** Add lines 1 through 24f	13,492,090	13,210,390	281,700	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,213,335	1	6,439,828
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		163,029	9	403,976
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,329,081			
	b	Less accumulated depreciation	10b 1,825,738	661,006	10c	503,343
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		55,162,750	15	51,901,973
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		58,200,120	16	59,249,120
Liabilities	17	Accounts payable and accrued expenses		6,915,945	17	4,943,654
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		40,172,022	23	39,409,742
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		15,701,943	25	17,568,461
	26	**Total liabilities.** Add lines 17 through 25		62,789,910	26	61,921,857
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-4,746,077	27	-2,826,734
	28	Temporarily restricted net assets		156,287	28	153,997
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-4,589,790	33	-2,672,737
	34	Total liabilities and net assets/fund balances		58,200,120	34	59,249,120

Part XI Financial Statements and Reporting

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

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Catholic Health System of Long Island

Employer identification number
11-3403968

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document?		**(v)** Did you notify the organization in col (i) of your support?		**(vi)** Is the organization in col (i) organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
See Additional Data Table									
Total									0

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2008 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2008** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Catholic Health System of Long Island

Employer identification number
11-3403968

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		140,119	137,372	2,747
d Equipment		2,094,943	1,636,373	458,570
e Other		94,019	51,993	42,026
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				503,343

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
AR Other - Miscellaneous Receivables	15,025
Due from Related Organizations	36,237,867
Investment in RVC Insurance Company	2,250,000
Self Insurance - Malpractice Fund	5,539,778
Executive Retirement Asset	7,859,303
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	51,901,973

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Related Organizations	1,867,372
Due to Affiliates	11,344
Estimated Malpractice - Self Insurance Fund	7,826,507
Executive Retirement Liability	7,863,238
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	17,568,461

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Catholic Health System of Long Island

Employer identification number
11-3403968

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES HARDEN	(i)	1,107,888	550,000	1,552,780	495,672	29,078	3,735,418	1,532,192
	(ii)	0	0	0	0	0	0	0
JOEL YOHAI MD	(i)	519,650	180,000	225,670	172,813	16,658	1,114,791	153,348
	(ii)	0	0	0	0	0	0	0
JOSEPH CONTE	(i)	444,195	0	16,104	180,987	24,288	665,574	0
	(ii)	0	0	0	0	0	0	0
PATRICIA GAROFALO	(i)	404,609	120,000	16,868	172,195	7,769	721,441	0
	(ii)	0	0	0	0	0	0	0
JOSEPH LOIACONO	(i)	245,351	85,000	10,550	100,764	2,472	444,137	0
	(ii)	0	0	0	0	0	0	0
ESTATE OF TERENCE G DALY	(i)	650,571	0	30,437	0	102	681,110	631,250
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	ESTATE OF TERENCE G DALY $631,250 CHANGE OF CONTROL PAYMENT JAMES HARDEN $478,606 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN EXPENSE JOSEPH CONTE $151,187 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN EXPENSE JOEL YOHAI, MD $117,247 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN EXPENSE PATRICIA GAROFALO $133,129 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN EXPENSE JOSEPH LOIACONO $71,698 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN EXPENSE JAMES HARDEN $1,532,192 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT JOEL YOHAI, MD $153,348 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Catholic Health System of Long Island

Employer identification number
11-3403968

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CATHOLIC HEALTH SERVICES OF LONG ISLAND (CHSLI)IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED TO SERVE AS THE COORDINATING BODY OF AN INTEGRATED NETWORK OF PROVIDERS SERVING NASSAU AND SUFFOLK COUNTIES AND OFFERING A COMPREHENSIVE RANGE OF SERVICES TO PATIENTS, MANAGED CARE PLANS AND EMPLOYEES CHS IS SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE
Form 990, Part VI, Section A, line 7a		CATHOLIC HEALTH SERVICES OF LONG ISLAND (CHSLI)IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED TO SERVE AS THE COORDINATING BODY OF AN INTEGRATED NETWORK OF PROVIDERS SERVING NASSAU AND SUFFOLK COUNTIES AND OFFERING A COMPREHENSIVE RANGE OF SERVICES TO PATIENTS, MANAGED CARE PLANS AND EMPLOYEES CHS IS SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE
Form 990, Part VI, Section A, line 7b		CATHOLIC HEALTH SERVICES OF LONG ISLAND (CHSLI)IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED TO SERVE AS THE COORDINATING BODY OF AN INTEGRATED NETWORK OF PROVIDERS SERVING NASSAU AND SUFFOLK COUNTIES AND OFFERING A COMPREHENSIVE RANGE OF SERVICES TO PATIENTS, MANAGED CARE PLANS AND EMPLOYEES CHS IS SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE
Form 990, Part VI, Section B, line 11		THE FORM 990 AND APPROPRIATE SCHEDULES, AS REQUIRED (FORM 990), IS COMPLETED BY THE ACCOUNTING AND FINANCE STAFF OF THE ORGANIZATION AND REVIEWED INTERNALLY BY MANAGEMENT IT IS THEN REVIEWED BY OUTSIDE TAX ADVISORS AND ANY NECESSARY ASJUSTMENTS ARE MADE, AFTER WHICH TIME IT IS CONSIDERED A FINAL DRAFT THE FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE ORGANIZATIONS COMPLIANCE AND AUDIT COMMITTEE (THE COMMITTEE) OF THE BOARD OF TRUSTEES (THE BOARD), WHICH HAS BEEN DELEGATED THE DETAILED REVIEW FUNCTION BY THE BOARD ONCE THE COMMITTEES REVIEW IS COMPLETE, THE COMMITTEE RECOMMENDS THE APPROVAL OF THE FORM 990 TO THE BOARD (OF THE EXECUTIVE COMMITTEE OF THE BOARD, AS APPROPRIATE) THE FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD UPON APPROVAL BY THE BOARD (OR THE EXECUTIVE COMMITTEE OF THE BOARD, AS APPROPRIATE), THE ORGANIZATIONS BOARD CHAIR AND CHIEF EXECUTIVE OFFICER COMMUNICATES, IN WRITING TO THE CHS COMPLIANCE AND AUDIT COMMITTEE AND CHS BOARD CHAIR, SUCH APPROVAL, RECOMMENDS APPROVAL TO THE CHS BOARD, AND CERTIFIES THAT THE CHS BOARD APPROVED FORM 990 REVIEW PROCESS HAS BEEN FOLLOWED THE CHS COMPLIANCE AND AUDIT COMMITTEE REVIEWS THE ORGANIZATIONS CORRESPONDENCE REGARDING THE FORM 990 RECOMMENDED APPROVAL AND REVIEW PROCESS THE CHS COMPLIANCE AND AUDIT COMMITTEE IS PROVIDED WITH THE ORGANIZATIONS FORM 990 AND REVIEWS THE FORM TO THE EXTENT IT DEEMS APPROPRIATE IN THE LIGHT OF THE ORGANIZATIONAL CERTIFICATIONS AND OTHER FACTORS AS DETERMINED BY THE COMMITTEE UPON THE CHS COMPLIANCE AND AUDIT COMMITTEES REVIEW OF THE ORGANIZATIONS RECOMMENDED APPROVAL AND SATISFACTION OF THE FORM 990 REVIEW PROCESS, IT SHALL RECOMMEND THE APPROVAL OF THE FORM 990 TO THE CHS BOARD OF DIRECTORS (OR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, AS APPROPRIATE) THE CHS BOARD OF DIRECTORS (OR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, AS APPROPRIATE) REVIEWS THE CHS COMPLIANCE AND AUDIT COMMITTEES RECOMMENDATION AND PROVIDES THE FINAL APPROVAL OF THE FORM 990 THE FORM 990 IS THEN SUBMITTED TO THE INTERNAL REVENUE SERVICE
Form 990, Part VI, Section B, line 12c		REVIEW FOR POTENTIAL CONFLICTS OF INTEREST DISCLOSURE IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY (THE POLICY) BY BOARD AND BOARD COMMITTEE MEMBERS, EMPLOYEES AND OTHERS THAT SATISFY THE CRITERIA TO BE CONSIDERED AN INTERESTED PERSON IS SUBMITTED UPON HIRE OR APPOINTMENT AND ANNUALLY THEREAFTER SUCH INDIVIDUALS HAVE A CONTINUING OBLIGATION TO UPDATE THE INFORMATION PROVIDED DURING THE COURSE OF THE YEAR A SUMMARY OF DISCLOSURES IS PROVIDED TO THE ORGANIZATIONS COMPLIANCE AND AUDIT COMMITTEE BY THE ORGANIZATIONS COMPLIANCE OFFICER ALL DISCLOSURES ARE INVESTIGATED AND INFORMATION RELATED TO THE DISCLOSURE SHALL BE GATHERED AND SUMMARIZED AND INCLUDED WITH THE SUMMARY OF DISCLOSURES UPON REVIEW OF THE SUMMARY OF DISCLOSURES, THE ORGANIZATIONS COMPLIANCE AND AUDIT COMMITTEE SHALL REPORT ITS FINDINGS TO THE BOARD OF TRUSTEES FOR REVIEW THE BOARD SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS BASED ON THE CRITERIA CONTAINED IN THE POLICY IF THE BOARD OR BOARD COMMITTEE DETERMINES THAT NO CONFLICT EXISTS, THE MATTER SHALL BE REFFERED FOR REVIEW BY THE CHS COMPLIANCE AND AUDIT COMMITTEE BEFORE THE DETERMINATION BECOMES FINAL IF A CONFLICT OF INTEREST IS IDENTIFIED AND IF A MAJORITY OF THE BOARD OR BOARD COMMITTEE AGREES THAT THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF CHS AND WISHES TO GO FORTH WITH IT, THE CHAIR OF THE ORGANIZATIONS BOARD OF TRUSTEES SHALL PROVIDE A WRITTEN REQUEST TO THE CHAIR OF THE CHS COMPLIANCE AND AUDIT COMMITTEE, DELINEATING THE TRANSACTION AND CONFLICT AND PROVIDING REASONS WHY THE BOARD AGREES THAT THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF CHS, CERTIFIES THAT CHS CANNOT SECURE SIMILAR SERVICES FROM AN ORGANIZATION WITHOUT A CONFLICT, AND WISHES TO GO FORWARD WITH IT UPON RECEIPT OF THE WRITTEN REQUEST AND ANY SUPPORTING DOCUMENTS, THE CHS COMPLIANCE AND AUDIT COMMITTEE SHALL MAKE THE FINAL DECISION AS TO WHETHER CHS SHALL ENTER INTO THE TRANSACTION OR ARRANGEMENT
Form 990, Part VI, Section B, line 15		EXECUTIVE COMPENSATION POLICY THE EXECUTIVE COMPENSATION POLICY (THE POLICY) APPLIES TO THOSE WHO ARE DEFINED AS DISQUALIFIED PERSONS THE POLICY DEFINES A DISQUALIFIED PERSON AS A PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF CHS OR AN OPERATING ENTITY, AND IS EITHER A) A VOTING MEMBER OF THE BOARD OF DIRECTORS OR BOARD OF TRUSTEES, B) THE ENTITYS PRESIDENT, CHIEF EXECUTIVE OFFICER, AND CHIEF OPERATING OFFICERS OR PERSONS HOLDING EQUIVALENT POSITIONS, C) THE ENTITYS TREASURERS AND CHIEF FINANCIAL OFFICERS, D) THE PERSONS COMPENSATION IS PRIMARILY BASED ON REVENUES DERIVED FROM ACTIVITES OF CHS OR AN OPERATING ENTITY, OR OF A PARTICULAR DEPARTMENT OR FUNCTION OF CHS OR AN OPERATING ENTITY, THAT THE PERSON CONTROLS, E) THE PERSON HAS OR SHARES AUTHORITY TO CONTROL OR DETERMNE A SUBSTANTIAL PORTION OF CHS OR AN OPERATING ENTITYS CAPITAL EXPENDITURES, OPERATING BUDGET, OR COMPENSATION FOR OTHER EMPLOYEES, F) THE PERSON MANAGES A DEPARTMENT OR ACTIVITY OF CHS OR AN OPERATING ENTITY THAT REPRESENTS A SUBSTANTIAL PORTION OF THE ACTIVITIES, ASSETS, INCOME, OR EXPENSES OF CHS OR AN OPERATING ENTITY, COMPARED TO THE ORGANIZATION AS A WHOLE, G) FAMILY MEMBERS OF ANY OF THOSE DESCRIBED IN THE PRECEDING D, E, OR F THE CHIEF EXECUTIVE OFFICER SUBMITS FOR APROVAL TO THE CORPORATE CEO RECOMMENDATIONS FOR BASE SALARY ADJUSTMENTS AND INCENTIVE AWARDS FOR DISQUALIFIED PERSONS AS DEFINED IN THE POLICY ONCE APPROVED BY THE CORPORATE CEO, THESE RECOMMENDATIONS ARE SENT TO THE EXECUTIVE COMPENSATION COMMITTEE FOR REVIEW, AND THE COMMITTEE MAKES RECOMMENDATION TO THE BOARD OF TRUSTEES WITH RESPECT TO THE PROPOSED EXECUTIVE COMPENSATION THE BOARD HAS RETAINED AN INDEPENDENT COMPENSATION CONSULTANT TO APPLY ITS STANDARD METHODOLOGY FOR DETERMINATION OF APPROPRIATE EXECUTIVE COMPENSATION AND BENEFIT LEVELS FOR DISQUALIFIED PERSONS IT IS POLICY TO TARGET THE TOTAL COMPENSATION (BASE SALARY, INCENTIVE COMPENTSATION AND BENEFITS) OF DISQUALIFIED PERSONS AT THE MEDIAN OF THE DEFINED MARKETPLACE FOR SIMILARLY SITUATED EXECUTIVES IN CONSULTATION WITH AN INDEPENDENT COMPENSATION CONSULTANT IN A MANNER THAT COMPLIES WITH THE INTERMEDIATE SANCTION REGULATIONS AND OTHER FEDERAL AND STATE LAWS AND REGULATIONS THE BOARD REVIEWS BASE SALARIES FOR DISQUALIFIED PERSONS BASED UPON THE MEDIAN AMOUNTS (50TH PERCENTILE) PAID TO SIMILARLY SITUATED EXECUTIVES WITHIN THE RELEVANT MARKETPLACE, WITH POSSIBLE ADJUSTMENTS MADE FOR SPECIAL SKILL, EXPERIENCE, COMPETENCE AND PERFORMANCE, INCLUDING CONTRIBUTION TO THE SYSTEM AS A WHOLE INCENTIVE COMPENSATION IS BASED ON A PERCENTAGE OF THE BASE SALARY AND AWARDED ONLY IF A DISQUALIFIED PERSON MEETS OBJECTIVE PERFORMANCE CRITERIA THE COMPENSATION COMMITTEE SETS STANDARDS TO ENSURE THAT THE CRITERIA USED TO DETERMINE INCENTIVE COMPENSATION ARE SPECIFIC, OBJECTIVE, MEASURABLE AND RELATED TO INDICATORS OF PERFORMANCE, WHICH SHALL INCLUDE BOTH THE PERFORMANCE OF THE OPERATING ENTITY THAT EMPLOYS THE DISQUALIFIED PERSON AND THE PERFORMANCE OF THE CHS SYSTEM AS A WHOLE USING SUCH CRITERIA, THE CHS CEO SHALL RECOMMEND TO THE CHS EXECUTIVE COMPENSATION COMMITTEE INCENTIVE COMPENSATION FOR SYSTEM-LEVEL EXECUTIVES WHO ARE DISQUALIFIED PERSONS, AND THE CEO OF EACH OPERATING ENTITY SHALL RECOMMEND TO THE OPERATING ENTITY ECC INCENTIVE COMPENSATION FOR OPERATING ENTITY EXECUTIVES WHO ARE DISQUALIFIED PERSONS, IF APPROVED BY THE CHS CEO EXECUTIVES PARTICIPATE IN THE DIOCESAN PENSION PLAN AND OTHER BENEFIT PLANS AS APPROVED BY THE CHS CORPORATE BOARD OR CHS OPERATING ENTITY BOARD, AS THE CASE MAY BE
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS CERTIFICATE OF INCORPORATION FILED WITH THE NYS DEPARTMENT OF STATE, CONFLICT OF INTEREST POLICY IS NOT PUBLICLY AVAILABLE, FINANCIAL STATEMENTS ARE AVAILABLE AT DAC BOND
CONTROLLED GROUP ELECTION STATEMENT	ELECTION TO ALLOCATE BUSINESS ASSET EXPENSE	THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, AS DEFINED IN SECTION179(D)(7), HEREBY CONSENT TO THE APPORTIONMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2009 ELECTION TO ALLOCATE $40,000 ALTERNATIVE MINIMUM TAX EXEMPTION ---------- THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, (WITHIN THE MEANING OF SECTION 1563(A)), HEREBY CONSENT UNDER REGULATION 1 58-1(C)(3) TO THE APPORTIONMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2009 ELECTION TO ALLOCATE $150,000 ALTERNATIVE MINIMUM TAX PHASE-OUT ---------- THE UNDERSIGNED CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS (WITHIN THE MEANING OF SECTION 1563(A)), HEREBY CONSENT UNDER REGULATION 1 58-1(C)(3) TO THE APPORTIONMENT PLAN LISTED BELOW WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2009 EMPLOYER $125,000 AMT ALLOCATIONS ID NO ALLOCATION $40,000 $150,000 ---------- 11-3403968 NONE NONE NONE 11-3555766 NONE NONE NONE 14-1801961 NONE NONE NONE 11-2798383 NONE NONE NONE 11-1888924 NONE NONE NONE 11-2537396 NONE NONE NONE 11-2801136 NONE NONE NONE 11-3434776 NONE NONE NONE 11-2861698 NONE NONE NONE 11-2861690 NONE NONE NONE 11-3638367 NONE NONE NONE 11-1635088 NONE NONE NONE 11-2126736 NONE NONE NONE 11-3284066 NONE NONE NONE 11-2499790 NONE NONE NONE 11-2838185 125,000 40,000 150,000 11-3319259 NONE NONE NONE 11-2829946 NONE NONE NONE 06-1568934 NONE NONE NONE 06-1569102 NONE NONE NONE 06-1569129 NONE NONE NONE 11-3307977 NONE NONE NONE 06-1562701 NONE NONE NONE 11-1871039 NONE NONE NONE 11-3594561 NONE NONE NONE 11-2958438 NONE NONE NONE 11-2050523 NONE NONE NONE 11-2916033 NONE NONE NONE 11-3090867 NONE NONE NONE 11-2110488 NONE NONE NONE 11-2983148 NONE NONE NONE 11-2716640 NONE NONE NONE 11-3559713 NONE NONE NONE 41-2076312 NONE NONE NONE 77-0611240 NONE NONE NONE 20-8067039 NONE NONE NONE

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A		Reflected in Part VII, Section A, Line 1a are the estimated weekly hours (2 0) Directors contribute to this and all other related organizations, not necessarily equally but in the proportion necessary, for which they receive no compensation

Identifier	Return Reference	Explanation
		STATEMENT OF TAX BRACKET ALLOCATION The amounts in each taxable income bracket in the tax table in section 11(B) have been allocated to the corporations listed below pursuant to regulation 1 1561-3(A) The original copy of this statement is filed with the Internal Revenue Service Center in Ogden, Utah Authorization consent for allocation on behalf of member companies _____ Employer ID No $50,000 $25,000 $9,925,000 BRACKET BRACKET BRACKET 11-3403968 None None None 14-1801961 None None None 11-3594561 None None None 11-3555766 None None None 11-2798383 None None None 11-1888924 None None None 77-0611240 None None None 11-2537396 None None None 11-2958438 None None None 11-3434776 None None None 11-2861698 None None None 11-2861690 None None None 11-3638367 None None None 11-1635088 None None None 11-2126736 None None None 11-3284066 None None None 20-8067039 None None None 11-2499790 None None None 11-2838185 50,000 25,000 9,925,000 06-1568934 None None None 06-1569102 None None None 06-1569129 None None None 06-1562701 None None None 11-1871039 None None None 41-2076312 None None None 11-3613997 None None None 11-2050523 None None None 11-2916033 None None None 11-3090867 None None None 11-2110488 None None None 11-2983148 None None None 11-2716640 None None None 11-3559713 None None None EMPLOYER ID NO NAME, ADDRESS & TAX YEAR-END 11-3403968 CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAXABLE YEAR 1/1/09 12/31/09 14-1801961 CHS AMBULANCE SERVICES 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAXABLE YEAR 1/1/09 12/31/09 11-3555766 CHS SERVICES, INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAXABLE YEAR 1/1/09 12/31/09 11-2798383 FAIRVIEW HILL MANAGEMENT CORPORATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 1/1/09 12/31/09 11-1888924 GOOD SAMARITAN HOSPITAL MEDICAL CENTER 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 11-2537396 GOOD SAMARITAN HOSPITAL SELF INSURANCE AGAINST MALPRACTICE 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 6/1/09 5/31/10 11-2801136 HEALTHCARE TEMP SERVICES 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 1/1/09 12/31/09 11-2861698 MARYHAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 11-2861690 MARYHAVEN SCHOOL CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 11-3434776 MARYHAVEN TRANSPORTATION SERVICES 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 11-3638367 MARYHAVEN CENTER OF HOPE FOUNDATION 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 11-1635088 MERCY MEDICAL CENTER 1000 NORTH VILLAGE AVE ROCKVILLE CENTRE, NY 11570 TAXABLE YEAR 1/1/09 12/31/09 11-2126736 NURSING SISTERS HOME CARE, INC 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAXABLE YEAR 1/1/09 12/31/09 11-3284066 OUR LADY OF CONSOLATION GERIATRIC CARE CENTER 111 BEACH DRIVE WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 11-2499790 RIVERHEAD HOSTEL HOLDING CORPORTATION 51 TERRYVILLE ROAD PORT JEFFERESON STATION, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 11-2829946 SAMARITAN AT-HOME SERVICES, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 11-3319259 SAMARITAN HOME CARE AMERICA, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 11-2838185 SAMARITAN MANAGEMENT SERVICES, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 11-3594561 CHS HOME SUPPORT SERVICES, INC 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAXABLE YEAR 1/1/09 12/31/09 06-1568934 SIENA MEDICAL REALTY, LLC 50 ROUTE 25A SMITHTOWN, NY 11787 TAXABLE YEAR 1/1/09 12/31/09 06-1569102 SIENA RETIREMENT REALTY LLC 50 ROUTE 25A SMITHTOWN, NY 11787 TAXABLE YEAR 1/1/09 12/31/09 06-1569129 SIENA VILLAGE 50 ROUTE 25A SMITHTOWN, NY 11787 TAXABLE YEAR 1/1/09 12/31/09 11-3307977 SOUTH SHORE PRACTICE MANAGEMENT SERVICES, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 06-1562701 ST CATHERINE OF SIENA MEDICAL CENTER 50 ROUTE 25A SMITHTOWN, NY 11787 TAXABLE YEAR 1/1/09 12/31/09 11-2958438 GOOD SHEPHERD HOSPICE 4747-20 NESCONSET HIGHWAY PORT JEFFERSON, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 11-1871039 ST CHARLES HOSPITAL AND REHABILITATION CENTER 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 1/1/09 12/31/09 11-2050523 ST FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAXABLE YEAR 1/1/09 12/31/09 11-2916033 ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAXABLE YEAR 1/1/09 - 12/31/09 11-2916033 ST FRANCIS RESEARCH & EDUCATIONAL CORPORATION NORTHERN BLVD OLD BROOKVILLE, NY 11545 TAXABLE YEAR 1/1/09 12/31/09 11-2110488 SUFFOLK HEARING & SPEECH 369 EAST MAIN STREET EAST ISLIP, NY 11730 TAXABLE YEAR 1/1/09 12/31/09 11-2716640 THE SAMARITAN CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAXABLE YEAR 1/1/09 12/31/09 11-2983148 THE ST CHARLES CORPORATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 1/1/09 12/31/09 11-3559713 WISDOM GARDENS HOUSING DEVELOPMENT CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAXABLE YEAR 1/1/09 12/31/09 41-2076312 ST CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAXABLE YEAR 1/1/09 12/31/09 77-0611240 GOOD SAMARITAN HOSPITAL FOUNDATION 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAXABLE YEAR 1/1/09 12/31/09 20-8067039 RVC INSURANCE COMPANY, INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAXABLE YEAR 1/1/09 12/31/09

Schedule R, part IV Regarding the consolidation of Professional Corporations Good Samaritan Hospital Medical Center, following direction from the Board, has deemed it appropriate to include in the Form 990 existing captive professional corporations Although not a requirement, the Board has determined for transparency the following be reflected in Schedule R Part IV Cardiac EKG Interpretation, P C , Samaritan Pediatric Services, P C , Samaritan Emergency Medical Services, P C , Samaritan Medical, P C , Long Island Regional Arthritis & Osteoporosis Care, P C , Southwest Suffolk Medical, P C and Radiology Consultants of Long Island Radiology, PLLC (together the PCs) Contractual arrangements between the P C s and Good Samaritan are such that the P C s are captive organizations, in which a nominee shareholder appointed by Good Samaritan is the majority owner of each P C This established an other-than-temporary controlling financial interest in each P C Although the stock is owned by the physician, the beneficial owner is Good Samaritan Therefore, for purposes of transparency, the PCs are included within related organizations on Schedule R Part IV FORM 990, PART I, LINE 8 AND 9 In 2009, the Organization determined showing revenue as Program Service Revenue compared to Contributions and Grants, as was done in prior years, is more indicative of the operating nature of the revenue as it is directly related to the Organizations function

Identifier	Return Reference	Explanation
	Controlled group	Election to allocate business asset expense The undersigned corporations, component members of a controlled group of corporations, as defined in section 179(D)(7), hereby consent to the apportionment plan listed below with respect to the taxable year of each corporation which includes December 31, 2009 Election to allocate $40,000 alternative minimum tax exemption The undersigned corporations, component members of a controlled group of corporations, (within the meaning of section 1563(A)), hereby consent under regulation 1 58-1(C)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes December 31, 2009 Election to allocate $150,000 alternative minimum tax phase-out The undersigned corporations, component members of a controlled group of corporations (within the meaning of section 1563(A)), hereby consent under regulation 1 58-1(C)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes December 31, 2009 Employer ID $128,000 $40,000 $150,000 allocation allocation allocation 11-3403968 None None None 14-1801961 None None None 11-3594561 None None None 11-3555766 None None None 11-2798383 None None None 11-1888924 None None None 77-0611240 None None None 11-2537396 None None None 11-2958438 None None None 11-3434776 None None None 11-2861698 None None None 11-2861690 None None None 11-3638367 None None None 11-1635088 None None None 11-2126736 None None None 11-3284066 None None NOne 20-8067039 None None None 11-2499790 None None None 11-2838185 128,000 40,000 150,000 06-1568934 None None None 06-1569102 None None None 06-1569129 None None None 06-1562701 None None None 11-1871039 None None None 41-2076312 None None None 11-3613997 None None None 11-2050523 None None None 11-2916033 None None None 11-3090867 None None None 11-2110488 None None None 11-2983148 None None None 11-2716640 None None None 11-3559713 None None None EMPLOYER NAME,ADDRESS & SIGNATURE & TITLE ID NO TAX YEAR END OF OFFICER 11-3403968 CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/09 11-3555766 CHS SERVICES 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/09 14-1801961 CHS AMBULANCE SERVICES 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/09 11-2798383 FAIRVIEW HILL MANAGEMENT CORP 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/09 11-1888924 GOOD SAMARITAN HOSPITAL MEDICAL CENTER 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/09 11-2537396 GOOD SAMARITAN HOSPITAL SELF INSURANCE AGAINST MALPRACTICE 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 5/31/09 11-2801136 HEALTHCARE TEMP SERVICES 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/09 11-3434776 MARYHAVEN TRANSPORTATION SERVICES 51 TERRYVILLE ROAD PORT JEFFERSON, NY 11776 TAX YEAR END 12/31/09 11-2861698 MARYHAVEN CENTER OF HOPE 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SERVICES, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/09 06-1568934 SIENA MEDICAL REALTY, LLC 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/09 06-1569102 SIENA RETIREMENT REALTY LLP 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/09 06-1569129 SIENA VILLAGE 50 ROUTE 25A SMITHTOWN, NY 11787 TAX YEAR END 12/31/09 11-3307977 SOUTH SHORE PRACTICE MANAGEMENT SERVICES, INC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 TAX YEAR END 12/31/09 06-1562701 ST CATHERINE OF SIENA MEDICAL CENTER 50 ROUTE 25A SMITHTOWN, NY TAX YEAR END 12/31/09 11-1871039 ST CHARLES HOSPITAL AND REHABILITATION CENTER 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/09 11-3594561 CHS HOME SUPPORT SERVICES, INC 245 OLD COUNTRY ROAD MELVILLE, NY 11747 TAX YEAR END 12/31/09 11-2050523 ST FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAX YEAR END 12/31/09 11-2916033 ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 TAX YEAR END 12/31/09 11-3090867 ST FRANCIS RESEARCH & EDUCATIONAL CORP NORTHERN BLVD OLD BROOKVILLE, NY 11545 TAX YEAR END 12/31/09 11-2110488 SUFFOLK HEARING & SPEECH 369 EAST MAIN STREET EAST ISLIP, NY 11730 TAX YEAR END 12/31/09 11-2983148 THE ST CHARLES CORPORATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/09 11-271664 THE SAMARITAN CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/09 11-3559713 WISDOM GARDENS HOUSING DEVELOPMENT CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 TAX YEAR END 12/31/09 11-2958438 GOOD SHEPHERD HOSPICE 4747-20 NESCONSET HIGHWAY PORT JEFFERSON, NY 11776 TAX YEAR END 12/31/09 41-2076312 ST CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 TAX YEAR END 12/31/09 77-0611240 GOOD SAMARITAN HOSPITAL FOUNDATION 1000 MONTAUK HIGHWAY WEST ISLIP, 11795 TAX YEAR END 12/31/09 20-8067039 RVC INSURANCE COMP 992 NORTH VILLAGE AVE ROCKVILLE CENTRE, NY 11570 TAX YEAR END 12/31/09

Core 990 Part VI section B question 14 Document retention policy As of December 31,2009 Catholic Health Systems of Long Island did not have a written document destruction policy but informally followed those of the entities it supports Management has concluded it is preferable to have a written policy of its own and one will be in place for the year ending December 31,2010

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Catholic Health System of Long Island

Employer identification number
11-3403968

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

See Additional Data Table

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 11-3403968
Name: Catholic Health System of Long Island

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 501(c)(3))	(f) Direct Controlling Entity
CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 11-3403968	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	N/A
CHS SERVICES INC 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 11-3555766	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	CHSLI
CHS AMBULANCE SERVICES 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 14-1801961	AMBULANCE SERVICE	NY	501 (C) 3	Line 9	CHSLI
GOOD SAMARITAN HOSPITAL MEDICAL CENTER 1000 MONTAUK HIGHWAY WEST ISLIP, NY11795 11-1888924	HOSPITAL	NY	501 (C) 3	Line 3	CHSLI
GOOD SAMARITAN HOSPITAL SELF INSURANCE 1000 MONTAUK HIGHWAY WEST ISLIP, NY11795 11-2537396	SELF INSURANCE	NY	501 (C) 3	Line 11a, I	CHSLI
MARYHAVEN SCHOOL CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON, NY11776 11-2861690	TRAINING	NY	501 (C) 3	Line 9	MCH
MARYHAVEN CENTER OF HOPE 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY11776 11-2861698	SERVICES	NY	501 (C) 3	Line 9	CHSLI
MARYHAVEN TRANSPORTATION SERVICE 51 TERRYVILLE ROAD PORT JEFFERSON, NY11776 11-3434776	TRANSPORT	NY	501 (C) 3	Line 9	MCH
MARYHAVEN CENTER OF HOPE FOUNDATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY11776 11-3638367	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	MCH
MERCY MEDICAL CENTER 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 11-1635088	HOSPITAL	NY	501 (C) 3	Line 3	CHSLI
MERCY MEDICAL CENTER FOUNDATION 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 55-0813603	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	MMC
CATHOLIC HOME CARE 1150 PORTION ROAD SUITE 1 HOLTSVILLE, NY11742 11-2126736	HOME CARE	NY	501 (C) 3	Line 9	CHSLI
OUR LADY OF CONSOLATION 111 BEACH DRIVE WEST ISLIP, NY11795 11-3284066	LT NURSING	NY	501 (C) 3	Line 3	CHSLI
RIVERHEAD HOSTEL HOLDINGS CORPORATION 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY11776 11-2499790	HOUSING	NY	501 (C) 3	Line 9	MCH
SIENA VILLAGE 50 ROUTE 25A SMITHTOWN, NY11787 06-1569129	SR HOUSING	NY	501 (C) 3	Line 9	SCSMC
ST CATHERINE OF SIENA MEDICAL CENTER 50 ROUTE 25A SMITHTOWN, NY11787 06-1562701	HOSPITAL	NY	501 (C) 3	Line 3	CHSLI
ST CATHERINE OF SIENA FOUNDATION 50 ROUTE 25A SMITHTOWN, NY11787 27-1459941	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	SCSMC
GOOD SHEPHERD HOSPICE 4747-20 NESCONSET HIGHWAY PORT JEFFERSON, NY11777 11-2958438	HOSPICE	NY	501 (C) 3	Line 9	CHSLI
ST CHARLES HOSPITAL 200 BELLE TERRE ROAD PORT JEFFERSON, NY11777 11-1871039	HOSPITAL	NY	501 (C) 3	Line 3	CHSLI
ST CHARLES HOSPITAL FOUNDATION 200 BELLE TERRE ROAD PORT JEFFERSON, NY11777 41-2076312	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	SCH
ST FRANCIS HOSPITAL 100 PORT WASHINGTON BOULEVARD ROSLYN, NY11576 11-2050523	HOSPITAL	NY	501 (C) 3	Line 3	CHSLI
ST FRANCIS HOSPITAL FOUNDATION 100 PORT WASHINGTON BOULEVARD ROSLYN, NY11576 11-2916033	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	SFH
ST FRANCIS RESEARCH & EDUCATIONAL CORPORATION NORTHERN BOULEVARD OLD BROOKVILLE, NY11545 11-3090867	RESEARCH	NY	501 (C) 3	Line 9	SFH
THE SAMARITAN CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 11-2716640	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	CHSLI
THE ST CHARLES CORPORATION 201 BELLE TERRE ROAD PORT JEFFERSON, NY11777 11-2983148	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	CHSLI
ST FRANCIS-MERCY CORPORATION 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 11-1635088	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	CHSLI
WISDOM GARDENS HOUSING DEVELOPMENT 1010 ROUTE 112 PORT JEFFERSON STATION, NY11776 11-3559713	HOUSING	NY	501 (C) 3	Line 9	MCH
CHS HOME SUPPORT SERVICES INC 15 POWER DRIVE HAUPPAUGE, NY11788 11-3594561	HOME SERVICES	NY	501 (C) 3	Line 9	NSHC
GOOD SAMARITAN HOSPITAL FOUNDATION 1000 MONTAUK HIGHWAY WEST ISLIP, NY11795 77-0611240		NY	501 (C) 3	Line 11a, I	GSH
SUFFOLK HEARING & SPEECH CENTER INC 369 EAST MAIN STREET EAST ISLIP, NY11730 11-2110488		NY	501 (C) 3	Line 3	GSH

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 501(c)(3))	(f) Direct Controlling Entity
CHS HOMECARE FOUNDATION 1150 PORTION ROAD SUITE 1 HOLTSVILLE, NY11742	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	NSHC
GOOD SHEPHERD HOSPICE FOUNDATION 245 OLD COUNTRY ROAD MELVILLE, NY11747 26-3169427	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	GS
OUR LADY OF CONSOLATION FOUNDATION 111 BEACH DRIVE WEST ISLIP, NY11795 45-0517566	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 11a, I	OLC
RVC SUPPORT 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY11570 27-1531084	SUPPORT ORGANIZATION	NY	501 (C) 3	Line 3	CHSLI
ST FRANCIS CARDIOVASCULAR PHYSICIANS 61-34 188TH STREET SUITE 214 FRESH MEADOWS, NY11365 11-3613997		NY	501(c)(3)	Line 3	SFH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Fairview Hill Management Corp 200 Belle Terre Rd Port Jefferson, NY11777 11-2798383	services	NY	st charles corp	C		85,066	
samaritan medical services inc 1000 Montauk Hwy West islip, NY11795 20-8243142	health services	NY	Good samaritan hospital	C	-2,973,286	3,427,443	
rvc insurance compnay 992 north village avenue rockville centre, NY11570 20-8067039	insurance	NY	CHSLI	C	-2,451,946	37,733,552	
Radiology Consulting Of Long Island PLLC 1000 Montauk Hwy west islip, NY11795 42-1646134	health services	NY	good samaritan hospital	C	-6,775,230	8,342,408	
Samaritan Emergency Medical Services pc 1000 Montauk Hwy west islip, NY11795 20-8243412	health services	NY	good samaritan hospital	C	2,006,386	4,751,468	
samaritan Pediatric Services PC 1000 Montauk Hwy west islip, NY11795 20-8180263	health services	NY	good samaritan hospital	C	-3,426,501	1,288,887	
southwest suffolk medical PC 1000 Montauk Hwy west islip, NY11795 06-1603195	health services	NY	good samaritan hospital	C	-2,113,969	1,748,990	
cardiac ekg intrepretation pc 1000 Montauk Hwy west islip, NY11795 11-2924518	health services	NY	good samaritan hospital	C	-155,639	3,460,790	
Long Island Regional Arthritis and Osteoporosis Care PC 1000 Montauk Hwy West islip, NY11795 20-8964140	Health services	NY	good samaritan hospital	C	59,478	995,319	
Samaritan Management Services Inc 1000 Montauk Hwy west islip, NY11795 11-2838185	Health services	NY	CHSLI	C	-1,421,566	361,019	
advanced rehabilitation medicine PLLC 200 Belle Terre Rd Port Jefferson, NY11795 11-3640709	Health services	NY	St Charles Hospital	C	1,220,741	93,513	
St Francis Cardiac Prevention Services PC 100 Port Washington Blvd Roslyn, NY11576 11-3224885	Health services	NY	St Francis Hospital	C	-881,979	344,008	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	GOOD SAMARITAN HOSPITAL MEDICAL CENTER	K	-612,325
(2)	GOOD SAMARITAN HOSPITAL NURSING HOME	K	-2,784
(3)	OUR LADY OF CONSOLATION	K	-1,708,768
(4)	CHS SERVICES INC	K	-3,547,094
(5)	MERCY MEDICAL CENTER	K	195,672
(6)	MARYHAVEN CENTER OF HOPE	K	-29,646
(7)	SAMARITAN HOME INFUSION SERVCHS HOME SUPPORT	K	34,168
(8)	GOOD SHEPHERD HOSPICE		-8,388
(9)	CATHOLIC HOME CARE AND HOSPICE	K	137,723
(10)	CHS AMBULANCE SERVICES INC	R	-122,978
(11)	ST CHARLES HOSPITAL	K	237,296
(12)	ST CATHERINE OF SIENA MEDICAL CENTER	K	119,437
(13)	SIENA MEDICAL REALTY	K	9,546
(14)	SIENA VILLAGE	K	425
(15)	ST CATHERINE OF SIENA NURSING HOME	K	20,714
(16)	ST FRANCIS HOSPITAL	K	1,693,350
(17)	GOOD SAMARITAN FOUNDATION	K	1,488

Additional Data

Software ID:
Software Version:
EIN: 11-3403968
Name: Catholic Health System of Long Island

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	111888924	3		No	Yes		Yes		0
MERCY MEDICAL CENTER	111635088	3		No	Yes		Yes		0
ST CHARLES HOSPITAL	111871039	3		No	Yes		Yes		0
ST FRANCIS HOSPITAL	112050523	3		No	Yes		Yes		0
CHS AMBULANCE SERVICES INC	141081961	9		No	Yes		Yes		0
ST CATHERINE OF SIENA MEDICAL CENTER	061562701	3		No	Yes		Yes		0
OUR LADY OF CONSOLATION GERIATRIC CARE CENTER	113284066	3		No	Yes		Yes		0
MARYHAVEN CENTER OF HOPE	112861698	9		No	Yes		Yes		0
MARYHAVEN TRANSPORTATION SERVICES	113434776	9		No	Yes		Yes		0
MARYHAVEN SCHOOL CORPORATION	112861690	9		No	Yes		Yes		0
RIVERHEAD HOSTEL HOLDINGS CORPORATION	112499790	9		No	Yes		Yes		0
SIENA MEDICAL REALTY LLC	061568934	9		No	Yes		Yes		0
SIENA RETIREMENT REALTY LLC	061569102	9		No	Yes		Yes		0
SIENA VILLAGE	061569129	9		No	Yes		Yes		0
ST FRANCIS HOSPITAL RESEARCH & EDUCATIONAL CORPORATION	113090867	9		No	Yes		Yes		0
SUFFOLK HEARING & SPEECH CENTER INC	112110488	9		No	Yes		Yes		0
ST CHARLES CORPORATION	112983148	7		No	Yes		Yes		0
THE SAMARITAN CORPORATION	112716640	9		No	Yes		Yes		0
WISDOM GARDENS HOUSING DEVELOPMENT FUND INC	113559713	9		No	Yes		Yes		0
GOOD SHEPHERD HOSPICE	112958438	9		No	Yes		Yes		0
GOOD SAMARITAN NURSING HOME	111888924	3		No	Yes		Yes		0
ST CATHERINE OF SIENA NURSING HOME	061562701	3		No	Yes		Yes		0
THE CENTER OF HOPE FOUNDATION	113638367	9		No	Yes		Yes		0
GOOD SAMARITAN HOSPITAL FOUNDATION	770611240	9		No	Yes		Yes		0
ST CHARLES HOSPITAL FOUNDATION	412076312	9		No	Yes		Yes		0
ST FRANCIS HOSPITAL FOUNDATION	112916033	9		No	Yes		Yes		0
CATHOLIC HOME CARE	112126736	9		No	Yes		Yes		0
CHS HOME SUPPORT SERVICES	113594561	9		No	Yes		Yes		0
CHS SERVICESINC	113555766	9		No	Yes		Yes		0
SAMARITAN MANAGEMENT SERVICES INC	112838185	3		No	Yes		Yes		0
SOUTH SHORE PRACTICE MANAGEMENT SERVICES	113307977	9		No	Yes		Yes		0
GOOD SAMARITAN SELF INSURANCE AGAINST MALPRACTICE	112537396	9		No	Yes		Yes		0
RVC INSURANCE COMPANYINC	208067039	9		No	Yes		Yes		0
ADVANCED REHABILITATION MEDICINE PLLC	113640709	3		No	Yes		Yes		0
CARDIAC EKG INTERPRETATIONS PC	112924518	3		No	Yes		Yes		0
LONG ISLAND REGIONAL ARTHRITIS & OSTEOPOROSIS CARE PC	208964140	3		No	Yes		Yes		0
RADIOLOGY CONSULTANTS OF LONG ISLAND PLLC	421646134	9		No	Yes		Yes		0
SAMARITAN EMERGENCY MEDICAL SERVICES PC	208243412	9		No	Yes		Yes		0
SAMARITAN MEDICAL SERVICES PC	208088453	9		No	Yes		Yes		0
SAMARITAN PEDIATRIC SERVICES PC	208180263	3		No	Yes		Yes		0
SOUTHWEST SUFFOLK MEDICAL PC	061603195	3		No	Yes		Yes		0
ST FRANCIS CARDIAC PREVENTION SERVICES PC	113224885	3		No	Yes		Yes		0
ST FRANCIS CARDIOVASCULAR PHYSICIANS PC	113613997	3		No	Yes		Yes		0
FAIRVIEW MANAGEMENT COMPANY	112798383	9		No	Yes		Yes		0
GOOD SHEPHERD HOSPICE FOUNDATION	263169427	9		No	Yes		Yes		0
HEALTHCARE TEMP SERVICES INC	112801136	9		No	Yes		Yes		0
MERCY MEDICAL CENTER FOUNDATION	550813603	9		No	Yes		Yes		0
RVC SUPPORT	271531084	9		No	Yes		Yes		0
SAMARITAN AT HOME SERVICES INC	112829946	9		No	Yes		Yes		0
SAMARITAN HOME CARE AMERICA	113319259	9		No	Yes		Yes		0
ST CATHERINE OF SIENA MEDICAL CENTER FOUNDATION	271459941	9		No	Yes		Yes		0
ST FRANCIS-MERCY CORPORATION	111635088	9		No	Yes		Yes		0
Our LADY OF CONSOLATION Foundation	450517566	9		No	Yes		Yes		0

Additional Data

Software ID:
Software Version:
EIN: 11-3403968
Name: Catholic Health System of Long Island

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES HARDEN PRESIDENT & CEO	50 00	X		X				3,210,668	0	524,750
RICHARD SULLIVAN JR CHAIR	2 00	X		X				0	0	0
LIONEL BARRAU MD TRUSTEE	2 00	X						0	0	0
REV MSGR ROBERT BRENNAN TRUSTEE	2 00	X						0	0	0
SISTER ELAINE CALLAHAN VICE CHAIR	2 00	X		X				0	0	0
THOMAS CHRISTMAN TREASURER	2 00	X		X				0	0	0
THOMAS DOWLING MD TRUSTEE	2 00	X						0	0	0
SISTER BERNADETTE DOWNES TRUSTEE	2 00	X						0	0	0
SISTER AUDREY HARSEN TRUSTEE	2 00	X						0	0	0
SISTER MARGARET JOHN KEL TRUSTEE	2 00	X						0	0	0
RICHARD MEYER TRUSTEE	2 00	X						0	0	0
EUGENE MURPHY SECRETARY	2 00	X		X				0	0	0
PATRICIA NAZEMETZ TRUSTEE	2 00	X						0	0	0
JOSEPH TANTILLO TRUSTEE	2 00	X						0	0	0
JOEL YOHAI MD SR VP MEDICAL AFFAIRS &	50 00					X		925,320	0	189,471
JOSEPH CONTE EXEC VP CORPORATE SERVIC	50 00					X		460,299	0	205,275
PATRICIA GAROFALO SR VP & GENERAL COUNSEL	50 00					X		541,477	0	179,964
JOSEPH LOIACONO VP PROGRAM DEVELOPMENT	50 00					X		340,901	0	103,236
ESTATE OF TERENCE G DAL SR VP FINANCE & CFO							X	681,008	0	102

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
LONG ISLAND HEALTH NETW	2,053,730	2,053,730		
CONTRIBUTIONS	805,500	805,500		
TELEPHONE/VOICE COMMUNI	28,995	28,995		
SUBSCRIPTIONS & PERIODI	14,480	14,480		
POSTAGE	9,087	9,087		