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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

C Name of organization
NORTH SHORE-LONG ISLAND JEWISH
HEALTH SYSTEM FOUNDATION
% NORTH SHORE-LIJ HEALTH SYSTE

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
972 BRUSH HOLLOW ROAD 5TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
WESTBURY, NY 11590

D Employer identification number
11-2965575

E Telephone number
(516)465-8339

G Gross receipts $ 166,779,217

F Name and address of principal officer
MICHAEL J DOWLING
145 COMMUNITY DRIVE
GREAT NECK, NY 11021

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

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

H(c) Group exemption number ▶

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

J Website: ▶ NORTHSHORELIJ COM

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

L Year of formation 1988

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDATION'S MISSION IS TO SOLICIT, RECEIVE AND ADMINISTER FUNDS TO BE USED FOR MAJOR MODERNIZATION AND OTHER HEALTH CARE RELATED SERVICES FOR THE SYSTEM

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	118
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	108
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	79
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total 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**	

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	62,765,761	66,507,341
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,315,457	2,628,737
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,831,414	-1,245,537
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,249,804	67,890,541
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	68,135,697	55,143,891
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)	10,752,456	10,883,710
16a	Professional fundraising fees (Part IX, column (A), line 11e)	106,400	70,179
b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,338,099		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,733,189	5,886,153
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	81,727,742	71,983,933
19	Revenue less expenses Subtract line 18 from line 12	-18,477,938	-4,093,392

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	238,392,976	234,949,461
21	Total liabilities (Part X, line 26)	11,718,359	11,072,587
22	Net assets or fund balances Subtract line 21 from line 20	226,674,617	223,876,874

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2015-10-30 Date

▶ ROBERT S SHAPIRO EXEC VP & CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

NORTH SHORE LIJ HEALTH SYSTEM FOUNDATION INC IS DEDICATED TOWARD HELPING DONORS, PATIENTS, AND LEADERS LINK THEIR VISION AND PHILANTHROPIC SUPPORT TOWARD HELPING THE UNDERSERVED AND UNINSURED, ADVANCING THE LATEST FRONTIERS IN MEDICAL TECHNOLOGY AND RESEARCH, OR PROVIDING CRITICAL FINANCIAL SUPPORT FOR NEW FACILITIES AND PROGRAMS WITHIN THE NORTH SHORE LIJ HEALTH SYSTEM

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 55,143,891 including grants of $ 55,143,891) (Revenue $ 66,507,341)

The Foundation raises funds for the expansion, modernization, and medical care for the affiliated health care organizations within the North Shore-Long Island Jewish Health System

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 55,143,891

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	62		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	20		
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	79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	118		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	108		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ NORTH SHORE-LIJ HEALTH SYSTE
972 BRUSH HOLLOW ROAD
WESTBURY, NY 11590 (516) 876-6061

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,571,158	13,438,836	1,394,224

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 19

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SHADOWBOX DESIGN MANAGEMENT, 1 D ENTERPRISE PLACE HICKSVILLE, NY 11801	GRAPHIC DESIGNER	265,362
MCVICKER HIGGINBOTHAM INC, 43 34 32ND PLACE LONG ISLAND CITY, NY 11101	DIRECT MARKETING	224,265
CREST HOLLOW COUNTRY CLUB, 8325 JERICHO TPKE WOODBURY, NY 11797	CATERING	146,385
PENTERA INC, 8650 COMMERCE PARK PLACE INDIANAPOLIS, IN 46268	MARKETING CONSULTING	121,880

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	4,639,486			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	61,867,855			
	g	Noncash contributions included in lines 1a-1f $		1,050,855			
	h	**Total.** Add lines 1a-1f . . . . . ▶		66,507,341			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		0			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		995,811			995,811
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	21,750					
	b	Less rental expenses						
	c	Rental income or (loss)	21,750	0				
	d	Net rental income or (loss) . . . . . ▶			21,750			

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	97,902,993				
	b	Less cost or other basis and sales expenses	96,270,067				
	c	Gain or (loss)	1,632,926				
	d	Net gain or (loss) . . . . . ▶			1,632,926		
Other Revenue	8a	Gross income from fundraising events (not including $ 4,639,486 of contributions reported on line 1c) See Part IV, line 18 . .	a	1,351,322			
	b	Less direct expenses . . .	b	2,618,609			
	c	Net income or (loss) from fundraising events . . ▶			-1,267,287		
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶			0		
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶			0		

	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . ▶		0			
12	**Total revenue.** See Instructions . . . . . ▶		67,890,541			995,811

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	55,143,891	55,143,891		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,443,133		431,092	1,012,041
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,436,863		2,221,536	5,215,327
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	426,926		127,531	299,395
9 Other employee benefits	1,113,945		332,757	781,188
10 Payroll taxes	462,843		138,260	324,583
11 Fees for services (non-employees)				
a Management	376,701		112,528	264,173
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	70,179			70,179
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	234,864		70,158	164,706
12 Advertising and promotion	20,977		6,266	14,711
13 Office expenses	1,022,511		305,444	717,067
14 Information technology	0			
15 Royalties	0			
16 Occupancy	279,597		83,521	196,076
17 Travel	196,659		58,746	137,913
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	441,372		131,846	309,526
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	141,286		141,286	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBCRIPTIONS	109,837		32,810	77,027
b OTHER PURCHASED SERVICES	1,497,193		447,241	1,049,952
c CENTRALIZED ADMIN EXP	560,943		560,943	
d OTHER EXPENSES	1,004,213		299,978	704,235
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	71,983,933	55,143,891	5,501,943	11,338,099
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		22,664,858	2	16,780,020
	3	Pledges and grants receivable, net		145,552,476	3	135,670,111
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	136,667
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,137,012			
	b	Less accumulated depreciation	10b 764,953	1,424,408	10c	1,372,059
	11	Investments—publicly traded securities		68,518,630	11	80,953,088
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		232,604	15	37,516
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		238,392,976	16	234,949,461
Liabilities	17	Accounts payable and accrued expenses		1,556,284	17	1,731,174
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,162,075	25	9,341,413
	26	**Total liabilities.** Add lines 17 through 25		11,718,359	26	11,072,587
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		16,180,445	27	10,410,174
	28	Temporarily restricted net assets		155,045,650	28	157,265,333
	29	Permanently restricted net assets		55,448,522	29	56,201,367
		Organizations that do not follow SFAS 117 (ASC 958), 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		226,674,617	33	223,876,874
	34	Total liabilities and net assets/fund balances		238,392,976	34	234,949,461

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,890,541
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,983,933
3	Revenue less expenses Subtract line 2 from line 1	3	-4,093,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	226,674,617
5	Net unrealized gains (losses) on investments	5	-792,097
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,087,746
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	223,876,874

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 11-2965575

Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL J DOWLING PRESIDENT & CEO	0 0 50 0	X						0	9,627,815	477,742
(1) RALPH NAPPI EV CHAIR	50 0 0 0	X		X				857,296	0	43,700
(2) RICHARD D GOLDSTEIN SR VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(3) WILLIAM L MACK CO-CHAIRMAN	0 0 3 0	X		X				0	0	0
(4) ALAN I GREENE TREASURER	0 0 2 0	X		X				0	0	0
(5) DONALD ZUCKER SR VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(6) ROBERT D ROSENTHAL VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(7) ROGER A BLUMENCRANZ SECRETARY	0 0 2 0	X		X				0	0	0
(8) ROY J ZUCKERBERG SR VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(9) LLOYD M GOLDMAN VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(10) BARRY RUBENSTEIN VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(11) KEVIN F LAWLOR TRUSTEE & PRES/CEO HUNT HOSP	0 0 50 0	X						0	700,935	43,700
(12) NON-COMPENSATED TRUSTEES SEE SCHEDULE O	0 0 2 0	X						0	0	0
(13) SAUL KATZ SR VICE CHAIRMAN	0 0 2 0	X		X				0	0	0
(14) MARK CLASTER CO-CHAIRMAN	0 0 3 0	X		X				0	0	0
(15) ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER	0 0 50 0			X				0	1,193,192	294,070
(16) HARRY GINDI ASSISTANT SECRETARY	0 0 50 0			X				0	313,880	43,700
(17) LAURA PEABODY SVP, CHIEF LEGAL COUNSEL	0 0 50 0			X				0	919,339	185,412
(18) ANDREW SCHULZ SVP, GENERAL COUNSEL	0 0 50 0			X				0	683,675	43,700
(19) BRIAN LALLY SVP, CHF DEVELOPMENT OFFICER	50 0 0 0			X				585,837	0	43,700
(20) CECELIA FULLAM SR VP NSLIJ FOUNDATION	50 0 0 0					X		428,358	0	43,700
(21) ROBERT CASTANO VP DEVELOPMENT	50 0 0 0					X		314,246	0	43,700
(22) ROBERT LANE VP, DEVELOPMENT	50 0 0 0					X		295,614	0	43,700
(23) ANDREA DOWD VP DEVELOPMENT	50 0 0 0					X		314,799	0	43,700
(24) SOUZAN HANNA VP, FOUNDATION OPS	50 0 0 0					X		270,372	0	43,700

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KEVIN DWYER ..... SR VP NSLIJ FOUNDATION	0 0 ..... 0 0						X	504,636	0	0

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	94,013,123	133,628,932	69,030,600	62,765,761	66,507,341	425,945,757
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	94,013,123	133,628,932	69,030,600	62,765,761	66,507,341	425,945,757
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)						114,812,570
6 **Public support.** Subtract line 5 from line 4						311,133,187

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	94,013,123	133,628,932	69,030,600	62,765,761	66,507,341	425,945,757
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,291,484	1,336,320	1,237,399	3,315,457	2,628,737	9,809,397
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support** Add lines 7 through 10						435,755,154

12	Gross receipts from related activities, etc (see instructions)	12	-6,416,635

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	71 401 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	69 446 %

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317041435

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

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 value of contributions to (during year)		
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

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

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

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

		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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	49,249,717	40,197,836	35,125,514	32,428,614	25,243,877
b	Contributions	744,037	4,995,030	1,744,290	3,772,695	4,857,889
c	Net investment earnings, gains, and losses	1,515,078	4,709,654	3,791,355	-608,115	2,750,934
d	Grants or scholarships					
e	Other expenditures for facilities and programs	698,311	652,803	463,323	467,680	424,086
f	Administrative expenses					
g	End of year balance	50,810,521	49,249,717	40,197,836	35,125,514	32,428,614

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,619		89,619
b Buildings		803,168	324,799	478,369
c Leasehold improvements				
d Equipment		1,227,412	424,175	803,237
e Other		16,813	15,979	834
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,372,059

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFLIATES	943,401
INSURANCE CLAIMS PAYABLE	37,516
OTHER LIABILITIES	8,360,496
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,341,413

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	72,510,235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-792,097		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	5,411,791		
e	Add lines **2a** through **2d**			2e	4,619,694
3	Subtract line **2e** from line **1**			3	67,890,541
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	67,890,541

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	75,307,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,324,045		
e	Add lines **2a** through **2d**			2e	3,324,045
3	Subtract line **2e** from line **1**			3	71,983,933
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	71,983,933

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4 - INTENDED USE OF ENDOWMENTS	There are various components that encompass the Endowment Fund In general, their intended use is for teaching, research and training, major modernization, and purchases of equipment
PART X, LINE 2 - FIN 48	Certain entities included in the System's consolidated financial statements are taxable entities under Federal or state laws U S generally accepted accounting principles require that the asset and liability method of accounting for income taxes be utilized by these organizations Under the asset and liability method, deferred income taxes are recognized for the tax consequences of temporary differences by applying enacted statutory tax rates applicable to future years to differences between the financial statement carrying amounts and the tax basis of existing assets and liabilities The effect on deferred taxes of a change in tax rates is recognized in income in the period of enactment At December 31, 2014 and 2013, the System has a deferred income tax asset which has been fully offset by a related valuation allowance A valuation allowance is provided when it is more likely than not that some portion, or all of the deferred tax asset will not be realized Significant components of the deferred tax asset relate to the allowance for doubtful accounts receivable and net operating loss carry forwards Certain entities have net operating loss carry forwards aggregating approximately $165,000,000, which expire in varying amounts through 2034, and are available to offset future taxable income
PART XI, LINE 2D - REVENUE RECONCILIATION	SPECIAL EVENTS EXPENSE RECLASSED 2,618,609 INTERCOMPANY REVENUE 2,793,182 TOTAL 5,411,791
PART XII, LINE 2D - EXPENSE RECONCILIATION	SPECIAL EVENTS EXPENSE RECLASSED 2,618,609 INTERCOMPANY EXPENSE 705,436 TOTAL 3,324,045

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		11,083,146
(2) Europe (Including Iceland and Greenland)			Investments		1,647,716
(3)					
(4)					
(5)					
3a Sub-total					12,730,862
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					12,730,862

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 11-2965575

Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Part V **Supplemental Information**

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	ROBIN ROSS	MAJOR GIFTS OFFICER		No		70,179	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						70,179	

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

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

		(a) Event #1 CONCERT (event type)	(b) Event #2 AUTUMN BALL (event type)	(c) Other events 14 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,498,082	1,407,490	3,085,237	5,990,809
	2 Less Contributions	1,256,982	1,242,481	2,140,024	4,639,487
	3 Gross income (line 1 minus line 2)	241,100	165,009	945,213	1,351,322
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,650		252,168	260,818
	7 Food and beverages	137,500	244,834	358,176	740,510
	8 Entertainment	359,500	97,000	64,785	521,285
	9 Other direct expenses	304,736	260,064	531,196	1,095,996
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(2,618,609)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,267,287

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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

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

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

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

Return Reference	Explanation
GENERAL INFORMATION ON GRANTS AND ASSISTANCE	ON A MONTHLY BASIS THE FOUNDATION DISTRIBUTES THE COLLECTIONS OF SPECIAL PURPOSY FUNDS ("SPF"), RESEARCH AND A BUDGETED AMOUNT OF SUPPORT FOR RESEARCH OPERATIONS THE SPF IS THEN ALLOCATED TO EACH GRANT AND SPENDING OF THESE GRANTS WOULD BE BASED ON CHECK REQUESTS WITH PROPER APPROVAL ENDOWMENT COLLECTIONS ARE DISTRIBUTED TO THE APPROPRIATE SITE AS COLLECTED AND THERE WOULD BE NO SPENDING OF THE PRINCIPAL CAPITAL DISTRIBUTIONS ARE BASED ON SPECIFIC REQUESTS AND ARE DISTRIBUTED AFTER THE FUNDS HAVE BEEN SPENT

Additional Data

Software ID:
Software Version:
EIN: 11-2965575
Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LONG ISLAND JEWISH MEDICAL CENTER972 BRUSH HOLLOW RD WESTBURY,NY 11590	11-2241326	501(C)(3)	15,588,259				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW ORD WESTBURY, NY 11590	11-1562701	501(C)(3)	4,657,849				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHSIDE HOSPITAL972 BRUSH HOLLOW RD WESTBURY,NY 11590	11-1667761	501(C)(3)	74,246				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY 11590	11-2673595	501(C)(3)	18,532,225				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLEN COVE HOSPITAL972 BRUSH HOLLOW RD WESTBURY,NY 11590	11-1633487	501(C)(3)	35,454				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LENOX HILL HOSPITAL972 BRUSH HOLLOW RD WESTBURY,NY 11590	13-1624070	501(C)(3)	19,760,420				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH SHORE-LIJ HEALTH CARE INC972 BRUSH HOLLOW RD WESTBURY,NY 11590	11-2296824	501(C)(3)	72,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NSUH STERN FAMILY CECR 972 BRUSH HOLLOW RD WESTBURY, NY 11590	23-7007485	501(C)(3)	62,741				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRANKLIN HOSPITAL972 BRUSH HOLLOW RD WESTBURY,NY 11590	11-3241243	501(C)(3)	14,594				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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), 501(c)(4), and 501(c)(29) organizations 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**	Yes	
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 Regulations 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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	Certain individuals participate in a Supplemental Executive Retirement Plan ("SERP") which is subject to substantial risk of complete forfeiture Accordingly, the individual may never actually receive the unvested benefit amount and the amounts outlined herein were properly not reported in each individual's Form W-2, Box 5 These amounts are included in Schedule J, Column C for Michael J Dowling ($428,117), Robert S Shapiro ($250,370) and Laura Peabody ($141,712)
PART I, LINE 7 - BONUS AND INCENTIVE COMPENSATION	n Form 990, Part VII, Section A, line 1A, the organization may provide non-fixed payments, not described on lines 5 and 6, to certain listed persons The organization bases such payments on many performance based factors Payments of this type appear on Schedule J, Part I, B (ii)
PART II, COLUMN (F) - SERP PAYOUT	The amount reported in Schedule J, Part II, Column (F) includes SERP amounts which were previously reported on Form 990, Schedule J, Part II, Column (C) in prior years In accordance with the IRS instructions, these amounts were originally reported when contributions were made to the SERP plan and are now being reported for a second time upon receipt of distribution from the SERP plan

Additional Data

Software ID:

Software Version:

EIN: 11-2965575

Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 MICHAEL J DOWLING, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,373,402	1,728,000	6,526,413	456,717	21,025	10,105,557	5,095,760
1 RALPH NAPPI, EV CHAIR	(i)	673,335	150,000	33,961	28,600	15,100	900,996	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT S SHAPIRO, EVP, CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	925,430	236,000	31,762	278,970	15,100	1,487,262	0
3 HARRY GINDI, ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	288,540	21,136	4,204	28,600	15,100	357,580	0
4 KEVIN DWYER, SR VP NSLIJ FOUNDATION	(i)	18,425	0	486,211	0	0	504,636	0
	(ii)	0	0	0	0	0	0	0
5 CECELIA FULLAM, SR VP NSLIJ FOUNDATION	(i)	368,678	27,885	31,795	28,600	15,100	472,058	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT CASTANO, VP DEVELOPMENT	(i)	290,660	21,450	2,136	28,600	15,100	357,946	0
	(ii)	0	0	0	0	0	0	0
7 ROBERT LANE, VP, DEVELOPMENT	(i)	272,344	15,900	7,370	28,600	15,100	339,314	0
	(ii)	0	0	0	0	0	0	0
8 ANDREA DOWD, VP DEVELOPMENT	(i)	290,754	21,450	2,595	28,600	15,100	358,499	0
	(ii)	0	0	0	0	0	0	0
9 KEVIN F LAWLOR, TRUSTEE & PRES/CEO HUNT HOSP	(i)	0	0	0	0	0	0	0
	(ii)	594,131	57,000	49,804	28,600	15,100	744,635	0
10 LAURA PEABODY, SVP, CHIEF LEGAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	763,150	111,000	45,189	170,312	15,100	1,104,751	0
11 ANDREW SCHULZ, SVP, GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	570,660	84,320	28,695	28,600	15,100	727,375	0
12 SOUZAN HANNA, VP, FOUNDATION OPS	(i)	242,913	16,088	11,371	28,600	15,100	314,072	0
	(ii)	0	0	0	0	0	0	0
13 BRIAN LALLY, SVP, CHF DEVELOPMENT OFFICER	(i)	531,863	30,000	23,974	28,600	15,100	629,537	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ $			

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROBIN ROSS	FAMILY MEMBER JACK ROSS	70,179	INDEPENDENT CONTRACTOR		No
(2) CREST HOLLOW COUNTRY CLUB	MEMBER RICHARD MONTI	146,385	CATERING		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	33	1,050,855	MMV Date of Gift
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation
Stock Sales	Brokereage Firms are used to sell stocks that are donated

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION	11-2965575

Return Reference	Explanation	
	PART VI, SECTION A - GOVERNING BODY, LINE 2	All transactions with North Shore-LIJ Health System entities are as follows (1) negotiated at arm's length, (2) all purchases are at fair market value, and (3) all products or services are rendered on an "as needed" basis William Achenbaum has a business relationship with Elise Bloom and Eric and Roger Blumencranz John Alexander has a business relationship with Laura Lauria and John Shall Philip Altheim has a business relationship with Eric Blumencranz Michael Ashner has a business relationship with William Mack. Frank Besignano has a business relationship with Laura Lauria Elise Bloom has a business relationship with William Achenbaum, Leonard Feinstein and Lewis Ranieri Eric Blumencranz has as a family relationship with Roger Blumencranz He has a business relationship with Roger Blumencranz, William Achenbaum, Philip Altheim, Arlene Lane Fisher, Richard D Goldstein, Lloyd Goldman, Alan Greene, Richard Horowitz, M Allan Hyman, Jeffrey Jurick, Arthur Levine, Stuart Levine, David Mack, Bradley Marsh, Charles Merinoff, Ralph Nappi, Dennis Riese, Michael Slade, Nancy Waldbaum, Barbara Hrbek Zucker and Donald Zucker Roger Blumencranz has a family relationship with Eric Blumencranz He has a business relationship with Eric Blumencranz, William Achenbaum, Arlene Lane Fisher, Richard D Goldstein, Alan Greene, Stanley Grey, Richard Horowitz, M Allan Hyman, Jeffrey Jurick, Stuart Levine, David Mack, Bradley Marsh, Ralph Nappi, Michael Slade, Mark Solazzo, Barbara Hrbek Zucker and Donald Zucker David Blumenfeld has a family relationship with Edward Blumenfeld He has a business relationship with M Allan Hyman and William Mack. Edward Blumenfeld has a family relationship with David Blumenfeld He has a business relationship with M Allan Hyman and William Mack Steve Braun has a family relationship with Richard Sims He has a business relationship with Cary Kravet Robert Chasanoff has a business relationship with Michael Sahn Alan Chopp has a business relationship with Patrick McDermott Mark Claster has a business relationship with Richard Goldstein and Robert Rosenthal Philippe Dauman has a business relationship with Thomas Dooley Thomas Dooley has a business relationship with Philippe Dauman (no confirm of this for this year) Leonard Feinstein has a business relationship with Elise Bloom and William Mack Arlene Lane Fisher has a business relationship with Eric Blumencranz and Roger Blumencranz Lloyd Goldman has a business relationship with Eric Blumencranz, Richard Goldstein and William Mack Richard D Goldstein has a business relationship with Roger Blumencranz, Eric Blumencranz, Mark Claster, Lloyd Goldman, William Mack and Barry Rubenstein Joaquin Gonzalez has a business relationship with John Shall Alan I Greene has a business relationship with Eric Blumencranz and Roger Blumencranz Stanley Grey has a business relationship with Roger Blumencranz William Hiltz has a business relationship with Jeff Maurer Gedale Horowitz has a family relationship with Richard and Seth Horowitz Richard Horowitz has a family relationship with Gedale and Seth Horowitz He has a business relationship with Eric Blumencranz and Roger Blumencranz Seth Horowitz has a family relationship with Gedale and Richard Horowitz M Allan Hyman has a business relationship with Eric Blumencranz, Roger Blumencranz, David Blumenfeld, Edward Blumenfeld, David Katz, Michael Katz, Saul Katz, Stanely Kreitman and Donald Zucker Jeffrey Jurick has a business relationship with Eric and Roger Blumencranz David Katz has a family relationship with Saul Katz and Michael Katz He has a business relationship with M Allan Hyman, Michael Katz, Saul Katz and Seth Lipsay Michael Katz has a family relationship with Saul Katz and David Katz He has a business relationship with M Allan Hyman, David Katz, Saul Katz, Curt Launer and Michael Slade Saul Katz has a family relationship with Michael Katz and David Katz He has a business relationship with M Allan Hyman, David Katz, Michael Katz, Curt Launer, F J McCarthy and Michael Slade Cary Kravet has a business relationship with Steve Braun Stanley Kreitman has a business relationship with Allan Hyman Jeffrey Lane has a business relationship with William Mack Curt Launer has a business relationship with Michael Katz and Saul Katz Laura Lauria has a business relationship with John Alexander and Frank Besignano Arthur Levine has a business relationship with Eric Blumencranz Stuart Levine has a business relationship with Eric Blumencranz and Roger Blumencranz Seth Lipsay has a business relationship with David Katz David Mack has a family relationship with William Mack. He has a business relationship with William Mack, Eric Blumencranz, and Roger Blumencranz William Mack has a family relationship with David Mack. He has business relationships with David Mack, Michael Ashner, Edward and David Blumenfeld, Leonard Feinstein, Lloyd Goldman, Richard Goldstein, Jeffrey Lane, Barry Rub

Return Reference	Explanation	
	PART VI, SECTION A - GOVERNING BODY, LINE 2	enstein and Roy Zuckerberg Bradley Marsh has a family relationship with Jack Ross He has a business relationship with Eric Blumencranz and Roger Blumencranz Jeff Maurer has a bu siness relationship with William Hiltz F J McCarthy has a business relationship with Sau l Katz, Robert Rosenthal and Emmett Walker Patrick McDermott has a business relationship with Alan Chopp and John Shall Charles Merinoff has a business relationship with Eric Blu mencranz Ralph Nappi has a business relationship with Eric Blumencranz and Roger Blumencr anz John J Raggio has a family relationship with John V Raggio John V Raggio has a fa mily relationship with John J Raggio Lew is Ranieri has a business relationship with Elis e Bloom Dennis Riese has a business relationship with Eric Blumencranz Robert Rosenthal has a business relationship with Mark Claster, F J McCarthy and Nancy Waldbaum Jack Ross has a family relationship with Bradley Marsh Barry Rubenstein has a business relationshi p with Richard Goldstein and William Mack Michael Sahn has a business relationship with R obert Chasanoff John Shall has a business relationship with Patrick McDermott, John Alexa nder, and Joaquin Gonzalez Richard Sims has a family relationship with Steve Braun Micha el Slade has a business relationship with Eric Blumencranz and Roger Blumencranz, Saul Kat z and Michael Katz Mark Solazzo has a business relationship with Roger Blumencranz Nancy Waldbaum has a business relationship with Eric Blumencranz and Robert Rosenthal Emmett W alker has a business relationship with F J McCarthy Barbara Hrbek Zucker has a family re lationship with Donald Zucker She has a business relationship with Eric Blumencranz and R oger Blumencranz Donald Zucker has a family relationship with Barbara Hrbek Zucker He ha s a business relationship with Eric Blumencranz, Roger Blumencranz and M Allan Hyman Roy Zuckerberg has a business relationship with William Mack

Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY, LINE 7	This organization is a member of the North Shore Long Island Jewish Health System (the "System") The System is the sole corporate member of this organization The System has the right to elect or appoint members of the organization's governing body and has the right to approve or ratify certain corporate decisions

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

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

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

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

Return Reference	Explanation
PART VII, SECTION A - LINE 1A	Richard S Abramson Michael Gould F J McCarthy William Achenbaum Albert L Granger,DDS Patrick F McDermott John W Alexander Alan I Greene James McMullen Philip S Altheim Stanley Grey Charles Merinoff Michael L Ashner Paul B Guenther Richard D Monti Ralph M Baruch Amy M Hagedorn Richard Murcott Frank J Besignano Ira Hazan Ralph A Nappi Elise M Bloom Linda W Heaney Raffiq A Nathoo Eric S Blumencranz Marlene Hess Richard B Nye Roger A Blumencranz William O Hiltz Clyde I Payne, Ed D David Blumenfeld Gedale B Horowitz Arnold S Penner Edward Blumenfeld Richard A Horowitz John J Raggio E Steve Braun Seth R Horowitz John V Raggio Dayton T Brown, Jr M Allan Hyman Lewis S Ranieri Jonathan S Canno Mark Jacobson Dennis Riese Michael Caridi Jeffrey Jurick Terry P Rifkin, M D Robert W Chasanoff David M Katz Robert A Rosen Alan Chopp Michael Katz Marcie Rosenberg Mark Claster Saul B Katz Robert D Rosenthal Diana F Colgate Lisa A Kaufman Bernard M Rosof, M D Daniel M Crown Robert Kaufman Jack J Ross Philippe P Dauman Cary Kravet Barry Rubenstein Thomas E Dewey, Jr Stanley Kreitman Herbert Rubin Thomas E Dooley Seth Kupferberg Michael H Sahn Michael J Dowling Jeffrey B Lane Lois C Schlissel Robert N Downey Curt N Launer John M Shall Patrick R Edwards Laura Lauria Marc V Shaw Michael A Epstein Kevin F Lawlor Richard Sims Leonard Feinstein David W Lehr Michael C Slade Michael E Feldman Jonathan W Leigh Phyllis Hill Slater Arlene Lane Fisher Arthur S Levine Howard D Stave Catherine C Foster Stuart R Levine Peter Tilles William H Frazier Seth Lipsay Paula Dunn Tropello,EdD Eugene B Friedman,MD David S Mack Sandra Tytel William J Fritz,PhD William L Mack Frederick A Volk Sy Garfinkel Linda Manfredi Nancy Waldbaum Lloyd M Goldman Bradley Marsh, D P M Emmett F Walker, Jr Richard D Goldstein Jeffrey S Maurer Barbara Hrbek Zucker J Joaquin Gonzalez Ronald J Mazzucco Donald Zucker Roy J Zuckerberg

Return Reference	Explanation
PART VII, SECTION A - LINE 1A, COLUMN (B)	This organization is affiliated with the North Shore Long Island Jewish Health System (the "Health System") The persons listed hold similar positions with both this organization and other affiliates of the Health System, and they do not separately allocate their time to this organization and such other affiliates The hours shown for all such persons reflect time devoted to the entire Health System and its affiliates, including this organization For Directors and Trustees, the hours shown reflect the estimated average weekly time For officers, Key Employees and Highest Compensated Employees, the hours shown reflect the weekly hours used when determining compensation payments for services rendered and are, generally, less than the actual weekly hours devoted to the Health System and its affiliates

Return Reference	Explanation
PART XI, LINE 9 - RECONCILIATION	AMOUNTS REPORTED SEPARATELY 2,087,746

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

Employer identification number
11-2965575

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-2965575
Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) NORTH SHORE-LIJ HEALTH SYSTEM 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3418133	SUPPORT	NY	501(C)(3)	11, TYPE 1	NA		No
(1) NORTH SHORE-LIJ HEALTH CARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2965586	SUPPORT	NY	501(C)(3)	11, TYPE 1	NS-LIJHS		No
(2) NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1562701	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(3) LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2241326	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(4) GLEN COVE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1633487	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(5) FOREST HILLS HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2163522	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(6) PLAINVIEW HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3241243	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(7) FRANKLIN HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2296824	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(8) SOUTHSIDE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1667761	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(9) NORTH SHORE-LIJ HEALTH SYSTEM LABS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3412370	SUPPORT	NY	501(C)(3)	11, TYPE 1	NS-LIJHS		No
(10) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2673595	RESEARCH	NY	501(C)(3)	4	NS-LIJHS		No
(11) NSLIJ STERN FAMILY CENTER FOR REHAB 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7007485	NURSING HOME	NY	501(C)(3)	9	NS-LIJ HCI		No
(12) LIJ MEDICAL CENTER AT HOME PHARMACY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3251128	SUPPORT	NY	501(C)(3)	11, TYPE 1	NS-LIJHS		No
(13) LIJ FOUNDATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2661239	SUPPORT	NY	501(C)(3)	11, TYPE 1	NS-LIJHS		No
(14) NORTH SHORE-LIJ MEDICAL CARE CENTERS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3473923	SUPPORT	NY	501(C)(3)	11, TYPE 1	NS-LIJHS		No
(15) SSH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2774102	SUPPORT	NY	501(C)(3)	11, TYPE 1	SOUTHSIDE		No
(16) NORTH SHORE COMMUNITY SERVICES INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7273200	HOUSING	NY	501(C)(2)	N/A	NS-LIJHS		No
(17) NORTH SHORE UNIVERSITY HOSPITAL HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2171903	HOUSING	NY	501(C)(2)	N/A	NS-LIJHS		No
(18) NSUH AT GLEN COVE HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7010468	HOUSING	NY	501(C)(2)	N/A	NS-LIJHS		No
(19) HILLSIDE HOSPITAL HOUSES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2113949	HOUSING	NY	501(C)(2)	N/A	NS-LIJHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) No
(21) SIUH SYSTEMS INC 475 SEAVIEW AVE STATEN ISLAND, NY 10305 06-1074604	FUNDRAISING	NY	501(C)(3)	7	NS-LIJ HCI		No
(1) STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 11-2868878	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(2) STATEN ISLAND UNIVERSITY HOSPITAL FDN 360 SEAVIEW AVE STATEN ISLAND, NY 10305 87-0765787	FUNDRAISING	NY	501(C)(3)	7	SIUH		No
(3) THE HEART INSTITUTE 475 SEAVIEW AVE STATEN ISLAND, NY 10305 31-1757254	INACTIVE	NY	501(C)(3)	11, TYPE 1	NA		No
(4) CHAPS COMMUNITY HEALTH CENTER INC 1 EDGEWATER PLAZA STATEN ISLAND, NY 10305 11-3345477	INACTIVE	NY	501(C)(3)	9	SIUH		No
(5) HOSPICE CARE NETWORK 99 SUNNYSIDE BLVD WOODBURY, NY 11797 11-2925757	HOSPICE	NY	501(C)(3)	9	NS-LIJHS		No
(6) HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY 11743 11-1630914	HOSPITAL	NY	501(C)(3)	3	NS-LIJ HCI		No
(7) HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PARK AVENUE GREENLAWN, NY 11740 11-3368503	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		No
(8) PHYSICIANS OF UNIVERSITY HOSPITAL PC 1 EDGEWATER PLAZA 6TH FL STATEN ISLAND, NY 10305 20-0096809	HEALTH CARE	NY	501(C)(3)	11, TYPE 1	NA		No
(9) LENOX HILL HOSPITAL 100 EAST 77TH ST NEW YORK, NY 10021 13-1624070	HEALTH CARE	NY	501(C)(3)	3	NS-LIJ HCI		No
(10) LHH CORPORATION 100 EAST 77TH ST NEW YORK, NY 10021 13-3272016	SUPPORT	NY	501(C)(3)	11, TYPE 1	NS-LIJHS		No
(11) THE ELMEZZI GRADUATE SCHOOL OF MOLECULAR 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3284934	GRADUATE SCHO	NY	501(C)(3)	2	NS-LIJHS		No
(12) SPORTS PHYSICAL THERAPY AND REHAB SVCS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 06-1655704	HEALTH CARE	NY	501(C)(3)	11, TYPE 1	LIJ		No
(13) NORTH SHORE-LIJ ALLIANCE 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3727582	HEALTH CARE	NY	501(C)(3)	3	NS-LIJHS		No
(14) THE LONG ISLAND HOME 400 SUNRISE HIGHWAY AMITYVILLE, NY 11701 11-2837244	HEALTH CARE	NY	501(C)(3)	3	LHH CORP		No
(15) CLNY ALLIANCE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-3146870	LABORATORY	NY	APPLIED FOR		NSLIJ LABS		No
(16) NS-LIJ CARDIOVASCULAR MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078717	MEDICAL SVCS	NY	501(C)(3)	11, TYPE 1	NSUH		No
(17) NS-LIJ CARDIOLOGY AT DEER PARK PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078531	MEDICAL SVCS	NY	501(C)(3)	11, TYPE 1	NSUH		No
(18) NS-LIJ HEART SURGERY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078838	MEDICAL SVCS	NY	501(C)(3)	11, TYPE 1	NSUH		No
(19) NS-LIJ INTERNAL MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078631	MEDICAL SVCS	NY	501(C)(3)	11, TYPE 1	NSUH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(41) NS-LIJ MED GROUP URGENT MEDICAL CARE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-5078426	MEDICAL SVCS	NY	501(C)(3)	11, TYPE 1	NSUH		No
(1) NORTH SHORE-LIJ MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-3023019	MEDICAL SVCS	NY	501(C)(3)	11, TYPE 1	NSUH		No
(2) NORTH SHORE-LIJ HEALTH PLAN INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1617516	INSURANCE	NY	APPLIED FOR		NSLIJ HCI		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
KRASNOFF CONSULTATIVE SERVICES LLC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-2838027	CONSULTING	NY	CMG									
LONG ISLAND BEHAVIORAL HEALTH LLC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-3572263	STATISTICS	NY	HEALTH CARE INC									
ENDOSCOPY CENTER OF LONG ISLAND 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-0000980	MEDICAL SVCS	NY	NS-LIJ VENTURES									
TRUE NORTH URGENT CARE LLC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-4113494	MEDICAL SVCS	NY	NSLIJ URGENT CA									
TRUE NORTH DC LLC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-4601950	MEDICAL SVCS	NY	RENAL VENTURES									
SYNERGY HEALTH TRUE NORTH LLC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-4106483	MEDICAL SVCS	NY	NSLIJ CENT STER									
NS-LIJ MEDICAL AIR TRANSPORT LLC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-4858222	AIR TRANSPORT	NY	NSUH									
NORTH SHORE-LIJ CONTRACT RESEARCH ORG 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-4469806	RESEARCH	NY	HCI									
NORTH SHORE-LIJ RENAL VENTURES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-3869336	MEDICAL SVCS	NY	NSUH									
STATEN ISLAND PERFORMING PROVIDER SYSTEM 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2544659	INACTIVE	NY	SIUH									
NASSAU QUEENS PERFORMING PROVIDER SYSTEM 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2544821	INACTIVE	NY	NSUH									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3316922	HOLDING COMPA	NY	NS-LIJHS	C				No
REGIONCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3052191	HOMECARE	NY	NSHS ENT	C				No
NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 06-1605319	HOLDING COMPA	NY	NSHS ENT	C				No
CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3336381	BUSINESS SERV	NY	NSH ENT	C				No
REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE 41 CEDAR AVE HAMILTON,BERMUDA HM 12 BD 000000000	INSURANCE	BD	NS-LIJ HC	C				No
ALETTA CORPORATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2622371	PHSYICIAN SVC	NY	SOUTHSIDE	C				No
NS-LIJ PHSYCIAN INSURANCE COMPANY RRG 100 BANK ST BURLINGTON, VT 05401 26-1487515	INSURANCE	VT	NS-LIJ HC	C				No
NORTH SHORE-LIJ SERVICE ALLIANCE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3651575	SUPPORT SERVI	NY	NS-LIJHS	C				No
NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533659	HEALTH CARE	NY	LIJ	C				No
NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533670	HEALTH CARE	NY	LIJ	C				No
NORTH SHORE IPA 5 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3383468	BUSINESS SERV	NY	NS-LIJ HC	C				No
NORTH SHORE-LIJ NETWORK INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 32-0257193	SUPPORT	NY	NS-LIJHS	C				No
NORTH SHORE RADIOLOGY AT GLEN COVE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3301179	MEDICAL SERVI	NY	NSUH	C				No
NORTH SHORE-LIJ RADIOLOGY SERVICES PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 22-3970667	MEDICAL SERVI	NY	NSUH	C				No
OCEAN VIEW MANAGEMENT 1 EDGEWATER PLAZA STATEN ISLAND, NY 10305 13-3138888	MANAGEMENT SV	NY	NA	C				No

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Yes	**No**							
OCEAN BREEZE HOME CARE AGENCY 1 EDGEWATER PLAZA STATEN ISLAND, NY 10305 13-3773601	INACTIVE	NY	OVM	C				No
REGNECY ALLIANCE SERVICES INC 1 EDGEWATER PLAZA STATEN ISLAND, NY 10305 13-3277698	MANAGEMENT SV	NY	OVM	C				No
VERRAZANO RADIOLOGY ASSOCIATES PC 500 SEAVIEW AVE STATEN ISLAND, NY 10305 20-0011201	RADIOLOGY SER	NY	SIUH	C				No
SIUH PERINATOLOGY PC 475 SEAVIEW AVE STATEN ISLAND, NY 10305 13-4107082	MEDICAL SERVI	NY	SIUH	C				No
UNITED MEDICAL SURGICAL PC 256 MASON AVE STATEN ISLAND, NY 10305 13-4038780	MEDICAL SERVI	NY	SIUH	C				No
GOETHALS RADIOLOGY PC 500 SEAVIEW AVE STATEN ISLAND, NY 10305 20-0010287	RADIOLOGY SER	NY	SIUH	C				No
STATEN ISLAND HOSPITALISTS 475 SEAVIEW AVE STATEN ISLAND, NY 10305 33-1010283	MEDICAL SERVI	NY	SIUH	C				No
NS-LIJ MEDICAL GROUP AT SYOSSET PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-3957752	MEDICAL SERVI	NY	NSUH	C				No
NS-LIJ MEDICAL GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384249	MEDICAL SERVI	NY	NSUH	C				No
NS-LIJ MEDICAL GROUP AT HUNTINGTON PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384049	MEDICAL SERVI	NY	NSUH	C				No
NS-LIJ MEDICAL GROUP AT NORTH NASSAU PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384146	MEDICAL SERVI	NY	NSUH	C				No
NORTH SHORE-LIJ PHYSICIANS GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384326	MEDICAL SERVI	NY	NSUH	C				No
LENOX HILL PHYSICIAN HOSPITAL ORG 122 EAST 76TH ST STE 3-A NEW YORK, NY 10021 13-3775996	MANAGED CARE	NY	LENOX	C				No
LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY 186 EAST 76TH ST 2ND FL NEW YORK, NY 10021 20-8784395	MEDICAL SERVI	NY	LENOX	C				No
LENOX HILL ICVS PC 130 EAST 77TH ST 9TH FL NEW YORK, NY 10021 20-1435770	MEDICAL SERVI	NY	LENOX	C				No

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Yes	**No**							
LENOX HILL PATHOLOGY PC 100 EAST 77TH ST NEW YORK, NY 10021 13-3644370	MEDICAL SERVI	NY	LENOX	C				No
PARK LENOX EMERGENCY MEDICINE PC 100 EAST 77TH NEW YORK, NY 10021 26-2661082	MEDICAL SERVI	NY	LENOX	C				No
VIVOHEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-4118016	MEDICAL SERVI	NY	NSH ENTERPRISES	C				No
AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-0701489	MEDICAL SERVI	NY	RESEARCH	C				No
NS-LIJ INTERNAL MEDICINE AT LYNBROOK PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-3475908	MEDICAL SVC	NY	NSUH	C				No
NSLIJ INTERNAL MEDICINE AT NEW HYDE PARK 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2822879	MEDICAL SVC	NY	NSUH	C				No
NS-LIJ OB-GYN AT GARDEN CITY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2886776	MEDICAL SVCS	NY	NSUH	C				No
NS-LIJ HEALTH PLAN HOLDING INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2478147	INSURANCE	NY	NSLIJ HCI	C				No
NS-LIJ CARECONNECT INSURANCE COMPANY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2270382	INSURANCE	NY	HEALTH PLN HLD	C				No
LENOX HILL HOSPITAL MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-2661543	MEDICAL SERVI	NY	LENOX	C				No
NS-LIJ OCCUPATIONAL MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-1004103	MEDICAL SERVI	NY	NSUH	C				No
NORTH SHORE-LIJ OB-GYN PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1382916	MEDICAL SERVI	NY	LIJ	C				No
NORTH SHORE-LIJ ANESTHESIOLOGY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1617561	MEDICAL SERVI	NY	SOUTHSIDE	C				No
NORTH SHORE MEDICAL ACCELERATOR PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2945979	MEDICAL SERVI	NY	NSUH	S				No
TRUE NORTH HEALTH PHARMACY INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-1020508	INACTIVE	NY	NSUH	C				No

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
NS-LIJ CARECONNECT INSURANCE AGENCY INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-1994548	INSURANCE AGENCY	NY	GROUP HOLDING	C				No
CARECONNECT GROUP HOLDING COMPANY INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2478692	HOLDING COMPANY	NY	HPLAN HOLDING	C				No
NS-LIJ PEDIATRICS OF SUFFOLK COUNTY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-5746956	MEDICAL SERVICES	NY	NSUH	C				No
NORTH SHORE-LIJ URGENT CARE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-1758444	MEDICAL SERVICES	NY	NSUH	C				No
NORTH SHORE-LIJ MATERNAL FETAL MEDICINE 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-5495054	MEDICAL SERVICES	NY	NSUH	C				No