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Return of Organization Exempt From Income Tax

2015

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning, 2015, and ending, 20

Form header section containing organization name (NORCORP, INC.), EIN (13-3366748), address (972 BRUSH HOLLOW ROAD, WESTBURY, NY 11590), and principal officer (JOHN PARTENZA).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total revenue: 215,226), expenses (Total expenses: 268,310), and net assets (Total assets: 5,215,183).

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.

Signature block containing signature of John Partenza, CFO, dated 11/2/16.

Preparer information section including name, signature, date, and firm information.

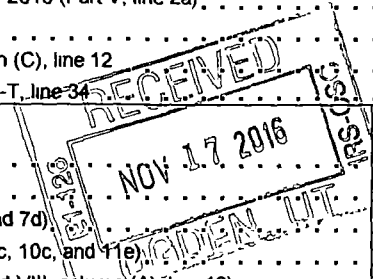
May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Handwritten notes: 9-52-53, 14 NE, and Form 990 (2015)

POSTMARK DATE NOV 14 2016

SCANNED NOV 23 2016



**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

NORCORP'S PRIMARY PROGRAM SERVICE ACTIVITY IS TO RECEIVE AND ADMINISTER FUNDS (RENTAL INCOME), AND TO HOLD REAL OR PERSONAL PROPERTY ON BEHALF OF NORTHERN WESTCHESTER HOSPITAL ASSOCIATION.

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 \$ 483,536. including grants of \$ \_\_\_\_\_) (Revenue \$ 213,218. )

NORCORP'S PRIMARY PROGRAM SERVICE ACTIVITY IS TO RECEIVE AND ADMINISTER FUNDS (RENTAL INCOME), AND TO HOLD REAL OR PERSONAL PROPERTY ON BEHALF OF NORTHERN WESTCHESTER HOSPITAL ASSOCIATION.

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 ▶ 483,536.

**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. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
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 . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .		
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. . . . .		
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. . . . .		X
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. . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
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 . . . . .		X
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. . . . .		X
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 . . . . .	X	
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 . . . . .		X
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. . . . .		X
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. . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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 . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
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 . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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. . . . .		X
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 . . . . .		X
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 . . . . .		X
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). . . . .		X
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 . . . . .		X
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 . . . . .		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, bond issues, escrow accounts, excess benefit transactions, receivables, contributions, liquidation, and related entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions such as 'Enter the number reported in Box 3 of Form 1096', 'Did the organization comply with backup withholding rules', and 'Sponsoring organizations maintaining donor advised funds'.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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? . . . . .		X
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? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . .	X	
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? . . . . .	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
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 . . . . .		X

**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? . . . . .		X
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? . . . . .		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
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 . . . . .	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
13	Did the organization have a written whistleblower policy? . . . . .	X	
14	Did the organization have a written document retention and destruction policy? . . . . .	X	
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 . . . . .		X
b	Other officers or key employees of the organization . . . . .		X
	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? . . . . .		X
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? . . . . .		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed  NY,
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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   
WILLIAM J BERNSTEIN 400 EAST MAIN STREET MOUNT KISCO, NY 10549 914-666-1310

**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, and 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			
(1) JOEL SELIGMAN PRESIDENT/CEO	0. 50.00	X		X			0.	1,123,629.	578,926.	
(2) ROBERT SPOLZINO CHAIRPERSON/DIRECTOR	2.00 0.	X					0.	0.	0.	
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f				
	g	Noncash contributions included in lines 1a-1f \$ . . . . .					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		0.			
	<b>Program Service Revenue</b>	2a	RENTAL INCOME	Business Code 90099	213,218.	213,218.	
b							
c							
d							
e							
f		All other program service revenue . . . . .					
g		<b>Total.</b> Add lines 2a-2f . . . . . ▶		213,218.			
<b>Other Revenue</b>		3	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		0.		
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶		0.			
	5	Royalties . . . . . ▶		0.			
	6a	Gross rents . . . . .	(i) Real (ii) Personal				
		b	Less rental expenses . . . . .				
		c	Rental income or (loss) . . . . .				
		d	<b>Net rental income or (loss)</b> . . . . . ▶		0.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less cost or other basis and sales expenses . . . . .				
		c	Gain or (loss) . . . . .				
		d	<b>Net gain or (loss)</b> . . . . . ▶		0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
		b	Less direct expenses . . . . . b				
		c	<b>Net income or (loss) from fundraising events</b> . . . . . ▶		0.		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . . a					
b		Less direct expenses . . . . . b					
c		<b>Net income or (loss) from gaming activities</b> . . . . . ▶		0.			
10a	Gross sales of inventory, less returns and allowances . . . . . a						
	b	Less cost of goods sold . . . . . b					
	c	<b>Net income or (loss) from sales of inventory</b> . . . . . ▶		0.			
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS INCOME	900099	2,008.	2,008.			
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		2,008.				
12	<b>Total revenue.</b> See instructions . . . . . ▶		215,226.	215,226.			

**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 . . . . .	0.			
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 . . . . .	0.			
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 . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17.	0.			
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). . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	7,746.	7,746.		
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	272,990.	272,990.		
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	202,800.	202,800.		
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 -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	483,536.	483,536.		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**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	184,675.	1	221,481.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	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	54,515.	9	53,228.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,106,200.	
	b	Less accumulated depreciation	10b	169,000.	
			417,592.	10c	4,937,200.
	11	Investments - publicly traded securities	0.	11	0.
	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	3,273.	15	3,274.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	660,055.	16	5,215,183.	
Liabilities	17	Accounts payable and accrued expenses	11,167.	17	11,167.
	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	2,191,942.	25	2,292,970.
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,203,109.	26	2,304,137.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	-1,543,054.	27	2,911,046.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets	0.	29	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	-1,543,054.	33	2,911,046.	
34	<b>Total liabilities and net assets/fund balances</b>	660,055.	34	5,215,183.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	215,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	483,536.
3	Revenue less expenses. Subtract line 2 from line 1	3	-268,310.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,543,054.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,722,410.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,911,046.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  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?  Yes  No  
 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?  Yes  No  
 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?  Yes  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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORCORP, INC.

Employer identification number  
13-3366748

**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 (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) NWAHA	13-1740118	3	X		483,536.	0.
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					483,536.	

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2014 Schedule A, Part II, line 14 15 %

- 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 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

Table with 3 columns: Line number, Percentage, and Symbol. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Percentage, and Symbol. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	X	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
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 I of Schedule L (Form 990 or 990-EZ).		X
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 <b>Part VI</b> .		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		X
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.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
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?		X
b	A family member of a person described in (a) above?		X
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.		X

**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.	X	
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.		X

**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).		

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

**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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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	<b>Adjusted Net Income</b> (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)		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.35	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount</b> 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)

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

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

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

NORCORP, INC.

13-3366748

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 2 columns: Description, Amount. Rows include: 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, 1b 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.

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

Schedule D (Form 990) 2015

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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) -----		
(2) -----		
(3) -----		
(4) -----		
(5) -----		
(6) -----		
(7) -----		
(8) -----		
(9) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) -----	
(2) -----	
(3) -----	
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED ASBESTOS LIABILITY	157,500.
(3) SECURITY INTEREST PAYABLE	354.
(4) SECURITY DEPOSITS PAYABLE	2,920.
(5) DUE TO NORTHERN WESTCHESTER HOSPITA	2,132,196.
(6) -----	
(7) -----	
(8) -----	
(9) -----	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,292,970.

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 XIII** Supplemental Information (continued)

PART X, LINE 2

CERTAIN ENTITIES INCLUDED IN NORTHWELL'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, 2015 AND 2014, NORTHWELL 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 \$219,000,000, WHICH EXPIRE IN VARYING AMOUNTS THROUGH 2035, AND ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORCORP, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number  
13-3366748

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . . **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a** X
- b** Any related organization? . . . . . **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a** X
- b** Any related organization? . . . . . **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . . **7** X

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. . . . . **8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . **9**

	Yes	No
1a		
1b		
2		
3		
4a		
4b	X	
4c		
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JOEL SELIGMAN							
1	PRESIDENT/CEO	675,852	440,000	7,777	558,373	20,553	1,702,555	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III Supplemental Information**

Complete this part to 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

PART I, LINE 4B

CERTAIN INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT

PLAN ("SERP") WHICH IS SUBJECT TO SUBSTANTIAL RISK OF COMPLETE

FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE

UNVESTED BENEFIT AMOUNT AND THE AMOUNTS OUTLINED HEREIN WERE PROPERLY NOT

REPORTED IN EACH INDIVIDUAL'S FORM W-2, BOX 5. THESE AMOUNTS ARE INCLUDED

IN SCHEDULE J, COLUMN C FOR JOEL SELIGMAN (\$547,773).

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

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

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
NORCORP, INC.

Employer identification number  
13-3366748

PART VI, SECTION A, LINE 6

NORTHERN WESTCHESTER HOSPITAL ASSOCIATION IS THE PARENT COMPANY OF  
NORCORP, INC.

PART VI, SECTION B-POLICIES, LINE 11

THE ANNUAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR  
NORTHWELL HEALTH, INC. AND AFFILIATED ENTITIES ARE PREPARED WITH INPUT  
FROM VARIOUS DEPARTMENTS INCLUDING CORPORATE COMPLIANCE, FINANCE, HUMAN  
RESOURCES, AND LEGAL. BEFORE FILING THE RETURNS, THE DOCUMENTS ARE  
ELECTRONICALLY MADE AVAILABLE TO ALL TRUSTEES THROUGH A SECURE ONLINE  
PORTAL. MEMBERS OF THE EXECUTIVE COMMITTEE ARE THEN INFORMED THE RETURNS  
ARE READY FOR REVIEW. THE EXECUTIVE COMMITTEE, WHICH IS A COMMITTEE MADE  
UP OF MEMBERS FROM THE BOARD OF TRUSTEES, MAY EXERCISE ALL OF THE  
AUTHORITY OF THE BOARD OF TRUSTEES EXCEPT AS SUCH AUTHORITY IS LIMITED BY  
APPLICABLE LAW AND EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY  
WOULD BE INCONSISTENT WITH ANY PROVISION OF THESE BY-LAWS OR IS LIMITED  
BY ANY RESOLUTION TO SUCH EFFECT ADOPTED BY THE BOARD OF TRUSTEES.

PART VI, SECTION B-POLICIES, LINE 12C

NORTHWELL HEALTH, INC. ("NORTHWELL") HAS SEVERAL CONTROL MECHANISMS TO  
MITIGATE CONFLICTS OF INTEREST. NORTHWELL'S CODE OF ETHICAL CONDUCT  
CONTAINS A DETAILED SECTION EDUCATING INDIVIDUALS ABOUT HOW TO AVOID  
POTENTIAL CONFLICTS OF INTEREST. SPECIFICALLY, OUR CODE OF ETHICAL  
CONDUCT REQUIRES INDIVIDUALS TO CONDUCT NORTHWELL BUSINESS IN A MANNER

Name of the organization NORCORP, INC.	Employer identification number 13-3366748
---	--

THAT PLACES THE INTERESTS OF NORTHWELL AHEAD OF THEIR PERSONAL INTERESTS.

IN ADDITION, NORTHWELL HAS A CONFLICTS OF INTEREST POLICY STATEMENT  
FURTHER ELABORATING UPON INDIVIDUALS' DISCLOSURE AND RECUSAL OBLIGATIONS.

INDIVIDUALS THAT ARE IN A POSITION TO INFLUENCE THE BUSINESS OR OTHER  
DECISIONS OF NORTHWELL ARE REQUIRED TO FILL OUT A CONFLICTS OF INTEREST  
DISCLOSURE FORM ON A REGULAR BASIS.

THE CORPORATE COMPLIANCE OFFICE REVIEWS ALL DISCLOSURES OF POSSIBLE  
CONFLICTS, INCLUDING MATTERS DISCLOSED IN ANY CONFLICTS OF INTEREST  
DISCLOSURE REPORT AND TAKES ANY ACTIONS DEEMED REQUIRED OR APPROPRIATE TO  
MANAGE OR RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

IN APPROPRIATE CASES THESE DISCLOSURES AND RESPONSIVE ACTIONS WILL BE  
REPORTED TO NORTHWELL'S AUDIT AND CORPORATE COMPLIANCE COMMITTEE AND  
OTHER APPLICABLE COMMITTEES. IN ADDITION, NORTHWELL PROVIDES TRAINING TO  
INDIVIDUALS ON AN ANNUAL BASIS REGARDING CONFLICTS OF INTEREST AND OTHER  
COMPLIANCE RELATED TOPICS. IF AN INDIVIDUAL VIOLATES THE CODE OF ETHICAL  
CONDUCT OR ANY RELATED POLICY SUCH AS THE CONFLICTS OF INTEREST POLICY  
STATEMENT, APPROPRIATE DISCIPLINARY ACTION IS TAKEN BASED UPON THE FACTS  
AND CIRCUMSTANCES OF THE SITUATION.

PART VI, SECTION B-POLICIES, LINE 15

THE BY-LAWS OF NORTHWELL HEALTH, INC. ("NORTHWELL") CREATE A COMMITTEE OF  
THE BOARD WITH FULL POWERS OF THE BOARD TO REVIEW AND APPROVE THE

Name of the organization  
NORCORP, INC.

Employer identification number  
13-3366748

COMPENSATION OF OFFICERS AND OTHER KEY EMPLOYEES. THE COMMITTEE CONSISTS OF APPROXIMATELY 6 TRUSTEES WHO HAVE NO CONNECTION TO NORTHWELL EXCEPT AS TRUSTEES AND THEY HAVE NO CONFLICTS AS TO MATTERS THEY CONSIDER. THE COMMITTEE MEETS SEVERAL TIMES A YEAR AS NEEDED BUT ALWAYS MEETS IN NOVEMBER/DECEMBER TO REVIEW AND DETERMINE OFFICER AND KEY EMPLOYEE COMPENSATION FOR THE FOLLOWING YEAR. FOR PURPOSES OF THEIR REVIEW THE COMMITTEE CONSIDERS THE RECOMMENDATIONS OF THE CEO FOR ALL PERSONS OTHER THAN THE CEO. FOR PURPOSES OF THE REVIEW EACH YEAR THE COMMITTEE RECEIVES INFORMATION FROM AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AS TO COMPENSATION FOR COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS AND MAKES ITS DECISIONS ON THIS BASIS, WITH THE OVERALL OBJECTIVE OF PAYING BASE SALARY AT THE 50TH PERCENTILE. ANY CONTRACTS OR OTHER COMPENSATION FOR OFFICERS OR KEY EMPLOYEES ARE SEPARATELY CONSIDERED AND NORMALLY ONLY APPROVED AFTER RECEIPT OF A "FAIRNESS OPINION" FROM THE INDEPENDENT CONSULTANT. ALL THE WORK AND PROCESS OF THE COMMITTEE IS STRUCTURED TO FALL WITHIN THE APPLICABLE SAFE HARBOR REGULATIONS.

PART VI, SECTION C-DISCLOSURES, LINE 19

CURRENTLY THE ORGANIZATION PROVIDES GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

PART VII, SECTION A - LINE 1A, COLUMN (B)

THIS ORGANIZATION IS AFFILIATED WITH NORTHWELL HEALTH, INC.

("NORTHWELL"). THE OFFICERS, DIRECTORS AND TRUSTEES LISTED ON SCHEDULE J HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES OF NORTHWELL, AND THEY DO NOT SEPARATELY ALLOCATE THEIR TIME TO THIS

Name of the organization  
NORCORP, INC.

Employer identification number  
13-3366748

ORGANIZATION AND SUCH OTHER AFFILIATES. THE HOURS SHOWN FOR ALL SUCH PERSONS REFLECT TIME DEVOTED TO NORTHWELL 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 NORTHWELL AND ITS AFFILIATES.

PART VI, SECTION A-GOVERNING BODY, LINE 7

NORTHWELL HEALTHCARE, INC. ("NORTHWELL HEALTHCARE") IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION. NORTHWELL HEALTHCARE HAS THE RIGHT TO ELECT OR APPOINT MEMBER OF THE ORGANIZATION'S GOVERNING BODY AND HAS THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS. THIS ORGANIZATION AND NORTHWELL HEALTHCARE ARE PART OF NORTHWELL HEALTH, INC., AN INTEGRATED HEALTH CARE DELIVERY SYSTEM.

PART XI, LINE 9

RECONCILIATION OF NET ASSETS

FAIR VALUE ACQUISITION ADJUSTMENT \$4,722,410

**SCHEDULE R**  
**(Form 990)**

**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](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

NORCORP, INC.

Employer identification number  
13-3366748

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTHWELL HEALTH, INC. 11-3418133 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	11, TYPE I	N/A		X
(2) NORTHWELL HEALTHCARE, INC. 11-2965586 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	11, TYPE I	NW HEALTHCARE		X
(3) NORTH SHORE UNIVERSITY HOSPITAL 11-1562701 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCARE		X
(4) LONG ISLAND JEWISH MEDICAL CENTER 11-2241326 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCARE		X
(5) FOREST HILLS HOSPITAL 11-2163522 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCARE		X
(6) PLAINVIEW HOSPITAL 11-3241243 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCARE		X
(7) FRANKLIN HOSPITAL 11-2296824 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCARE		X

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORCORP, INC.

Employer identification number  
13-3366748

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		(g) Section 512(b)(13) controlled entity?	
						Yes	No	Yes	No
(1)	SOUTHSIDE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1667761	HEALTH CARE	NY	501(C)(3)	3		NW HEALTHCAR		X
(2)	NORTHWELL HEALTH LABORATORIES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3412370	SUPPORT ORG	NY	501(C)(3)	11, TYPE I		NW HEALTH		X
(3)	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2673595	RESEARCH	NY	501(C)(3)	4		NW HEALTH		X
(4)	NORTHWELL HEALTH FOUNDATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2965575	FUNDRAISING	NY	501(C)(3)	7		NW HEALTH		X
(5)	NORTHWELL HEALTH STERN FAMILY CENTER FOR 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7007485	NURSING HOME	NY	501(C)(3)	9		NW HEALTHCAR		X
(6)	LIJ MEDICAL CENTER AT HOME PHARMACY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3251128	SUPPORT	NY	501(C)(3)	11, TYPE I		NW HEALTH		X
(7)	LIJ FOUNDATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2661239	SUPPORT ORG	NY	501(C)(3)	11, TYPE I		NW HEALTH		X

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

**SCHEDULE R**  
**(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORCORP, INC.

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

Employer identification number

13-3366748

**2015**

Open to Public  
Inspection

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTH SHORE-LIJ MEDICAL CARE CENTERS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3473923	SUPPORT ORG	NY	501(C)(3)	11, TYPE I	NW HEALTH		X
(2) SSH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2774102	SUPPORT ORG	NY	501(C)(3)	11, TYPE I	SOUTHSIDE		X
(3) NORTH SHORE COMMUNITY SERVICES INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7273200	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(4) NORTH SHORE UNIVERSITY HOSPITAL HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2171903	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(5) NSUH AT GLEN COVE HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY 11590 23-7010468	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(6) HILLSIDE HOSPITAL HOUSES INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2113949	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(7) SIUH SYSTEMS INC 475 SEAVIEW AVE STATEN ISLAND, NY 10305 06-1074604	FUNDRAISING	NY	501(C)(3)	N/A	NW HEALTH		X

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORCORP, INC.

Employer identification number

13-3366748

**2015**

Open to Public  
Inspection

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY 10305 11-2868878	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(2)	STATEN ISLAND UNIVERSITY HOSPITAL FDN 360 SEAVIEW AVE STATEN ISLAND, NY 10305 87-0765787	FUNDRAISING	NY	501(C)(3)	7	SIUH		X
(3)	THE HEART INSTITUTE 475 SEAVIEW AVE STATEN ISLAND, NY 10305 31-1757254	INACTIVE	NY	501(C)(3)	11, TYPE I	N/A		X
(4)	HOSPICE CARE NETWORK 99 SUNNYSIDE BLVD WOODBURY, NY 11797 11-2925757	HOSPICE	NY	501(C)(3)	9	NW HEALTH		X
(5)	HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY 11743 11-1630914	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(6)	HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PULASKI RD GREENLAWN, NY 11740 11-3368503	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		X
(7)	PHYSICIANS OF UNIVERSITY HOSPITAL PC 1 EDGEWATER PLAZA, 6TH FL STATEN ISLAND, NY 10305 20-0096809	HEALTH CARE	NY	501(C)(3)	11, TYPE I	SIUH		X

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**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.
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Department of the Treasury  
Internal Revenue Service

Name of the organization

NORCORP, INC.

Employer identification number

13-3366748

**Open to Public  
Inspection**

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	LENOX HILL HOSPITAL 100 EAST 77TH ST NEW YORK, NY 10021 13-1624070	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCARE		X
(2)	LHH CORPORATION 100 EAST 77TH ST NEW YORK, NY 10021 13-3272016	SUPPORT	NY	501(C)(3)	11, TYPE I	NW HEALTH		X
(3)	THE ELMEZZI GRADUATE SCHOOL OF MOLECULAR 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3284934	GRADUATE SCHO	NY	501(C)(3)	2	RESEARCH		X
(4)	SPORTS PHYSICAL THERAPY AND REHAB SVCS O 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 06-1655704	HEALTH CARE	NY	501(C)(3)	9	LIJ		X
(5)	NORTH SHORE-LIJ ALLIANCE 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 26-3727582	HEALTH CARE	NY	501(C)(3)	3	N/A		X
(6)	THE LONG ISLAND HOME 400 SUNRISE HIGHWAY AMITVILLE, NY 11701 11-2837244	HEALTH CARE	NY	501(C)(3)	3	LHH CORP		X
(7)	CLNY ALLIANCE, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-3146870	LABORATORY	NY	501(C)(3)	3	NW LABS		X

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service  
Name of the organization

NORCORP, INC.

Employer identification number

13-3366748

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NORTH SHORE-LIJ CARDIOVASCULAR MEDICINE, WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	11, TYPE I	NSUH		X
(2)	NORTH SHORE-LIJ CARDIOLOGY AT DEER PARK, WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	11, TYPE I	NSUH		X
(3)	NORTH SHORE-LIJ HEART SURGERY, PC WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	11, TYPE I	NSUH		X
(4)	NORTH SHORE-LIJ INTERNAL MEDICINE, PC WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	11, TYPE I	NSUH		X
(5)	NORTH SHORE-LIJ MEDICAL GROUP URGENT MED WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	11, TYPE I	NSUH		X
(6)	NORTH SHORE-LIJ MEDICAL, PC WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	11, TYPE I	NSUH		X
(7)	NORTH SHORE-LIJ HEALTH PLAN, INC. WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	INSURANCE	NY	501(C)(3)	11, TYPE I	NSUH		X

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**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

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▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

NORCORP, INC.

Employer identification number

13-3366748

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

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ADVOCATE COMMUNITY PROVIDERS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2528627	DSRIP	NY	APPLIED FOR	N/A			X
(2)	NORTH SHORE-LIJ HEALTH PLAN HOLDING COMP 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2478147	HOLDING CO	NY	501(C)(3)	11, TYPE II NW HEALTHCAR			X
(3)	PHELPS MEMORIAL HOSPITAL ASSOCIATION 701 NORTH BROADWAY SLEEPY HOLLOW, NY 11590 13-1725076	HOSPITAL	NY	501(C)(3)	3 NW HEALTHCAR			X
(4)	PHELPS MEDICAL SERVICES, PC 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 27-4416017	MEDICAL SVCS	NY	501(C)(3)	11, TYPE I PHELPS MEMOR			X
(5)	NORTHERN WESTCHESTER HOSPITAL ASSOCIATIO 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-1740118	HOSPITAL	NY	501(C)(3)	3 NW HEALTHCAR			X
(6)	NORTHERN WESTCHESTER HOSPITAL FOUNDATION 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-4067064	FOUNDATION	NY	501(C)(3)	9 NWHA			X
(7)	NORTHERN WESTCHESTER REALTY HOLDING COMP 400 EAST MAIN STREET MOUNT KISCO, NY 10549 91-2134215	HOLDING CO	NY	501(C)(2)	N/A			X

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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Open to Public  
Inspection

Name of the organization

NORCORP, INC.

Employer identification number

13-3366748

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GLEN COVE HOSPITAL 11-1633487 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> KRASNOFF CONSULTATIVE SERVICES 972 BRUSH HOLLOW RD WESTBURY, CONSULTING		NY	CARE MGMT GRP									
<b>(2)</b> ENDOSCOPY CENTER OF LONG ISLAND 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	NS-LIJ VENTURES									
<b>(3)</b> TRUE NORTH URGENT CARE, LLC 46 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	NSLIJ URGENT CA									
<b>(4)</b> TRUE NORTH DC, LLC 46-4113494 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	RENAL VENTURES									
<b>(5)</b> SYNERGY HEALTH TRUE NORTH, LLC 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	CENTRAL STERILE									
<b>(6)</b> NORTH SHORE-LIJ MEDICAL AIR TR 972 BRUSH HOLLOW ROAD WESTBURY AIR TRANSPORT		NY	NSUH									
<b>(7)</b> NORTH SHORE-LIJ CONTRACT RESEA 972 BRUSH HOLLOW ROAD WESTBURY RESEARCH		NY	HEALTH CARE									

**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
<b>(1)</b> NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	NW HEALTH	C					X
<b>(2)</b> REGIONCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOME CARE	NY	NSHS ENTERPRISE C						X
<b>(3)</b> NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	NSHS ENTERPRISE C						X
<b>(4)</b> CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY 11590	BUSINESS SERV	NY	NSH ENTERPRISES C						X
<b>(5)</b> REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE, 41 CEDAR AVE HAMILTON, BERMUDA BD HM 12	INSURANCE		NW HEALTHCARE C						X
<b>(6)</b> ALETTA CORPORATION 972 BRUSH HOLLOW RD WESTBURY, NY 11590	PHYSICIAN SER	NY	SOUTHSIDE C						X
<b>(7)</b> NS-LIJ PHYSICIAN INSURANCE COMPANY RRG 100 BANK ST BURLINGTON, NY 05401	INSURANCE	VT	NW HEALTHCARE PC						X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NORTH SHORE-LIJ RENAL VENTURES 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS		NY	NSUH									
(2) STATEN ISLAND PERFORMING PROVI 972 BRUSH HOLLOW ROAD WESTBURY DSRIP		NY	SIUH									
(3) MASSAU QUEENS PERFORMING PROVI 972 BRUSH HOLLOW ROAD WESTBURY DSRIP		NY	NSUH									
(4) ENDO GROUP, LLC 20-0248148 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS		NY	VENTURES GCSC									
(5) HOSPITAL CITY, LLC 47-4091780 972 BRUSH HOLLOW RD WESTBURY, INACTIVE		NY	NW HEALTH									
(6) NORTHWELL GENOMIC ALLIANCE, LL 972 BRUSH HOLLOW RD WESTBURY, INACTIVE		NY	NW LABS									
(7) HEALTH CONNECT TECHNOLOGIES, L 972 BRUSH HOLLOW RD WESTBURY, INACTIVE		NY	NEWPORT HEALTH									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTH SHORE-LIJ SERVICE ALLIANCE 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-3651575	SUPPORT SERVI	NY	N/A	C					X
(2) NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533659	HEALTH CARE	NY	LIJ	C					X
(3) NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3533670	HEALTH CARE	NY	LIJ	C					X
(4) NORTH SHORE IPA 5 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3383468	BUSINESS SERV	NY	NW HEALTHCARE	C					X
(5) NORTH SHORE-LIJ NETWORK INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 32-0257193	SUPPORT SERVI	NY	NW HEALTH	C					X
(6) NORTH SHORE-LIJ RADIOLOGY SERVICES PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 22-3970667	MEDICAL SERVI	NY	NSUH	C					X
(7) OCEAN VIEW MANAGEMENT 1 EDGEWATER PLAZA STATEN ISLAND, NY 10305 13-3138888	MANAGEMENT SV	NY	SIUH	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PHELPS PROFESSIONAL BUILDING C 777 NORTH BROADWAY SLEEPY HOLL REAL ESTATE		NY	PHIA									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OCEAN BREEZE HOME CARE AGENCY 1 EDgewater PLAZA STATEN ISLAND, NY 10305	INACTIVE	NY	OVH	C					X
(2) REGENCY ALLIANCE SERVICES INC 1 EDgewater PLAZA STATEN ISLAND, NY 10305	INACTIVE	NY	OVH	C					X
(3) STUH PERINATOLOGY PC 475 SEAVIEW AVE STATEN ISLAND, NY 10305	MEDICAL SERVI	NY	STUH	C					X
(4) UNITED MEDICAL SURGICAL PC 256 MASON AVE STATEN ISLAND, NY 10305	SURGICAL SVCS	NY	STUH	C					X
(5) NS-LIJ MEDICAL GROUP AT SYOSSET PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(6) NORTH SHORE-LIJ MEDICAL GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(7) NS-LIJ MEDICAL GROUP AT HUNTINGTON PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NS-LIJ MEDICAL GROUP AT NORTH NASSAU PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384146	MEDICAL SERVI	NY	NSUH	C					X
(2) NORTH SHORE-LIJ PHYSICIANS GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-4384326	MEDICAL SERVI	NY	NSUH	C					X
(3) LENOX HILL PHYSICIAN HOSPITAL ORG 972 BRUSH HOLLOW RD WESTBURY, NY 11590 13-3775996	MANAGED CARE	NY	LENOX HILL	C					X
(4) LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 20-8784395	MEDICAL SERVI	NY	LENOX HILL	C					X
(5) LENOX HILL PATHOLOGY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 13-3644370	MEDICAL SERVI	NY	LENOX HILL	C					X
(6) PARK LENOX EMERGENCY MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-2661082	MEDICAL SERVI	NY	LENOX HILL	C					X
(7) VIVOHEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 26-4118016	INACTIVE	NY	NSH ENTERPRISES	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 27-0701489	INACTIVE	NY	RESEARCH	C					X
(2) LENOX HILL HOSPITAL MEDICAL, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 45-2661543	MEDICAL SERVI	NY	LENOX HILL	C					X
(3) NORTH SHORE-LIJ OCCUPATIONAL MEDICINE, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 45-1004103	MEDICAL SERVI	NY	NSUH	C					X
(4) NORTH SHORE-LIJ OB-GYN, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1382916	MEDICAL SERVI	NY	LIJ	C					X
(5) NORTH SHORE-LIJ ANESTHESIOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1617561	MEDICAL SERVI	NY	SSIDE	C					X
(6) NORTH SHORE-LIJ INTERNAL MEDICINE AT LYN 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-3475908	MEDICAL SERVI	NY	NSUH	C					X
(7) NORTH SHORE-LIJ INTERNAL MEDICINE AT NHP 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2822879	MEDICAL SERVI	NY	NSUH	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTH SHORE-LIJ OB-GYN AT GARDEN CITY, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2886776	MEDICAL SERVI	NY	NSUH	C					X
(2) NORTH SHORE-LIJ CARECONNECT INSURANCE CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2270382	INSURANCE	NY	GROUP HOLDING	C					X
(3) NORTH SHORE MEDICAL ACCELERATOR, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2945979	MEDICAL SERVI	NY	NSUH	S					X
(4) TRUE NORTH HEALTH PHARMACY, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1020508	PHARMACY	NY	NSUH	C					X
(5) NORTH SHORE-LIJ CARECONNECT INSURANCE AG 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1994548	INSURANCE AGE	NY	GROUP HOLDING	C					X
(6) CARECONNECT GROUP HOLDING COMPANY, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-2478692	HOLDING CO	NY	HPLAN HOLDING	C					X
(7) NORTH SHORE-LIJ PEDIATRICS OF SUFFOLK CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-5746956	MEDICAL SERVI	NY	NSUH	C					X

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

**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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	NORTH SHORE-LIJ URGENT CARE, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1758444	MEDICAL SERVI	NY	NSUH	C					X
(2)	NORTH SHORE-LIJ MATERNAL FETAL MEDICINE, 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-5495054	MEDICAL SERVI	NY	NSUH	C					X
(3)	NORTH SHORE-LIJ OPHTHALMOLOGY INSTITUTE, 972 BRUSH HOLLOW RD WESTBURY, NY 11590 30-0930651	INACTIVE	NY	NSUH	C					X
(4)	PHELPS REALTY CORP 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-3645135	REAL ESTATE	NY	PHELPS MEMORIAL	C					X
(5)	HEALTH DELIVERY ANALYSIS, INC. 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-3552327	INACTIVE	NY	PHELPS MEMORIAL	C					X
(6)	PHELPS MANAGEMENT SERVICES, INC. 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-1726635	INACTIVE	NY	PHELPS MEMORIAL	C					X
(7)	PHELPS SERVICES, INC 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-1742995	INACTIVE	NY	PHELPS MEMORIAL	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) NORTHERN WESTCHESTER ONCOLOGY MANAGEMENT 400 EAST MAIN ST MOUNT KISCO, NY 10549	MEDICAL SVCS	NY	NORCORP	C	0.	0.	100.0000	X
(2) NWHC HEALTH MANAGEMENT SERVICES, INC. 400 EAST MAIN ST MOUNT KISCO, NY 10549	HEALTH MGMT	NY	NORCORP	C	387,159.	944,437.	100.0000	X
(3) NORTHERN WESTCHESTER SURGICAL SERVICES, 400 EAST MAIN ST MOUNT KISCO, NY 10549	MEDICAL SVCS	NY	NWHA	C				X
(4) NORTH SHORE-LIJ OB-GYN AT NEW HYDE PARK, 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C				X
(5) LAKEVILLE SURGERY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	LENOX HILL	C				X
(6) MARCUS EMERGENCY MEDICINE, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	LENOX HILL	C				X
(7) CARNEGIE CARDIOVASCULAR, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	LENOX HILL	C				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) MADISON IMAGING, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 00-0000000	MEDICAL SVCS	NY	NSUH	C				X
(2) COMMUNITY DRIVE MEDICINE, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-4447289	MEDICAL SVCS	NY	NSUH	C				X
(3) WESTCHESTER HEALTH MEDICAL, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-4539584	MEDICAL SVCS	NY	NSUH	C				X
(4) MARCUS AVENUE MEDICAL, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 30-0930577	MEDICAL SVCS	NY	NSUH	C				X
(5) CARECONNECT ADMINISTRATIVE SERVICES, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-5182974	ADMIN	NY	GROUP HOLDING	C				X
(6) NORTHWELL FLEXSTAFF, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-0836815	INACTIVE	NY	NW HEALTHCARE	C				X
(7)								

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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