

Form 990

Return of Organization Exempt From Income Tax

2017

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

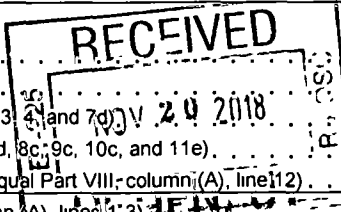
Form header section containing organization name (HOSPICE CARE NETWORK), EIN (11-2925757), address (99 SUNNYSIDE BLVD, WOODBURY, NY 11797), principal officer (MICHAEL DOWLING), and tax-exempt status (501(c)(3)).

NOV 15 2018 ENVELOPE POSTMARK DATE

SCANNED FEB 12 2019

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics (31 voting members, 26 independent members, 367 employees, 146 volunteers), revenue (Total revenue: 55,394,961), expenses (Total expenses: 47,970,244), and net assets (Total assets: 56,307,729).



Part II Signature Block

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

Signature of Michele Cusack, SVP & CFO, dated 11/1/18.

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

8 G-64

**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  
OUR MISSION IS TO ENABLE PERSONS TO LIVE WITH PEACE AND DIGNITY IN A  
CARING ENVIRONMENT DURING THE FINAL STAGES OF LIFE BY OFFERING CARE  
AND COMFORT TO BOTH THEM AND TO THOSE WHOM THEY SHARE THEIR LIVES.

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 \$ 41,801,370. including grants of \$ 0. ) (Revenue \$ 51,793,145. )  
HOSPICE CARE NETWORK PROVIDES A WIDE RANGE OF MEDICAL AND  
PSYCHOSOCIAL SERVICES TO THE TERMINALLY ILL PATIENTS AND THEIR  
FAMILIES. SERVICES INCLUDE NURSING, SOCIAL WORK, PASTORAL CARE,  
HOME HEALTH AIDE, VOLUNTEER, BEREAVEMENT, MEDICAL EQUIPMENT AND  
PHARMACY SERVICES.

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 ▶ 41,801,370.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and financial reporting obligations.

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

Main form table with columns for line numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a (31), 1b (26), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its 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 [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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)MICHAEL J DOWLING PRESIDENT & CEO	0. 50.00	X		X				0. 4,041,927.	54,840.	
(2)RALPH NAPPI TRUSTEE AND EVC	0. 50.00	X		X				0. 995,438.	48,848.	
(3)RICHARD D GOLDSTEIN IMMEDIATE PAST CHAIRMAN	0. 2.00	X		X				0. 0.	0.	
(4)MARK CLASTER CHAIRMAN OF BOARD OF TRUSTEES	0. 3.00	X		X				0. 0.	0.	
(5)BARRY RUBENSTEIN VICE CHAIRMAN	0. 2.00	X		X				0. 0.	0.	
(6)WILLIAM L MACK VICE CHAIRMAN	0. 2.00	X		X				0. 0.	0.	
(7)ALAN I GREENE TREASURER	0. 2.00	X		X				0. 0.	0.	
(8)DONALD ZUCKER SECRETARY	0. 2.00	X		X				0. 0.	0.	
(9)NON-COMPENSATED TRUSTEES SEE SCHEDULE O	0. 2.00	X						0. 0.	0.	
(10)MARK J SOLAZZO EVP, CHIEF OPERATING OFFICER	0. 50.00			X				0. 2,473,309.	782,518.	
(11)ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER	0. 50.00			X				0. 1,649,071.	48,848.	
(12)HOWARD B GOLD EVP & CHF MGD CARE BS DVLP OFF	0. 50.00			X				0. 1,779,494.	48,495.	
(13)LAWRENCE G SMITH MD EVP & PHYSICIAN IN CHIEF	0. 50.00			X				0. 1,329,674.	50,048.	
(14)JEFFREY KRAUT EVP, STRATEGY & ANALYTICS	0. 50.00			X				0. 1,310,075.	557,633.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KATHLEEN GALLO RN PHD SR VP & CHF LEARNING OFFICER	0. 50.00			X				0. 934,879.	48,848.	
16) DONNA DRUMMOND SVP, CONSOLIDATED SERVICES	0. 50.00			X				0. 951,732.	254,399.	
17) LAURA PEABODY SVP & CHIEF LEGAL OFFICER	0. 50.00			X				0. 1,058,897.	222,944.	
18) ANDREW SCHULZ GEN COUNSEL & ASST SECRETARY	0. 50.00			X				0. 0.	0.	
19) EUGENE S. TANGNEY SR. VICE PRES. & CAO	0. 50.00			X				0. 1,260,472.	300,149.	
20) HARRY GINDI ASSISTANT SECRETARY	0. 50.00			X				0. 356,152.	48,821.	
21) ANTHONY FERRERI EVP/CHF AFFILIATION OFF	0. 50.00			X				0. 1,204,847.	48,848.	
22) MICHELE CUSACK SVP & CFO	0. 50.00			X				0. 1,071,679.	149,487.	
23) RICHARD MILLER EVP & CHF BUSINESS STRATEGY OF	0. 50.00			X				0. 1,109,260.	218,236.	
24) LAURENCE KRAEMER SVP GNCNSL, INTERIM CHF LGL OF	0. 50.00			X				0. 879,404.	58,123.	
25) MARK GLOADE SVP DEPUTY GENCONS & ASST SEC	0. 50.00			X				0. 576,726.	58,123.	
<b>1b Sub-total</b>								0. 13,578,988.	1,591,230.	
<b>c Total from continuation sheets to Part VII, Section A</b>								2,200,670.	9,404,048.	
<b>d Total (add lines 1b and 1c)</b>								2,200,670.	22,983,036.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) MAUREEN HINKELMAN EXECUTIVE DIRECTOR	50.00 0.				X		430,830.	0.	39,235.	
27) NAN TOELSTEDT ASSOC EXEC DIR CLINICAL OPS	50.00 0.				X		246,582.	0.	20,795.	
28) SUSAN MAURO ASSOC EXEC DIR FINANCE	50.00 0.				X		202,452.	0.	36,017.	
29) LORI ANN ATTIVISSIMO VP	50.00 0.				X		353,223.	0.	39,235.	
30) EDWARD HALBRIDGE HOSPICE MEDICAL DIRECTOR	50.00 0.					X	208,234.	0.	18,494.	
31) DARRIN LONDON AVP, HOSPICE INPATIENT	50.00 0.					X	194,768.	0.	17,686.	
32) IMMACULADA ESPIRITU HOSPICE MEDICAL DIRECTOR	50.00 0.					X	192,248.	0.	44,340.	
33) DIMITRIS PLATIS HOSPICE MEDICAL DIRECTOR	50.00 0.					X	188,178.	0.	25,737.	
34) EIRENE MILANO CHIEF OPERATING OFFICER	50.00 0.					X	184,155.	0.	17,049.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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	18,744.			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	548,812.			
	d	Related organizations . . . . .	1d	7,000.			
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	636,318.			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1,210,874.			
<b>Program Service Revenue</b>	2a	PATIENT SERVICE REVENUE	Business Code 621610	51,793,145.	51,793,145.		
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		51,793,145.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		2,408,574.		2,408,574.	
	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	Net rental income or (loss) . . . . . ▶		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	Net gain or (loss) . . . . . ▶		0.	
	8a	Gross income from fundraising events (not including \$ <u>548,812.</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . a	ATCH 2	118,455.			
	b	Less direct expenses . . . . . b		136,087.			
	c	Net income or (loss) from fundraising events. ATCH 3 ▶		-17,632.			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . . a					
b	Less direct expenses . . . . . b						
c	Net income or (loss) from gaming activities. . . . . ▶		0.				
10a	Gross sales of inventory, less returns and allowances . . . . . a						
b	Less cost of goods sold . . . . . b						
c	Net income or (loss) from sales of inventory. . . . . ▶		0.				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0.				
12	<b>Total revenue.</b> See instructions . . . . . ▶		55,394,961.	51,793,145.		2,408,574.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
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 . . . . .	1,233,087.	1,048,124.	184,963.	
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 . . . . .	18,696,535.	15,892,055.	2,617,515.	186,965.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,284,096.	1,091,482.	179,773.	12,841.
9 Other employee benefits . . . . .	3,526,049.	2,997,142.	493,647.	35,260.
10 Payroll taxes . . . . .	1,491,815.	1,268,043.	208,854.	14,918.
11 Fees for services (non-employees)				
a Management . . . . .	334,249.		334,249.	
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 . . . . .	49,978.	42,481.	6,997.	500.
13 Office expenses . . . . .	6,897,009.	5,862,458.	965,581.	68,970.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,924,916.	1,636,179.	269,488.	19,249.
17 Travel . . . . .	284,411.	241,749.	39,818.	2,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	83,162.	70,687.	11,643.	832.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	283,501.	240,976.	39,690.	2,835.
23 Insurance . . . . .	60,820.	60,820.		
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 NURSING HOME . . . . .	1,540,134.	1,540,134.		
b CONTRACT LABOR . . . . .	4,818,187.	4,818,187.		
c CENTRALIZED ADMIN EXPENSE . . . . .	184,200.		184,200.	
d INPATIENT EXPENSE . . . . .	3,788,154.	3,788,154.		
e All other expenses . . . . .	1,489,941.	1,202,699.	273,092.	14,150.
25 Total functional expenses. Add lines 1 through 24e . . . . .	47,970,244.	41,801,370.	5,809,510.	359,364.
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)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	13,618,615.	1	4,393,809.	
	2	Savings and temporary cash investments	113,299.	2	116,479.	
	3	Pledges and grants receivable, net	242,905.	3	161,936.	
	4	Accounts receivable, net	7,602,098.	4	9,083,565.	
	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	236,827.	9	182,990.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,603,755.		
	b	Less accumulated depreciation	10b	815,098.	10c	788,657.
	11	Investments - publicly traded securities	ATCH 4	25,829,594.	11	41,219,805.
	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		407,533.	15	360,488.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		48,934,594.	16	56,307,729.	
Liabilities	17	Accounts payable and accrued expenses	4,440,355.	17	3,776,691.	
	18	Grants payable	0.	18	0.	
	19	Deferred revenue	833,861.	19	872,840.	
	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		827,874.	25	678,288.
	26	<b>Total liabilities.</b> Add lines 17 through 25		6,102,090.	26	5,327,819.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	40,862,627.	27	49,092,325.	
	28	Temporarily restricted net assets	1,591,648.	28	1,509,356.	
	29	Permanently restricted net assets	378,229.	29	378,229.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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>		42,832,504.	33	50,979,910.	
34	<b>Total liabilities and net assets/fund balances</b>		48,934,594.	34	56,307,729.	

**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	55,394,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,970,244.
3	Revenue less expenses Subtract line 2 from line 1	3	7,424,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,832,504.
5	Net unrealized gains (losses) on investments	5	722,689.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,979,910.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service.

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations. . . . .

09

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

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

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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); 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 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II  
 If the organization fails to qualify under the tests listed below, please complete Part II)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,558,760.	1,633,508.	1,544,201.	1,661,051.	1,210,874.	7,608,394.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	49,160,999.	49,322,148.	51,227,518.	49,621,190.	51,793,145.	251,125,000.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	50,719,759.	50,955,656.	52,771,719.	51,282,241.	53,004,019.	258,733,394.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	67,073.	43,830.	69,346.	34,925.	2,470.	217,644.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0.
<b>c</b> Add lines 7a and 7b. . . . .	67,073.	43,830.	69,346.	34,925.	2,470.	217,644.
<b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .						258,515,750.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .	50,719,759.	50,955,656.	52,771,719.	51,282,241.	53,004,019.	258,733,394.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	391,212.	597,354.	823,922.	547,494.	2,408,574.	4,768,556.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	391,212.	597,354.	823,922.	547,494.	2,408,574.	4,768,556.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	51,110,971.	51,553,010.	53,595,641.	51,829,735.	55,412,593.	263,501,950.

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	98.11%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	<b>16</b>	98.70%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.81%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.17%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33 1/3% support tests - 2016.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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 12a or 12b in Part I, answer (b) and (c) below.		
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).		
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> .		
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).		
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).		
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> .		
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> .		
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> .		
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.		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations Answer (a) and (b) below. Sub-rows a, b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) 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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013 . . . . .			
c	From 2014 . . . . .			
d	From 2015 . . . . .			
e	From 2016 . . . . .			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	<b>Excess distributions carryover to 2018</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013 . . . . .			
b	Excess from 2014 . . . . .			
c	Excess from 2015 . . . . .			
d	Excess from 2016 . . . . .			
e	Excess from 2017 . . . . .			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

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: 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: Revenue, Assets. 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, 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

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

Schedule D (Form 990) 2017

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 5 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) INSURANCE CLAIMS LIABILITY	138,400.
(3) DUE TO AFFILIATE	320,490.
(4) ACCRUED RETIREMENT BENEFIT	219,398.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	678,288.

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 V, LINE 4

SPECIAL PURPOSE FUND - CAREGIVERS - FOR SUPPORT TO THE PATIENTS' CAREGIVERS. SPECIAL PURPOSE FUND - COMPLEMENTARY THERAPY - MASSAGE THERAPY THROUGH SERVICES FOR PATIENTS. SPECIAL PURPOSE FUND - CAPITAL CAMPAIGN - COLLECTIVE FUNDS SUPPORT INCLUDING FACILITY PROJECTS AND ENHANCEMENTS. SPECIAL PURPOSE FUND - PALLIATIVE CARE - SUPPORT EXPENSES RELATED TO PATIENTS IN PALLIATIVE CARE SERVICES. SPECIAL PURPOSE FUND - BEREAVEMENT - SUPPORT EXPENSES TO THE BEREAVEMENT SERVICES OF THE FAMILIES OF HOSPICE PATIENTS AND THE PEOPLE OF THE COMMUNITIES.

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 AND FOR UNRELATED BUSINESS ACTIVITIES FOR THE TAX-EXEMPT ENTITIES. 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, 2017 AND 2016, NORTHWELL HAS A DEFERRED INCOME TAX ASSET OF APPROXIMATELY \$123,000,000 AND \$142,000,000, RESPECTIVELY, BOTH OF WHICH HAVE BEEN FULLY OFFSET BY A RELATED VALUATION ALLOWANCE. A VALUATION ALLOWANCE IS PROVIDED WHEN IT IS

**Part XIII Supplemental Information (continued)**

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 AND NET OPERATING LOSS CARRYFORWARDS. CERTAIN ENTITIES HAVE NET OPERATING LOSS CARRYFORWARDS AGGREGATING APPROXIMATELY \$573,000,000, WHICH EXPIRE IN VARYING AMOUNTS THROUGH 2037, AND ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME.

## PART XI, LINE 2D &amp; 4B

## AMOUNTS NOT INCLUDED ON RETURN

PROVISION FOR BAD DEBT	(75,000)
------------------------	----------

## AMOUNTS INCLUDED ON RETURN

TEMP RESTRICTED CONTRIBUTIONS	198,947
TEMP RESTRICTED INVESTMENTS	44,065
NET ASSETS RELEASED	(325,304)
TOTAL	(82,292)

## PART XII, LINE 4B

## AMOUNTS INCLUDED ON RETURN

PROVISION FOR BAD DEBT	75,000
------------------------	--------



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))		
		GALA	GOLF OUTING	8.			
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	146,747.	311,925.	208,595.	667,267.	
	2	Less Contributions	106,022.	261,660.	181,130.	548,812.	
	3	Gross income (line 1 minus line 2)	40,725.	50,265.	27,465.	118,455.	
Direct Expenses	4	Cash prizes		3,625.		3,625.	
	5	Noncash prizes					
	6	Rent/facility costs	30,747.	39,270.	17,260.	87,277.	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	13,352.	16,408.	15,424.	45,184.	
	10	Direct expense summary Add lines 4 through 9 in column (d)					136,086.
	11	Net income summary Subtract line 10 from line 3, column (d)					-17,631.

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

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

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

---

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

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

▶ Attach to Form 990.

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

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

**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 (such as, 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 on 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 checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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**
- 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**
- b** Any related organization? **5b**
- If "Yes" on 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**
- b** Any related organization? **6b**
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**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.

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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 aren't 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				
MICHAEL J DOWLING 1 PRESIDENT & CEO	0.	0.	0.	0.	0.	0.	0.
MARK J SOLAZZO 2 EVP, CHIEF OPERATING OFFICER	1,474,558.	2,543,853.	23,516.	29,700.	25,140.	4,096,767.	0.
ROBERT S SHAPIRO 3 EVP, CHIEF FINANCIAL OFFICER	1,444,332.	1,000,000.	28,977.	770,985.	11,533.	3,255,827.	0.
HOWARD B GOLD 4 EVP & CHF MGD CARE BS DVLP OFF	1,171,054.	421,415.	56,602.	29,700.	19,148.	1,697,919.	0.
LAWRENCE G SMITH MD 5 EVP & PHYSICIAN IN CHIEF	1,076,639.	670,464.	32,391.	29,700.	18,795.	1,827,989.	0.
JEFFREY KRAUT 6 EVP, STRATEGY & ANALYTICS	1,003,732.	297,751.	28,191.	29,700.	20,348.	1,379,722.	0.
KATHLEEN GALLO RN PHD 7 SR VP & CHF LEARNING OFFICER	917,461.	344,037.	48,577.	530,377.	27,256.	1,867,708.	0.
DONNA DRUMMOND 8 SVP, CONSOLIDATED SERVICES	670,899.	230,549.	33,431.	29,700.	19,148.	983,727.	0.
LAURA PEABODY 9 SVP & CHIEF LEGAL OFFICER	684,675.	235,506.	31,551.	225,976.	28,423.	1,206,131.	0.
EUGENE S. TANGNEY 10 SR. VICE PRES. & CAO	707,941.	282,134.	68,822.	203,936.	19,008.	1,281,841.	0.
HARRY GINDI 11 ASSISTANT SECRETARY	997,983.	251,479.	11,010.	271,726.	28,423.	1,560,621.	0.
RALPH NAPPI 12 TRUSTEE AND EVC	304,506.	47,201.	4,445.	29,700.	19,121.	404,973.	0.
ANTHONY FERRERI 13 EVP/CHF AFFILIATION OFF	720,899.	243,445.	31,094.	29,700.	19,148.	1,044,286.	0.
MICHELE CUSACK 14 SVP & CFO	92,419.	278,561.	833,867.	29,700.	19,148.	1,253,695.	0.
RICHARD MILLER 15 EVP & CHF BUSINESS STRATEGY OF	775,211.	284,418.	12,050.	121,106.	28,381.	1,221,166.	0.
LAURENCE KRAEMER 16 SVP GNCNSL, INTERIM CHF LGL OF	777,892.	299,893.	31,475.	198,971.	19,265.	1,327,496.	0.
	632,884.	204,756.	41,764.	29,700.	28,423.	937,527.	0.



**Part III Supplemental Information**

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

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

CERTAIN INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH IS SUBJECT TO SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT AND THE AMOUNTS OUTLINED HEREIN WERE PROPERLY NOT REPORTED IN EACH INDIVIDUAL'S FORM W-2, BOX 5. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, COLUMN C FOR MARK J SOLAZZO (\$741,285), JEFFREY KRAUT (\$500,677), MICHELE CUSACK (\$91,406), RICHARD MILLER (\$169,271, DONNA DRUMMOND (\$196,276), EUGENE TANGNEY (\$242,026) AND LAURA PEABODY (\$174,236).

PART II, COLUMN (F) - SERP PAYOUT

THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDES SERP AMOUNTS WHICH WERE PREVIOUSLY REPORTED ON FORM 990, SCHEDULE J, PART II, COLUMN (C) IN PRIOR YEARS. IN ACCORDANCE WITH THE IRS INSTRUCTIONS, THESE AMOUNTS WERE ORIGINALLY REPORTED WHEN CONTRIBUTIONS WERE MADE TO THE SERP PLAN AND ARE NOW BEING REPORTED FOR A SECOND TIME UPON RECEIPT OF DISTRIBUTION FROM THE SERP PLAN.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE CARE NETWORK

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

11-2925757

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 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

Name of the organization

HOSPICE CARE NETWORK

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11-2925757

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 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

Name of the organization HOSPICE CARE NETWORK	Employer identification number 11-2925757
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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

FRANK J. BESIGNANO	ALAN I. GREENE	PATRICK F. MCDERMOTT
ROGER A. BLUMENCRANZ	PAUL B. GUENTHER	RALPH A. NAPPI
ROBERT W. CHASANOFF	WILLIAM O. HILTZ	RICHARD B. NYE
MARK L. CLASTER	NANCY KARCH	SHARON PATTERSON
MICHAEL J. DOWLING	SAUL B. KATZ	LEWIS S. RANIERI
MICHAEL A. EPSTEIN	CARY KRAVET	ROBERT D. ROSENTHAL
MICHAEL E. FELDMAN	JEFFREY B. LANE	BARRY RUBENSTEIN
CATHERINE C. FOSTER	SETH LIPSAY	RICHARD J. SINNI
L. KEITH FRIEDLANDER	WILLIAM L. MACK	DONALD ZUCKER
LLOYD M. GOLDMAN	F.J. MCCARTHY	ROY J. ZUCKERBERG
RICHARD D. GOLDSTEIN		

Name of the organization HOSPICE CARE NETWORK	Employer identification number 11-2925757
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## 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 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 VI, SECTION A - GOVERNING BODY, LINE 2

ALL TRANSACTIONS WITH NORTHWELL HEALTH ENTITIES ARE AS FOLLOWS: (1) NEGOTIATED AT ARM'S LENGTH; (2) ALL PURCHASES ARE AT FAIR MARKET VALUE; AND (3) ALL PRODUCTS OR SERVICES ARE RENDERED ON AN "AS NEEDED" BASIS.

Name of the organization

HOSPICE CARE NETWORK

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ROGER BLUMENCRANZ HAS A BUSINESS RELATIONSHIP WITH RICHARD D. GOLDSTEIN,  
ALAN GREENE, SAUL KATZ, RALPH NAPPI, MARK SOLAZZO AND DONALD ZUCKER.

MARK CLASTER HAS A BUSINESS RELATIONSHIP WITH ROBERT ROSENTHAL.

LLOYD GOLDMAN HAS A BUSINESS RELATIONSHIP WITH RICHARD GOLDSTEIN AND  
WILLIAM MACK.

RICHARD D. GOLDSTEIN HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ,  
LLOYD GOLDMAN, WILLIAM MACK AND BARRY RUBENSTEIN.

ALAN GREENE HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ, SETH  
LIPSAY, F.J. MCCARTHY AND ROBERT ROSENTHAL.

SAUL KATZ HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ, SETH LIPSAY  
AND F.J. MCCARTHY.

JEFFREY LANE HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

SETH LIPSAY HAS A BUSINESS RELATIONSHIP WITH SAUL KATZ AND ROBERT  
ROSENTHAL.

WILLIAM MACK HAS BUSINESS RELATIONSHIPS WITH LLOYD GOLDMAN, RICHARD  
GOLDSTEIN, JEFFREY LANE, BARRY RUBENSTEIN AND ROY ZUCKERBERG.

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

F.J. MCCARTHY HAS A BUSINESS RELATIONSHIP WITH SAUL KATZ AND ROBERT ROSENTHAL.

RALPH NAPPI HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ.

ROBERT ROSENTHAL HAS A BUSINESS RELATIONSHIP WITH MARK CLASTER, SETH LIPSAY AND F.J. MCCARTHY.

BARRY RUBENSTEIN HAS A BUSINESS RELATIONSHIP WITH RICHARD GOLDSTEIN AND WILLIAM MACK.

MARK SOLAZZO HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ.

DONALD ZUCKER HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ.

ROY ZUCKERBERG HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LAWRENCE SHULMAN, DO PC 14 CHISWELL DR MELVILLE, NY 11747	PHYSICIAN SERVICES	118,000.

ATTACHMENT 2

Name of the organization HOSPICE CARE NETWORK	Employer identification number 11-2925757
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ATTACHMENT 2 (CONT'D)FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GALA	106,022.
GOLF OUTING	261,660.
OTHER EVENTS	181,130.
TOTAL	<u>548,812.</u>

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GALA	40,725.	44,099.	-3,374.
GOLF OUTING	50,265.	59,303.	-9,038.
OTHER EVENTS	27,465.	32,685.	-5,220.
TOTALS	<u>118,455.</u>	<u>136,087.</u>	<u>-17,632.</u>

ATTACHMENT 4FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
OTHER ST INVESTMENTS	2,750,910.	FMV
US GOVT OBLIGATIONS	3,396,380.	FMV
CORPORATE BONDS	2,039,757.	FMV
MUTUAL FUNDS	8,580,618.	FMV
EQUITY SECURITIES	7,795,492.	FMV

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

ATTACHMENT 4 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
OTHER FUNDS	9,707,290.	FMV
HEDGE FUNDS	4,958,373.	FMV
OTHER ALTERNATIVE INVESTMENTS	1,990,985.	FMV
TOTALS	<u>41,219,805.</u>	

**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.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

HOSPICE CARE NETWORK

Employer identification number  
11-2925757

**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)	NORTHWELL HEALTH, INC. 11-3418133 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I N/A			X
(2)	NORTHWELL HEALTHCARE, INC. 11-2965586 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		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)	GLEN COVE HOSPITAL 11-1633487 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)	SOUTHSIDE HOSPITAL 11-1667761 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) 2017

**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.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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**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)	NORTHWELL HEALTH LABORATORIES 11-3412370 WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(2)	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 11-2673595 WESTBURY, NY 11590	RESEARCH	NY	501(C)(3)	4	NW HEALTH		X
(3)	NORTHWELL HEALTH FOUNDATION 11-2965575 WESTBURY, NY 11590	FUNDRAISING	NY	501(C)(3)	7	NW HEALTH		X
(4)	NORTHWELL HEALTH STERN FAMILY CECR 23-7007485 WESTBURY, NY 11590	NURSING HOME	NY	501(C)(3)	9	NW HEALTHCAR		X
(5)	LIJ AT HOME PHARMACY 11-3251128 WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(6)	LIJ FOUNDATION 11-2661239 WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(7)	NORTH SHORE-LIJ MEDICAL CARE CENTERS 11-3473923 WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		X

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

**Related Organizations and Unrelated Partnerships**

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Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

HOSPICE CARE NETWORK

Employer identification number  
11-2925757

**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
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**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)	SSH, INC. 11-2774102 WESTBURY, NY 11590	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(2)	NORTH SHORE COMMUNITY SERVICES, INC. 23-7273200 WESTBURY, NY 11590	HOUSING COMP	NY	501(C)(3)	N/A	NW HEALTH		X
(3)	NORTH SHORE UNIVERSITY HOSPITAL HOUSING 11-2171903 WESTBURY, NY 11590	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(4)	NSUH AT GLEN COVE HOUSING 23-7010468 WESTBURY, NY 11590	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(5)	HILLSIDE HOSPITAL HOUSES 11-2113949 WESTBURY, NY 11590	HOUSING COMP	NY	501(C)(2)	N/A	NW HEALTH		X
(6)	SIUH SYSTEMS, INC. 06-1074604 STATEN ISLAND, NY 10305	FUNDRAISING	NY	501(C)(3)	7	NW HEALTHCAR		X
(7)	STATEN ISLAND UNIVERSITY HOSPITAL 11-2868878 STATEN ISLAND, NY 10305	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X

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Schedule R (Form 990) 2017

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

**Related Organizations and Unrelated Partnerships**

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▶ Attach to Form 990.

Department of the Treasury  
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Name of the organization

HOSPICE CARE NETWORK

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Employer identification number

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OMB No. 1545-0047  
**2017**

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
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**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)	STATEN ISLAND UNIVERSITY HOSPITAL FDN 360 SEAVIEW AVE STATEN ISLAND, NY 10305	FUNDRAISING	NY	501(C)(3)	7	SIUH		X
(2)	THE HEART INSTITUTE 475 SEAVIEW AVE STATEN ISLAND, NY 10305	INACTIVE	NJ	501(C)(3)	12, TYPE I	N/A		X
(3)	HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY 11743	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(4)	HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PULASKI RD GREENLAWN, NY 11740	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		X
(5)	LENOX HILL HOSPITAL 100 EAST 77TH ST NEW YORK, NY 10021	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(6)	LHH CORPORATION 100 EAST 77TH ST NEW YORK, NY 10021	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(7)	PHYSICIANS UNIVERSITY HOSPITAL, PC 1 EDGEWATER PLAZA, 6TH FL STATEN ISLAND, NY 10305	HEALTH CARE	NY	501(C)(3)	12, TYPE I	SIUH		X

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Schedule R (Form 990) 2017

**SCHEDULE R  
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**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
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Name of the organization

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(1)						
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(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)	THE ELMZZI GRADUATE SCHOOL OF MOLECULAR WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	GRADUATE SCHO	NY	501(C)(3)	2	RESEARCH		X
(2)	SPORTS PHYSICAL THERAPY AND REHAB SVCS 0 WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	HEALTH CARE	NY	501(C)(3)	9	LIJ		X
(3)	NORTH SHORE-LIJ ALLIANCE WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	HEALTH CARE	NY	501(C)(3)	3	N/A		X
(4)	THE LONG ISLAND HOME AMITYVILLE, NY 11701 400 SUNRISE HIGHWAY	HEALTH CARE	NY	501(C)(3)	3	LHH CORP		X
(5)	CLNY ALLIANCE, INC WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	LABORATORY	NY	501(C)(3)	3	NW LABS		X
(6)	NORTH SHORE-LIJ CARDIOVASCULAR MEDICINE WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I	NSUH		X
(7)	NORTH SHORE-LIJ CARDIOLOGY AT DEER PARK, WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I	NSUH		X

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Schedule R (Form 990) 2017

**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.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE CARE NETWORK

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Employer identification number

11-2925757

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)	NORTH SHORE-LIJ HEART SURGERY 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-5078838	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I	NSUH		X
(2)	NORTH SHORE-LIJ INTERNAL MEDICINE, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-5078631	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I	NSUH		X
(3)	NORTH SHORE-LIJ MEDICAL GROUP URGENT MED 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-5078426	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I	NSUH		X
(4)	NORTH SHORE-LIJ MEDICAL, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 45-3023019	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I	NSUH		X
(5)	NORTH SHORE-LIJ HEALTH PLAN, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1617516	INSURANCE	NY	501(C)(3)	9	HP HOLDING		X
(6)	ADVOCATE COMMUNITY PROVIDERS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-2528627	DSRIP	NY	501(C)(3)	7	N/A		X
(7)	NORTH SHORE-LIJ HEALTH PLAN HOLDING COMP 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-2478147	HOLDING CO	NY	501(C)(3)	12, TYPE II	NW HEALTHCAR		X

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

Schedule R (Form 990) 2017

**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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

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)	PHELPS MEMORIAL HOSPITAL ASSOCIATION 701 NORTH BROADWAY SLEEPY HOLLOW, NY 11590 13-1725076	HOSPITAL	NY	501 (C) (3)	3	NW HEALTHCAR		X
(2)	PHELPS MEDICAL SERVICES, PC 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 27-4416017	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	PHELPS MEMOR		X
(3)	NORTHERN WESTCHESTER HOSPITAL ASSOCIATIO 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-1740118	HOSPITAL	NY	501 (C) (3)	3	NW HEALTHCAR		X
(4)	NORTHERN WESTCHESTER HOSPITAL FOUNDATION 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-4067064	FOUNDATION	NY	501 (C) (3)	9	NWHA		X
(5)	NORCORP, INC. 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-3366748	SUPPORT ORG	NY	501 (C) (3)	12, TYPE I	NWHA		X
(6)	NORTHERN WESTCHESTER REALTY HOLDING COMP 400 EAST MAIN STREET MOUNT KISCO, NY 10549 91-2134215	HOLDING CO	NY	501 (C) (2)	N/A	NWHA		X
(7)	CENTRAL SUFFOLK HOSPITAL ASSOCIATION 1300 ROANOKE AVE RIVERHEAD, NY 11901 11-1661359	HEALTH CARE	NY	501 (C) (3)	3	NW HEALTHCAR		X

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Schedule R (Form 990) 2017

**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.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICE CARE NETWORK

Employer identification number

11-2925757

**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) STATEN ISLAND PERFORMING PROVIDER SYSTEM 47-2544659 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	DSRIP	NY	501(C)(3)	10	N/A		X
(2) HOSPICE CARE IN WESTCHESTER AND PUTNAM, 13-3882602 540 WHITE PLAINS RD TARRYTOWN, NY 10591	HOSPICE CARE	NY	501(C)(3)	10	VNA HUDSON		X
(3) VNA HOME HEALTH SERVICES, INC. 13-3690105 540 WHITE PLAINS RD TARRYTOWN, NY 10591	HOME HEALTH C	NY	501(C)(3)	10	VNA HUDSON		X
(4) MARCUS EMERGENCY MEDICINE, PC 47-4377679 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(5) NORTH SHORE-LIJ RADIOLOGY SERVICES, PC 22-3970667 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(6) NORTH SHORE-LIJ ANESTHESIOLOGY, PC 46-1617561 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	SSIDE		X
(7) NORTH SHORE-LIJ OB-GYN, PC 46-1382916 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LIJMC		X

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Schedule R (Form 990) 2017

**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

HOSPICE CARE NETWORK

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Open to Public Inspection

OMB No. 1545-0047  
**2017**

Employer identification number

11-2925757

**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) CARNEGIE CARDIOVASCULAR, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	LENOX HILL		X
(2) WESTCHESTER HEALTH MEDICAL, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	NSUH		X
(3) PECONIC CARDIOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	NSUH		X
(4) NORTH SHORE-LIJ OB-GYN AT GARDEN CITY, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	NSUH		X
(5) NORTH SHORE-LIJ MEDICAL GROUP AT HUNTING 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	NSUH		X
(6) NORTH SHORE-LIJ PEDIATRICS OF SUFFOLK CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	NSUH		X
(7) BROOKLYN AMBULATORY CARE, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	501 (C) (3)	12, TYPE I	NSUH		X

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Schedule R (Form 990) 2017

**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.

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

HOSPICE CARE NETWORK

Employer identification number  
11-2925757

**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)	LAKEVILLE SURGERY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377760	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LENOX HILL		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2017

**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) KRASNOFF CONSULTATIVE SERVICES 972 BRUSH HOLLOW RD WESTBURY, CONSULTING		NY	CARE MGMT GROUP									
(2) ENDOSCOPY CENTER OF LONG ISLAND 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	NS-LIJ VENTURES									
(3) TRUE NORTH URGENT CARE, LLC 46 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	NSLIJ URGENT CA									
(4) TRUE NORTH DC, LLC 46-4601950 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	RENAL VENTURES									
(5) SYNERGY HEALTH TRUE NORTH, LLC 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	CENTRAL STERILE									
(6) NORTH SHORE-LIJ&YALE NEW HAVEN 972 BRUSH HOLLOW ROAD WESTBURY AIR TRANSPORT		NY	NSUH									
(7) 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
(1) NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	NW HEALTH	C					X
(2) REGIONCARE, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOME CARE	NY	NSHS ENTERPRISE	C					X
(3) NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	NSHS ENTERPRISE	C					X
(4) CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY 11590	BUSINESS SERV	NY	NSH ENTERPRISES	C					X
(5) REGIONAL INSURANCE COMPANY LTD 41 CEDAR HOUSE AVE HAMILTON, BD HM12	INSURANCE	BD	NW HEALTHCARE	C					X
(6) NORTHWELL HEALTH REGIONAL ALLIANCE, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT SERVI		N/A	C					X
(7) NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	LIJ	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) NASSAU QUEENS PERFORMING PROVI 972 BRUSH HOLLOW ROAD WESTBURY DSRIP		NY	N/A									
(2) ENDO GROUP, LLC 20-0248148 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS		NY	VENTURES GCSC									
(3) HOSPITAL CITY, LLC 47-4091780 972 BRUSH HOLLOW RD WESTBURY, INACTIVE		DE	NW HEALTH									
(4) NORTHWELL GENOMIC ALLIANCE, LL 972 BRUSH HOLLOW RD WESTBURY, INACTIVE		DE	NW LABS									
(5) HEALTH CONNECT TECHNOLOGIES, L 972 BRUSH HOLLOW RD WESTBURY, INACTIVE		NY	NEWPORT HEALTH									
(6) PHELPS PROFESSIONAL BUILDING C 777 NORTH BROADWAY SLEEPY HOLL REAL ESTATE		NY	PMHA									
(7) OPTUM 360, LLC 46-3328307 11000 OPTUM CIRCLE EDEN PRAIRI BILLING		MN	OPTUM									

**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 HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	LIJ	C					X
(2) NORTH SHORE IPA 5, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	BUSINESS SERV	NY	NW HEALTHCARE	C					X
(3) NORTH SHORE-LIJ NETWORK, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT SERVI	NY	NW HEALTH	C					X
(4) SIUH PERINATOLOGY, PC 475 SEAVIEW AVE STATEN ISLAND, NY 10305	MEDICAL SERVI	NY	SIUH	C					X
(5) UNITED MEDICAL SURGICAL, PC 256 MASON AVE, BLDG B, 2ND FL STATEN ISLAND, NY 10305	SURGICAL SERV	NY	SIUH	C					X
(6) VIVOHEALTH, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	NSH ENTERPRISE	C					X
(7) AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	RESEARCH	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) BROOKLYN AMBULATORY SERVICES, 972 BRUSH HOLLOW ROAD WESTBURY, NY	MEDICAL SVCS	NY	NORTHWELL HEALTH									
(2) SOUTH SHORE SURGERY CENTER, LLC, 972 BRUSH HOLLOW ROAD WESTBURY, NY	MEDICAL SVCS	NY	MULTISPECIALTY									
(3) FORMATIV HEALTH, LLC 81-312123, 972 BRUSH HOLLOW ROAD WESTBURY, NY	HOLDING CO	DE	MAGNITUDE HOLD									
(4) FORMATIV HEALTH INTERMEDIATE, 972 BRUSH HOLLOW ROAD WESTBURY, NY	HOLDING CO	DE	FORMATIV HEALTH									
(5) SUFFOLK SURGERY CENTER 20-0080, 972 BRUSH HOLLOW ROAD WESTBURY, NY	MEDICAL SVCS	NY	MULTISPECIALTY									
(6) ANESTHESIA MANAGEMENT SERVICES, 972 BRUSH HOLLOW ROAD WESTBURY, NY	MEDICAL SVCS	NY	MEA, PC									
(7) NORTHWELL HEALTH SLEEP LAB, LLC, 972 BRUSH HOLLOW ROAD WESTBURY, NY	MEDICAL SVCS	NY	SLEEP HILGS									

**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 MED GROUP AT SYOSSET, PC, 972 BRUSH HOLLOW RD WESTBURY, NY 11590	NSUH	NY	NSUH	C					X
(2) NORTH SHORE-LIJ MEDICAL GROUP, PC, 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(3) NORTH SHORE-LIJ MED GROUP AT N. MASSAUI, 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(4) NORTH SHORE-LIJ PHYSICIANS GROUP, PC, 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(5) LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY, 186 EAST 76TH ST, 2ND FL NEW YORK, NY 10021	MEDICAL SERVI	NY	LENOX HILL	C					X
(6) LENOX HILL PATHOLOGY, PC, 100 EAST 77TH NEW YORK, NY 10021	MEDICAL SERVI	NY	LENOX HILL	C					X
(7) LENOX HILL HOSPITAL MEDICAL, PC, 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	LENOX	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) TECHNOPATH NORTHWELL HEALTH NO 972 BRUSH HOLLOW ROAD WESTBURY LAB SVCS	LAB SVCS	NY	TECHNOPATH USA									
(2) RICHMOND ASC, LLC 47-2882195 1360 HYLAN BLVD STATEN ISLAND, MEDICAL SVCS	MEDICAL SVCS	NY	CHAPMAN									
(3) SURGICAL SPECIALTY CENTER OF W 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS	MEDICAL SVCS	NY	N/A									
(4) TRUE NORTH DC HOLDING, LLC 81- 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS	MEDICAL SVCS	NY	RENAL VENTURES									
(5) TRUE NORTH II DC, LLC 35-25680 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS	MEDICAL SVCS	NY	DC HOLDING									
(6) MELVILLE SC, LLC 20-3487522 1895 WALT WHITMAN ROAD MELVILL MEDICAL SVCS	MEDICAL SVCS	NY	MELVILLE ASC									
(7) TRUE NORTH IV DC, LLC 61-18169 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS	MEDICAL SVCS	NY	DC HOLDING									

**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 OCCUPATIONAL MEDICINE, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 45-1004103	MEDICAL SERVI	NY	NSUH	C					X
(2) NORTH SHORE-LIJ INTERNAL MEDICINE AT LYX 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-3475908	MEDICAL SERVI	NY	NSUH	C					X
(3) NORTH SHORE-LIJ INTERNAL MEDICINE AT NHP 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2822879	MEDICAL SERVI	NY	NSUH	C					X
(4) CARECONNECT INSURANCE CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2270382	INSURANCE	NY	GROUP HOLDING	C					X
(5) NORTH SHORE MEDICAL ACCELERATOR, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2945979	MEDICAL SERVI	NY	NSUH	S					X
(6) TRUE NORTH HEALTH PHARMACY, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1020508	PHARMACY	NY	NSHS ENTERPRISE	C					X
(7) NORTH SHORE-LIJ CARECONNECT INSURANCE AG 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-1994548	INSURANCE AGE	NY	GROUP HOLDING	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 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) TRUE NORTH V DC, LLC 32-051881 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	DC HOLDING									
(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) CARECONNECT GROUP HOLDING COMPANY, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOLDING CO	NY	HPLAN HOLDING	C					X
(2) NORTH SHORE-LIJ URGENT CARE, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(3) WELLSBRIDGE PSYCHIATRY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(4) NORTH SHORE-LIJ OPHTHALMOLOGY INSTITUTE, 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	INACTIVE	NY	NSUH	C					X
(5) PHELPS REALTY CORP 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	REAL ESTATE	NY	PHELPS MEMORIAL	C					X
(6) NWHC HEALTH MANAGEMENT SERVICES, INC. 400 EAST MAIN ST MOUNT KISCO, NY 10549	HEALTH MGMT	NY	NORCORP	C					X
(7) NORTHERN WESTCHESTER SURGICAL SERVICES, 400 EAST MAIN ST MOUNT KISCO, NY 10549	MEDICAL SVCS	NY	NWHA	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 OB-GYN AT NEW HYDE PARK, 47-3722278 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(2)	COMMUNITY DRIVE SURGERY, PC 82-1672429 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(3)	MARCUS AVENUE MEDICAL, PC 30-0930577 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(4)	CARECONNECT ADMINISTRATIVE SERVICES, INC 47-5182974 972 BRUSH HOLLOW RD WESTBURY, NY 11590	ADMIN	NY	GROUP HOLDING	C					X
(5)	NORTHWELL FLEXSTAFF, INC. 81-0836815 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	NSH ENTERPRISE	C					X
(6)	FEINSTEIN CENTER FOR BIOELECTRONIC MEDIC 81-2885700 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	FEINSTEIN	C					X
(7)	TRUE NORTH HEALTH MANAGEMENT, INC 81-3428274 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	INACTIVE	NY	NW HEALTHCARE	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) NARROWS IPA, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 13-3978565	BUSINESS SERV	NY	NSUH	C					X
(2) VIVOHEALTH PLANS, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1164689	INACTIVE	NY	NW HEALTHCARE	C					X
(3) FORMATIV HEALTH MANAGEMENT, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-3454243	HOLDING CO	NY	FORM HLTH INT	C					X
(4) FORMATIV HEALTH NEWCO, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-3928889	HOLDING CO	DE	FORM HLTH HOLD	C					X
(5) FORMATIV HEALTH HOLDCO, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-3928672	HOLDING CO	DE	FORMATIV HEALTHC	C					X
(6) NORTHWELL QUALITY AND MEDICAL AFFAIRS, I 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-4113233	INACTIVE	DE	NW HEALTHCARE	C					X
(7) MONTAUK RISK RETENTION GROUP, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-2587942	INSURANCE	NY	N/A	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) TRUE NORTH FLEXSTAFF, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-1446568	INACTIVE	NY	NW HEALTHCARE	C				X
(2) NORTHWELL PROTON THERAPY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-2766298	INACTIVE	NY	NSUH	C				X
(3) SUITE 130 PLASTIC SURGERY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-1772747	MEDICAL SVCS	NY	LIJ	C				X
(4) NORTHEASTERN ANESTHESIA OF NEW JERSEY, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 20-8709500	MEDICAL SVCS	NY	NSUH	C				X
(5) BRIGHTWATERS GYNCOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 82-1883445	MEDICAL SVCS	NJ	NSUH	C				X
(6)								
(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

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

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

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

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

(1)	(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)														
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(12)														
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(14)														
(15)														
(16)														

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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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