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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

C Name of organization
NORTH SHORE-LONG ISLAND JEWISH
HEALTH SYSTEM INC

Doing Business As
HEALTH SYSTEM INC

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

City or town, state or country, and ZIP + 4
WESTBURY, NY 11590

D Employer identification number
11-3418133

E Telephone number
(516) 876-6611

G Gross receipts $ 0

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ northshorelij com

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

L Year of formation 1999

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
NORTH SHORE LIJ HEALTH SYSTEM STRIVES TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES AND IS COMMITTED TO PROVIDING THE HIGHEST QUALITY CLINICAL CARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	133
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	125
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	0	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	0
	19	Revenue less expenses Subtract line 18 from line 12	0	0

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0	0
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances Subtract line 21 from line 20	0	0

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date 2010-10-28

▶ ROBERT S SHAPIRO SR VICE PRES & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MISSION NORTH SHORE LIJ HEALTH SYSTEM STRIVES TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES AND IS COMMITTED TO PROVIDING THE HIGHEST QUALITY CLINICAL CARE, EDUCATING THE CURRENT AND FUTURE GENERATIONS OF HEALTH CARE PROFESSIONALS, SEARCHING FOR NEW ADVANCES IN MEDICINE THROUGH THE CONDUCT OF BIMEDICAL RESEARCH, PROMOTING HEALTH EDUCATION, AND CARING FOR THE ENTIRE COMMUNITY REGARDLESS OF THE ABILITY TO PAY VISION TO BE A NATIONAL HEALTH CARE LEADER, COMMITTED TO EXCELLENCE, COMPASSION AND IMPROVING THE HEALTH OF THE COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 0 including grants of $) (Revenue $)

NA

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 0

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11		No
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	133		
b	Enter the number of voting members that are independent	1b	125		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			No
6	Does the organization have members or stockholders?	6			No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

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

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

NORTH SHORE-LIJ HEALTH SYSTEM
972 BRUSH HOLLOW RD
WESTBURY, NY 11590
(516) 876-6611

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

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

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

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

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

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

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

1b Total . . . . . ▶	0	9,255,521	1,703,654

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
NONE		

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 ▶0

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a					
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	0	0	0	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0	16	0
Liabilities	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	0	27	0
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0	33	0
	34	Total liabilities and net assets/fund balances	0	34	0

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
11-3418133

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

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

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
11-3418133

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL DOWLING	(i)	0	0	0	0	0	0	0
	(ii)	927,193	828,000	34,655	656,904	19,925	2,466,677	0
HOWARD GOLD	(i)	0	0	0	0	0	0	0
	(ii)	644,605	0	26,750	26,950	10,850	709,155	0
MARK J SOLAZZO	(i)	0	0	0	0	0	0	0
	(ii)	803,210	0	48,140	84,692	16,600	952,642	0
ROBERT S SHAPIRO	(i)	0	0	0	0	0	0	0
	(ii)	699,888	0	21,360	26,950	17,530	765,728	0
LAWRENCE SMITH MD	(i)	0	0	0	0	0	0	0
	(ii)	676,992	0	20,918	26,950	18,662	743,522	0
KEITH THOMPSON	(i)	0	0	0	0	0	0	0
	(ii)	571,738	0	26,665	26,950	14,745	640,098	0
JEFFERY KRAUT	(i)	0	0	0	0	0	0	0
	(ii)	534,354	0	35,125	26,950	14,975	611,404	0
KATHLEEN GALLO RN PHD	(i)	0	0	0	0	0	0	0
	(ii)	507,138	0	29,144	26,950	9,746	572,978	0
EUGENE TANGNEY	(i)	0	0	0	0	0	0	0
	(ii)	444,711	0	7,988	26,950	13,412	493,061	0
RALPH A NAPPI	(i)	0	0	0	0	0	0	0
	(ii)	604,733	0	25,172	470,376	18,175	1,118,456	0
HARRY GINDI	(i)	0	0	0	0	0	0	0
	(ii)	270,756	0	3,383	26,950	14,700	315,789	0
ANTHONY C FERRERI	(i)	0	0	0	0	0	0	0
	(ii)	810,528	0	58,150	26,460	9,699	904,837	0
KEVIN F LAWLOR	(i)	0	0	0	0	0	0	0
	(ii)	551,777	0	42,448	63,224	7,379	664,828	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B	Five individuals' participate in a Supplemental Executive Retirement Plan ("SERP") which is subject to substantial risk of complete forfeiture Accordingly, the individual may never actually receive the unvested benefit amount and the amounts outlined herein were properly not reported in each individual's Form W-2, Box 5 These amounts are included in Schedule J, Column C for Michael J Dowling ($629,954), Ralph Nappi ($443,426), Mark Solazzo ($57,742) and Kevin F Lawlor ($33,625)
BONUS AND INCENTIVE COMPENSATION	PART I, LINE 7	On Form 990, Part VII, Section A, line 1A, the organization may provide non-fixed payments, not described on lines 5 and 6, to certain listed persons The organization bases such payments on many performance based factors Payments of this type appear on Schedule J, Part I, B (ii)

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
11-3418133

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
BOARD MEMBER RELATIONS	PART VI, SECTION A - GOVERNING BODY, LINE 2	All transactions with North Shore-LIJ Health System entities are as follows (1) negotiated at arm's length, (2) all purchases are at fair market value, and (3) all products or services are rendered on an "as needed" basis William Achenbaum has a business relationship with Eric and Roger Blumencranz John Alexander has a business relationship with John Shall and Stanley Applebaum Stanley Applebaum has a business relationship with John Alexander and John Shall Michael Ashner has a business relationship with William Mack Morton Bass has a family relationship with Sandra Atlas Bass Frank Besignano has a business relationship with Roger Blumencranz Eric Blumencranz has as a family relationship with Roger Blumencranz He has a business relationship with Roger Blumencranz, William Achenbaum, Richard D Goldstein, Alan Greene, James Greene, Stanley Grey, Richard Horowitz, Jeffrey Jurick, Lyn Jurick, Stuart Levine, David Mack, Bradley Marsh, Dennis Riese, Arlene Fisher, Donald Zucker and Barbara Zucker Roger Blumencranz has a family relationship with Eric Blumencranz He has a business relationship with Eric Blumencranz, Frank Besignano, Richard D Goldstein, William Achenbaum, Alan Greene, James Greene, Stanley Grey, Richard Horowitz, Jeffrey Jurick, Lyn Jurick, Stuart Levine, David Mack, Bradley Marsh, Donald Zucker, Barbara Zucker, Michael Katz and Saul Katz David Blumenfeld has a family relationship with Edward Blumenfeld Edward Blumenfeld has a family relationship with David Blumenfeld He has a business relationship with William Mack Steve Braun has a family relationship with Richard Sims Mark Claster has a business relationship with Robert Rosenthal, Richard Goldstein, Saul Katz, and Barry Rubenstein Daniel deRoulet has a family relationship with Lorinda deRoulet Lorinda deRoulet has a family relationship with Daniel deRoulet Leonard Feinstein has a business relationship with Michael Feldman and William Mack Michael Feldman has a business relationship with Leonard Feinstein Anthony Ferreri has a family and business relationship with John Shall Arlene Fisher has a business relationship with Eric Blumencranz Lloyd Goldman has a business relationship with William Mack, Barry Rubenstein and Richard Goldstein Richard D Goldstein has a business relationship with Mark Claster, Lloyd Goldman, William Mack, Roger Blumencranz, Eric Blumencranz, and Barry Rubenstein Joaquin Gonzalez has a business relationship with John Shall Alan I Greene has a family relationship with James R Greene He has a business relationship with Eric and Roger Blumencranz James R Greene has a family relationship with Alan I Green He has a business relationship with Eric and Roger Blumencranz Stanley Grey has a business relationship with Eric and Roger Blumencranz Richard Horowitz has a business relationship with Eric and Roger Blumencranz Jeffrey Jurick has a family relationship with Lynn Jurick He has a business relationship with Eric and Roger Blumencranz Lynn Jurick has a family relationship with Jeffrey Jurick She has a business relationship with Eric and Roger Blumencranz David Katz has a family relationship with Saul Katz and Michael Katz Michael Katz has a family relationship with Saul Katz and David Katz He has a business relationship with Michael Slade and Roger Blumencranz Saul Katz has a family relationship with Michael Katz and David Katz He has a business relationship with Donald Zucker, Mark Claster, Barry Rubenstein, Michael Slade and Roger Blumencranz Curt Launer has a business relationship with Michael Slade Stuart Levine has a business relationship with Eric and Roger Blumencranz David Mack has a family relationship with William Mack He has a business relationship with William Mack, Eric Blumencranz, and Roger Blumencranz William Mack has a family relationship with David Mack He has business relationships with David Mack, Michael Ashner, Edward Blumenfeld, Leonard Feinstein, Lloyd Goldman, Barry Rubenstein, Scott Rudolph, Richard Goldstein and Roy Zuckerberg Bradley Marsh has a family relationship with Jack Ross He has a business relationship with Eric and Roger Blumencranz F J McCarthy has a business relationship with Robert Rosenthal Patrick McDermott has a business relationship with John Shall Clyde Payne has a business relationship with Scott Rudolph Dennis Riese has a business relationship with Eric Blumencranz Robert Rosenthal has a business relationship with Mark Claster and F J McCarthy Dr Bernard Rosof has a business relationship with Huntington Hospital Trustees Jack Ross has a family relationship with Bradley Marsh Barry Rubenstein has a business relationship with Saul Katz, Richard Goldstein, William Mack, Lloyd Goldman, and Mark Claster Scott Rudolph has a business relationship with Clyde Payne and William Mack John Shall has a family relationship with Anthony Ferreri He has a business relationship with Anthony Ferreri, Patrick McDermott, John Alexander, Stanley Applebaum, and Joaquin Gonzalez Richard Sims has a family relationship with Steve Braun Michael Slade has a business relationship with Saul Katz, Michael Katz and Curt Launer Barbara Hrbek Zucker has a family relationship with Donald Zucker She has a business relationship with Eric Blumencranz and Roger Blumencranz Donald Zucker has a family relationship with Barbara Hrbek Zucker He has a business relationship with Saul Katz, Eric Blumencranz and Roger Blumencranz Roy Zuckerberg has a business relationship with William Mack

EXECUTIVE COMMITTEE PART VI, SECTION B - POLICIES, LINE 11 All North Shore-LIJ Health System Inc and affiliated entities prepare the annual Return of Organization Exempt Form Income Tax (Form 990) with input from various departments including Corporate Compliance, Finance, Human Resources, and Legal Before filing the returns, the documents are electronically made available for review to members of the Executive Committee The Executive Committee, which is a committee made up of members 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 CONFLICTS OF INTEREST POLICY PART VI, SECTION B - POLICIES, LINE 12C The North Shore-Long Island Jewish Health System ("Health System") has several control mechanisms to mitigate conflicts of interest The Health System's Code of Ethical Conduct contains a detailed section educating individuals about how to avoid potential conflicts of interest Specifically, our Code of Ethical Conduct requires individuals to conduct Health System business in a manner that places the interests of the Health System ahead of their personal interests In addition, the Health System has a Conflicts of Interest Policy Statement further elaborating upon individuals' disclosure and recusal obligations Individuals that are in a position to influence the business or other decisions of the Health System are required to filled out a conflicts of interest disclosure form on a regular basis The Corporate Compliance Office reviews all disclosures of possible conflicts, including matters disclosed in any conflicts of interest disclosure report and takes any actions deemed required or appropriate to manage or resolve any actual or potential conflicts of interest In appropriate cases these disclosures and responsive actions will be reported to the Health System's Audit and Corporate Compliance Committee and other applicable committees In addition, the Health System provides training to individuals on an annual basis regarding conflicts of interest and other compliance related topics If an individual violates the Code of Ethical Conduct or any related policy such as the Conflicts of Interest Policy Statement, appropriate disciplinary action is taken based upon the facts and circumstances of the situation OFFICERS COMPENSATION PART VI, SECTION B - POLICIES, LINE 15 The by-laws of the Health System create a committee of the Board with full powers of the Board to review and approve the compensation of officers and other key employees The committee consists of approximately 6 trustees who have no connection to the System except as trustees and they have no conflicts as to matters they consider The committee meets several times a year as needed but always meets in November/December to review and determine officer and key employee compensation for the following year For purposes of their review the committee considers the recommendations of the CEO for all persons other than the CEO For purposes of the review each year the committee receives information from an outside independent compensation consultant as to compensation for comparable positions in comparable organizations and makes its decisions on this basis, with the overall objective of paying base salary at the 50th percentile Any contracts or other compensation for officers or key employees are separately considered and normally only approved after receipt of a "fairness opinion" from the independent consultant All the work and process of the committee is structured to fall within the applicable safe harbor regulations DISCLOSURES PART VI, SECTION C - DISCLOSURES, LINE 19 CURRENTLY THE ORGANIZATION PROVIDES GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST NON-COMPENSATED TRUSTEES PART VII, SECTION A - LINE 1A NON-COMPENSATED TRUSTEES Richard S Abramson Stanley Grey John J Raggio William Achenbaum Henry L Hackmann Lewis s Ranieri John Alexander Amy M Hagedorn Jay R Raubvogel Ira I Altfeder Stephen L Hammerman Angelo D Reppucci, MD Philip Altheim Ira Hazan Corey Ribotsky Stanley A Applebaum Gedale B Horowitz Dennis Riese Michael L Ashner Richard A Horowitz Terry P Rifkin, M D Beverly VP Banker M Allan Hyman Gerald L Roberts Morton M Bass Mark Jacobson Robert A Rosen Frank J Besignano Jeffrey Jurick Alan S Rosenberg, M D Patricia Bloomgarden Lyn Jurick Marcie Rosenberg Eric S Blumencranz Arthur Kalish Robert D Rosenthal Roger A Blumencranz Steven L Kantor Bernard M Rosof, M D David Blumenfeld David M Katz Jack J Ross Edward Blumenfeld Michael Katz Barry Rubenstein E Steve Braun Saul B Katz Herbert Rubin Dayton T Brown, Jr Lisa Kaufman Scott Rudolph Mark Broxmeyer Robert Kaufman Michael H Sahn Allen E Busching Cary Kravet Frank W Scarangello, Sr Rudolph C Carryl Stanley Kreitman Norman Schlanger Robert W Chasanoff Seth Kupferberg Irving Schneider Alan Chopp Jeffrey B Lane Lynn C Schneider Mark Claster Curt Launer John M Shall Barry H Cohen, MD Kevin F Lawlor Marc V Shaw Diana F Colgate Michale S Leeds Sean G Simon Daniel C de Roulet Seth Lipsay Gerard F Vitale, M D Lorinda C de Roulet David S Mack Nancy Waldbaum Thomas E Dooley William L Mack Gary Walter Michael J Dowling Howard S Maier Howard Weingrow Melvin Dubin Bradley Marsh, D P M Lewis M Weston Tony J Elliott Jeffrey S Maurer Barbara Hrbek Zucker Michael A Epstein Ronald J Mazzucco Donald Zucker Leonard Feinstein F J McCarthy Roy Zuckerberg Michael E Feldman Patrick F McDermott Anthony C Ferreri Marilyn B Monter Arlene Lane Fisher Richard Don Monti Eugene B Friedman, M D Richard Murcott Sy Garfinkel Ralph A Nappi Anthony Giaccone Clyde I Payne, Ed D Lloyd Michael Goldman Arnold S Penner Richard D Goldstein Richard Sims J Joaquin Gonzalez Michael C Slade Albert L Granger, DDS Phyllis Hill Slater Alan I Greene Howard D Stave James R Greene Edwin R Stein David W Lehr Russell Stern Jonathan W Leigh Maganlal Sutaria, M D Sylvia Lester John B Thomson, Jr Arthur S Levine Peter Tilles Stuart R Levine Sandra Tytel AVERAGE HOURS PART VI, SECTION A - LINE 1A, COLUMN (B) This organization is affiliated with the North Shore Long Island Jewish Health System (the "Health System") The persons listed on Schedule J-2 hold similar positions with both this organization and other affiliates of the Health System, and they do not separately allocate their time to this organization and such other affiliates The hours shown for all such persons reflect time devoted to the entire Health System and its affiliates, including this organization For Directors and Trustees, the hours shown reflect the estimated average weekly time For officers, Key Employees and Highest Compensated Employees, the hours shown reflect the weekly hours used when determining compensation payments for services rendered and are, generally, less than the actual weekly hours devoted to the Health System and its affiliates

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number
11-3418133

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

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

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

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

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
KRASNOFF CONSULTATIVE SERVICES LLC 972 BRUSH HOLLOW RD WESTBURY, NY11590 26-2838027	CONSULTING	NY	NA								

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

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

See Additional Data Table

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

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

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

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 11-3418133
Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
NORTH SHORE-LIJ HEALTH CARE INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2965586	SUPPORT	NY	501(c)(3)	11, TYPE 1	NS-LIJHS
NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-1562701	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2241326	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
GLEN COVE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-1633487	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
FOREST HILLS HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2163522	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
PLAINVIEW HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3241243	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
FRANKLIN HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2296824	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
SOUTHSIDE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-1667761	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
NORTH SHORE-LIJ HEALTH SYSTEM LABS 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3412370	SUPPORT	NY	501(c)(3)	11, TYPE 1	NS-LIJHS
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2673595	RESEARCH	NY	501(c)(3)	4	NS-LIJHS
NORTH SHORE-LIJ HEALTH SYSTEM FDN 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2965575	FUNDRAISING	NY	501(c)(3)	7	NS-LIJHS
NSUH STERN FAMILY CECR 972 BRUSH HOLLOW RD WESTBURY, NY11590 23-7007485	NURSING HOME	NY	501(c)(3)	9	NS-LIJHS
LIJ MEDICAL CENTER AT HOME PHARMACY 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3251128	SUPPORT	NY	501(c)(3)	11, TYPE 1	NS-LIJHS
LIJ FOUNDATION 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2661239	SUPPORT	NY	501(c)(3)	11, TYPE 1	NS-LIJHS
NORTH SHORE-LIJ MEDICAL CARE CENTERS 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3473923	SUPPORT	NY	501(c)(3)	11, TYPE 1	NS-LIJHS
SSH INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2774102	SUPPORT	NY	501(c)(3)	11, TYPE 1	NS-LIJHS
NORTH SHORE COMMUNITY SERVICES INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 23-7273200	HOUSING	NY	501(c)(2)	N/A	NS-LIJHS
NORTH SHORE UNIVERSITY HOSPITAL HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2171903	HOUSING	NY	501(c)(2)	N/A	NS-LIJHS
NSUH AT GLEN COVE HOUSING 972 BRUSH HOLLOW RD WESTBURY, NY11590 23-7010468	HOUSING	NY	501(c)(2)	N/A	NS-LIJHS
HILLSIDE HOSPITAL HOUSES 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2113949	HOUSING	NY	501(c)(2)	N/A	NS-LIJHS
SIUH SYSTEMS INC 475 SEAVIEW AVE STATEN ISLAND, NY10305 06-1074604	FUNDRAISING	NY	501(c)(3)	7	NS-LIJHS
STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE STATEN ISLAND, NY10305 11-2868878	HOSPITAL	NY	501(c)(3)	3	NS-LIJHS
STATEN ISLAND UNIVERSITY HOSPITAL FDN 360 SEAVIEW AVE STATEN ISLAND, NY10305 87-0765787	FUNDRAISING	NY	501(c)(3)	7	SIUH
THE HEART INSTITUTE 475 SEAVIEW AVE STATEN ISLAND, NY10305 31-1757254	SUPPORT	NY	501(c)(3)	11, TYPE 1	NA
CHAPS COMMUNITY HEALTH CENTER INC 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 11-3345477	INACTIVE	NY	501(c)(3)	9	SIUH
HOSPICE CARE NETWORK 99 SUNNYSIDE BLVD WOODBURY, NY11797 11-2925757	HOSPICE	NY	501(c)(3)	9	NA
HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY11743 11-1630914	HEALTH CARE	NY	501(c)(3)	3	NA
HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PULASKI RD GREENLAWN, NY11740 11-3368503	HEALTH CARE	NY	501(c)(3)	3	HUNTINGTON

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3316922	HOLDING COMPA	NY	NS-LIJ HC	C			
REGIONCARE INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3052191	HOMECARE	NY	NS-LIJ HC	C			
NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY11590 06-1605319	HOLDING COMPA	NY	NS-LIJ HC	C			
CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3336381	BUSINESS SERV	NY	NS-LIJ HC	C			
REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE 41 CEDAR AVE HAMILTON, BERMUDA HM 12 BD 000000000	INSURANCE	BD	NS-LIJ HC	C			
ALETTA CORPORATION 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-2622371	PHYSICIAN SER	NY	SOUTHSIDE	C			
NS-LIJ PHYSICIAN INSURANCE COMPANY RRG 100 BANK ST BURLINGTON, VT05401 26-1487515	INSURANCE	VT	NS-LIJ HC	C			
NORTH SHORE-LIJ SERVICE ALLIANCE 972 BRUSH HOLLOW RD WESTBURY, NY11590 26-3651575	SUPPORT SERVI	NY	NS-LIJHS	C			
NORTH SHORE-LIJ ALLIANCE 972 BRUSH HOLLOW RD WESTBURY, NY11590 26-3727582	SUPPORT SERVI	NY	NSUH	C			
NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3533659	HEALTH CARE	NY	LIJ	C			
NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3533670	HEALTH CARE	NY	LIJ	C			
NORTH SHORE-LIJ HEALTH SYSTEM IPA #3 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3533678	HEALTH CARE	NY	LIJ	C			
NORTH SHORE-LIJ HEALTH SYSTEM IPA #4 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3533677	HEALTH CARE	NY	LIJ	C			
NORTH SHORE-LIJ HEALTH SYSTEM IPA #5 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3533675	HEALTH CARE	NY	LIJ	C			
NORTH SHORE IPA 5 INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3383468	BUSINESS SERV	NY	NS-LIJ HC	C			
NORTH SHORE-LIJ NETWORK INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 32-0257193	SUPPORT SERVI	NY	NS-LIJHS	C			
LONG ISLAND MEDICAL CARE PC 972 BRUSH HOLLWO RD WESTBURY, NY11590 11-3217006	MEDICAL SERVI	NY	NA	C			
NORTH SHORE RADIOLOGY AT GLEN COVE PC 972 BRUSH HOLLOW RD WESTBURY, NY11590 11-3301179	MEDICAL SERVI	NY	NA	C			
NORTH SHORE-LIJ RADIOLOGY SERVICES PC 972 BRUSH HOLLOW RD WESTBURY, NY11590 22-3970667	MEDICAL SERVI	NY	NA	C			
SPORTS PHYSICAL THERAPY & REHABILITATION 972 BRUSH HOLLOW RD WESTBURY, NY11590 06-1655704	MEDICAL SERVI	NY	NA	C			
STATEN ISLAND IMAGING CORP 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 13-3615474	INACTIVE	NY	OVM	C			
OCEAN VIEW MANAGEMENT 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 13-3138888	MANAGEMENT SV	NY	NA	C			
OCEAN BREEZE HOME CARE AGENCY 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 13-3773601	INACTIVE	NY	OVM	C			
REGENCY ALLIANCE SERVICES INC 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 13-3277698	MANAGEMENT SV	NY	OVM	C			
VERRAZANO RADIOLOGY ASSOCIATES PC 500 SEAVIEW AVE STATEN ISLAND, NY10305 20-0011201	RADIOLOGY SER	NY	NA	C			
SIUH PERINATOLOGY PC 475 SEAVIEW AVE STATEN ISLAND, NY10305 13-4107082	MEDICAL SERVI	NY	NA	C			
UNITED MEDICAL SURGICAL PC 256 MASON AVE BLDG B 2ND FL STATEN ISLAND, NY10305 13-4038780	SURGICAL SERV	NY	NA	C			
UNIVERSITY PHYSICIANS ONCOLOGYHEMATOLOG 500 SEAVIEW AVE STATEN ISLAND, NY10305 13-3642729	MEDICAL SERVI	NY	NA	S			
EMERGENCY MEDICINE SERVICES OF SI PC 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 13-4200899	MEDICAL SERVI	NY	NA	C			
GOETHALS RADIOLOGY PC 500 SEAVIEW AVE STATEN ISLAND, NY10305 20-0010287	RADIOLOGY SER	NY	NA	C			
STATEN ISLAND HOSPITALISTS PC 475 SEAVIEW AVE STATEN ISLAND, NY10305 33-1010283	MEDICAL SERVI	NY	NA	C			
PHYSICIANS OF UNIVERSITY HOSPITAL 1 EDGEWATER PLAZA STATEN ISLAND, NY10305 20-0096809	MEDICAL SERVI	NY	NA	C			
STATEN ISLAND NEONATOLOGY PC 500 SEAVIEW AVE STATEN ISLAND, NY10305 13-3375474	MEDICAL SERVI	NY	NA	C			
STATEN ISLAND MEDICAL INTENSIVIST PC 501 SEAVIEW AVE STATEN ISLAND, NY10305 04-3716494	MEDICAL SERVI	NY	NA	C			
VIVOHEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY11590 26-4118016	INACTIVE	NY	NSH ENTERPRISE	C			
AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY11590 27-0701489	INACTIVE	NY	RESEARCH	C			

Additional Data

Software ID:
Software Version:
EIN: 11-3418133
Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM INC

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
NORTH SHORE UNIVERSITY HOSPITAL	111562701	03	Yes				Yes		0
LONG ISLAND JEWISH MEDICAL CENTER	112241326	03	Yes				Yes		0
GLEN COVE HOSPITAL	111633487	03	Yes				Yes		0
PLAINVIEW HOSPITAL	113241243	03	Yes				Yes		0
FOREST HILLS HOSPITAL	112163522	03	Yes				Yes		0
FRANKLIN HOSPITAL	112296824	03		No			Yes		0
SOUTHSIDE HOSPITAL	111667761	03		No			Yes		0
HUNTINGTON HOSPITAL	111630914	03		No			Yes		0
STATEN ISLAND UNIVERSITY HOSPITAL	112868878	03		No			Yes		0

Additional Data

Software ID:
Software Version:
EIN: 11-3418133
Name: NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL DOWLING PRESIDENT & CEO	37 5	X		X				0	1,789,848	676,829
RALPH A NAPPI TRUSTEE AND PRES NSLIJ FOUND	37 5	X						0	629,905	488,551
SAUL B KATZ CHAIRMAN	3 0	X		X				0	0	0
WILLIAM L MACK VICE CHAIRMAN	2 0	X		X				0	0	0
BARRY RUBENSTEIN VICE CHAIRMAN	2 0	X		X				0	0	0
ALAN I GREENE TREASURER	2 0	X		X				0	0	0
DONALD ZUCKER SECRETARY	2 0	X		X				0	0	0
RICHARD D GOLDSTEIN CHAIRMAN ELECT	2 0	X		X				0	0	0
ANTHONY C FERRERI TRUSTEE AND PRES/CEO SIUH	37 5	X						0	868,678	36,159
KEVIN F LAWLOR TRUSTEE AND PRES/CEO HUNT HOSP	37 5	X						0	594,225	70,603
NON-COMPENSATED TRUSTEES SEE SCHEDULE 0	2 0	X						0	0	0
HOWARD GOLD SR VP MANAGED CARE & BUS DEV	37 5			X				0	671,355	37,800
MARK J SOLAZZO SR VP, CHIEF OPERATING OFFICER	37 5			X				0	851,350	101,292
ROBERT S SHAPIRO SR VP, CHIEF FINANCIAL OFFICER	37 5			X				0	721,248	44,480
LAWRENCE SMITH MD CHF MEDICAL OFFICER	37 5			X				0	697,910	45,612
KEITH THOMPSON SR VP & GENERAL COUNSEL	37 5			X				0	598,403	41,695
JEFFERY KRAUT SR VP STRATEGIC PLANNING	37 5			X				0	569,479	41,925
KATHLEEN GALLO RN PHD SR VP & CHF LEARNING OFFICER	37 5			X				0	536,282	36,696
EUGENE TANGNEY CHF ADMIN OFFICER	37 5			X				0	452,699	40,362
HARRY GINDI ASSISTANT SECRETARY	37 5			X				0	274,139	41,650