

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

ON MAY 29, 2011, THE ORGANIZATION CEASED HOSPITAL OPERATIONS WHEN IT CLOSED ON AN ASSET PURCHASE AGREEMENT ("APA") WITH THE STATE UNIVERSITY OF NY AT DOWNSTATE IN ACCORDANCE WITH THE APA, LICH RETAINED CASH AND PATIENT RECEIVABLES IN ORDER TO PAY DOWN ACCOUNTS PAYABLE AND ACCRUED EXPENSES, WHICH ALSO REMAINED AT LICH UPON SATISFACTION OF THE REMAINING LIABILITIES, THE RESIDUAL ASSETS, IF ANY, ARE TO BE TRANSFERRED TO SUNY PRIOR TO THE CLOSING OF THE APA, THE ORGANIZATION UPHELD THE FOLLOWING MISSION LONG ISLAND COLLEGE HOSPITAL (LICH), WHICH CELEBRATED ITS 150TH ANNIVERSARY IN 2008, IS AN ACUTE CARE GENERAL HOSPITAL AND TEACHING HOSPITAL LOCATED BETWEEN THE HISTORIC BROWNSTONE DISTRICTS OF BROOKLYN HEIGHTS AND COBBLE HILL ON THE BROOKLYN WATERFRONT IT IS THE PRIMARY CLINICAL TEACHING AFFILIATE OF THE STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN (SUNY-DOWNSTATE MEDICAL CENTER) FOUNDED IN 1858 AS A MEDICAL SCHOOL AS WELL AS A HOSPITAL, LICH HAS MADE EXCEPTIONAL CO

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?

No

Yes

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 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 \$ 127,999,672 including grants of \$) (Revenue \$ 125,859,782)

PATIENT CARE THROUGH MAY 29, 2011, LONG ISLAND COLLEGE HOSPITAL (LICH) PROVIDED QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION THROUGH MAY 29, 2011, LICH PROVIDED CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AND THE UNINSURED BELOW COST TO THE EXTENT REIMBURSEMENT IS BELOW COST, OR A PATIENT IS UNABLE TO PAY, LICH RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE COMMUNITY FOR THE YEAR ENDED MAY 28, 2011, THIS AMOUNTED TO \$1,300,000 IN ADDITION, CHARITY CARE IS ALSO PROVIDED THROUGH MANY FREE SERVICES AND PROGRAMS OFFERED THROUGH THE YEAR WHICH LICH BELIEVES SERVE A BONAFIDE COMMUNITY HEALTH NEED LICH BRINGS TOGETHER THE OUTSTANDING RESOURCES OF A MAJOR TEACHING HOSPITAL AND THE SPIRIT OF A COMMUNITY HOSPITAL LICH IS LOCATED IN THE BROOKLYN HEIGHT/COBBIE HILL AREA, IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE IN NEPHROLOGY, UROLOGY AND ALLERGIES AND ASTHMA, AS WELL AS FOR ITS NEW YORK CENTER FOR BLOODLESS MEDICINE AND SURGERY, OTHER CANCER CENTER AND THE STANLEY S LAMM INSTITUTE FOR CHILD NEUROLOGY AND DEVELOPMENTAL MEDICINE

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 \$ 127,999,672

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV	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 and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	Yes

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	Yes	
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>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	127
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2,470
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
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. 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.	KRISTINA GILLAN 555 WEST 57TH STREET NEW YORK, NY 10019 (212) 523-3617

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,950,826	12,945,616	911,619

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 86

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SIEMENS MEDICAL SOLUTIONS PO BOX 7777 W3580 PHILADELPHIA, PA 19175	IT SERVICES	1,583,647
PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK, NY 10036	LEGAL SERVICES	1,211,453
NATIONAL GOVERNMENT SERVICES PO BOX 809366 CHICAGO, IL 606809366	HEALTH CARE/IT SVCS	599,545
PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 191708001	ACCOUNTING SERVICES	568,906
CRITICARE INC 573 VALLEY ROAD SUITE 6 WAYNE, NJ 07470	NURSING SERVICES	541,551

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶50

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	22,000,000				
	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			22,000,000			
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	621400	106,035,981	106,035,981			
	b	FACULTY PRACTICE REVENUE	621300	13,799,216	13,799,216			
	c	PATHOLOGY LAB	621300	2,110,771	1,850,589	260,182		
	d	TUITION	611600	1,573,308	1,573,308			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			123,519,276			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				5,564,340			5,564,340	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		1,554,056						
		1,554,056						
	d	Net rental income or (loss)			1,554,056		1,554,056	
	7a	(i) Securities		(ii) Other				
		2,036,550						
		2,036,550						
	d	Net gain or (loss)			2,036,550		2,036,550	
	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	DRUG STUDIES & RESEARCH, NIH GRANTS		900099	2,340,506	2,340,506			
b	W/O PROF LIABILITY INSURANCE		900099	70,481,076			70,481,076	
c	OTHER REVENUE		900099	8,697,712			8,697,712	
d	All other revenue							
e	Total. Add lines 11a-11d			81,519,294				
12	Total revenue. See Instructions			236,193,516	125,599,600	260,182	88,333,734	

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,064,424	926,049	138,375	
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	71,274,261	62,063,122	9,211,139	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,995,719	3,479,287	516,432	
9	Other employee benefits	11,160,963	9,718,449	1,442,514	
10	Payroll taxes	5,359,012	4,666,379	692,633	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,840,362		1,840,362	
c	Accounting	415,482		415,482	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	43,088	43,088		
g	Other	7,867,206	7,867,206		
12	Advertising and promotion	24,033	24,033		
13	Office expenses	9,210,791	8,994,959	215,832	0
14	Information technology	868,515	868,515		
15	Royalties	0			
16	Occupancy	4,557,904	4,530,234	27,670	
17	Travel	38,195	38,195		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	86,234	86,234		
20	Interest	2,313,429	2,313,429		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,056,128	6,056,128		
23	Insurance	1,088,170	1,088,170		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	14,660,312	14,660,312		
b	OTHER	575,883	575,883		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	142,500,111	127,999,672	14,500,439	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			8,841,157	1	42,256,731
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			225,962	3	0
	4	Accounts receivable, net			44,322,330	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			1,438,023	8	0
	9	Prepaid expenses and deferred charges			10,721,750	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	24,995			
	b	Less: accumulated depreciation	10b		114,608,014	10c	24,995
	11	Investments—publicly traded securities			102,453,257	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			25,393,036	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			308,003,529	16	42,281,726
Liabilities	17	Accounts payable and accrued expenses			51,921,254	17	19,601,924
	18	Grants payable			0	18	0
	19	Deferred revenue			140,758	19	0
	20	Tax-exempt bond liabilities			54,247,706	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	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			81,833,077	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			198,260,283	25	22,679,802
	26	Total liabilities. Add lines 17 through 25			386,403,078	26	42,281,726
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-226,069,252	27	0
	28	Temporarily restricted net assets			1,144,831	28	0
	29	Permanently restricted net assets			146,524,872	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			-78,399,549	33	0
	34	Total liabilities and net assets/fund balances			308,003,529	34	42,281,726

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	236,193,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,500,111
3	Revenue less expenses Subtract line 2 from line 1	3	93,693,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-78,399,549
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,293,856
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	0

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
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	

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

2011

Open to Public
Inspection

Name of the organization LONG ISLAND COLLEGE HOSPITAL	Employer identification number 11-1018985
--	--

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 Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
LONG ISLAND COLLEGE HOSPITAL

Employer identification number

11-1018985

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	




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

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

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance		146,524,856	146,524,856	146,524,856	
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		146,524,856	146,524,856	146,524,856	

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


- a** Board designated or quasi-endowment 
- b** Permanent endowment  100 000 %
- c** Term endowment 

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		24,995		24,995
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> 				24,995

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1236,193,516
2	Total expenses (Form 990, Part IX, column (A), line 25)	2142,500,111
3	Excess or (deficit) for the year Subtract line 2 from line 1	393,693,405
4	Net unrealized gains (losses) on investments	4-6,039,500
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-9,254,356
9	Total adjustments (net) Add lines 4 - 8	9-15,293,856
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1078,399,549

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1230,154,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-6,039,500	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e-6,039,500	3236,193,516
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5236,193,516	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1142,500,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	3142,500,111
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5142,500,111	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 1E	OTHER ADJUSTMENTS	IN CONJUCTION WITH THE ASSET PURCHASE AGREEMENT WITH SUNY DOWNSTATE, A TRUST WAS ESTABLISHED (BY COURT ORDER) TO SATISFY MEDICAL AND PROFESSIONAL LIABILITIES OF THE ORGANIZATION \$85,699,910 WAS TRANSFERRED TO THIS TRUST THE REMAINDER TRANSFERRED TO SUNY DOWNSTATE AS PART OF THE ASSET PURCHASE AGREEMENT
SCHEDULE D, PART XI, LINE 8	OTHER ADJUSTMENTS	TRANSFER TO SUNY DOWNSTATE (\$9,254,356)

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LONG ISLAND COLLEGE HOSPITAL

Employer identification number
11-1018985

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input checked="" type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	3a	Yes	
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			1,967,794	949,359	1,018,434	0 660 %
b Medicaid (from Worksheet 3, column a)			35,710,859	20,792,241	14,918,618	9 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			37,678,653	21,741,600	15,937,052	10 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			44,555	25,555	19,000	0 010 %
f Health professions education (from Worksheet 5)			8,873,527	6,888,071	1,985,456	1 290 %
g Subsidized health services (from Worksheet 6)			63,037,464	56,303,769	6,733,695	4 370 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,500	0	21,500	0 010 %
j Total Other Benefits			71,977,046	63,217,395	8,759,651	5 680 %
k Total. Add lines 7d and 7j			109,655,699	84,958,995	24,696,703	16 030 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense	2	685,486	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	441,234	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	2,940,551	
6Enter Medicare allowable costs of care relating to payments on line 5	6		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	2,940,551	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

LONG ISLAND COLLEGE HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 4

Name and address		Type of Facility (Describe)
1	M S 51-WILLIAM ALEXANDER SCHOOL 350 5TH AVENUE BROOKLYN, NY 11215	SCHOOL BASED HOSPITAL EXTENSION CLINIC
2	PS 38 HEALTH EXT CLINIC 450 PACIFIC STREET BROOKLYN, NY 11231	SCHOOL BASED HOSPITAL EXTENSION CLINIC
3	INTERMEDIATE SCHOOL 293 HEALTH EXT CLINIC 163 BUTLER STREET BROOKLYN, NY 11231	SCHOOL BASED HOSPITAL EXTENSION CLINIC
4	JHS 142 HEALTH EXT CLINIC 610 HENRY STREET BROOKLYN, NY 11231	SCHOOL BASED HOSPITAL EXTENSION CLINIC
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
THE COMMUNITY BENEFIT INFORMATION BEING REPORTED IS THROUGH MAY 28, 2011	ON THIS DATE, THE ORGANIZATION CEASED ITS OPERATION OF THE HOSPITAL	SCHEDULE H, PART I, LINE 3C NOT APPLICABLE - ORGANIZATION USES FPG TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 6A		THE COMMUNITY BENEFIT REPORT IS SUBMITTED TO THE NYS DEPARTMENT OF HEALTH BY THE HOSPITALS THAT COMPRISE THE CONTINUUM HEALTH PARTNERS, INC NETWORK BETH ISRAEL MEDICAL CENTER, ST LUKE'S-ROOSEVELT HOSPITAL CENTER, AND LONG ISLAND COLLEGE HOSPITAL THE REPORT DESCRIBES THE ROLE OF EACH CONTINUUM HOSPITAL INDIVIDUALLY, AND ALSO REFLECTS THEIR UNIFIED ACTIVITIES AND STRATEGY AS AN INTEGRATED HEALTH CARE SYSTEM

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7G		ALL CLINICS INCLUDED AS SUBSIDIZED HEALTH SERVICES ARE CLINICS OF THE HOSPITAL

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F		BAD DEBT EXPENSE OF \$685,486 WAS SUBTRACTED FROM TOTAL EXPENSES AS REPORTED ON FORM 990, PART IX, LINE 24, COLUMN (A) FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7		THE AMOUNTS REPORTED IN PART I, LINES 7A, 7B AND 7G WERE COMPUTED USING A RATIO OF COST TO CHARGES THAT WAS DERIVED FROM WORKSHEET 2 OF SCHEDULE H INSTRUCTIONS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 4		<p>A PORTION OF BAD DEBTS COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR SOME FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY. IN ORDER TO MAKE AN ESTIMATION OF THIS AMOUNT, THE BAD DEBTS ASSOCIATED WITH SELF-PAY PATIENTS, AS THEY RELATE TO BAD DEBTS FOR ALL PAY CLASSES, WERE ANALYZED WHEN A DISCOUNT IS PROVIDED ON A PATIENT ACCOUNT, THIS IS ACCOUNTED FOR AS A CHARITY ALLOWANCE. CONVERSELY, WHEN NO PAYMENT OR ONLY PARTIAL PAYMENT IS MADE ON A PATIENT ACCOUNT, THIS IS ACCOUNTED FOR AS BAD DEBT EXPENSE. BILLINGS RELATING TO SERVICES RENDERED ARE RECORDED AS NET PATIENT SERVICE REVENUE IN THE PERIOD IN WHICH THE SERVICE IS PERFORMED, NET OF CONTRACTUAL AND OTHER ALLOWANCES WHICH REPRESENT DIFFERENCES BETWEEN GROSS CHARGES AND THE ESTIMATED RECEIPTS UNDER SUCH PROGRAMS. NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE ALSO REDUCED FOR ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS. THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTION OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGMENTS. ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT DETERMINES IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED. THE USE OF HISTORICAL COLLECTION AND PAYER REIMBURSEMENT EXPERIENCE IS AN INTEGRAL PART OF THE ESTIMATION OF RESERVES FOR UNCOLLECTIBLE ACCOUNTS. REVISIONS IN RESERVE FOR UNCOLLECTIBLE ACCOUNTS ESTIMATES ARE RECORDED AS AN ADJUSTMENT TO THE PROVISION FOR BAD DEBTS. Medicare Costs are zero so as to not double count those costs included in the computation of subsidized health services.</p>

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 8		TOTAL ALLOWABLE COSTS AS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT WERE REDUCED FOR COSTS INCLUDED ELSEWHERE ON SCHEDULE H THESE COSTS INCLUDED THE COST OF DIRECT GME AND THOSE COSTS REPORTED AS COSTS OF SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B		DEBT COLLECTION POLICY THOSE PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE SUBJECT TO THE NORMAL COLLECTION PROCEDURES FOR ALL PATIENTS HOWEVER, PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE OFFERED PROMPT PAY DISCOUNTS FOR FULL PAYMENT OF THE DISCOUNTED CHARGES AND EXTENDED INTEREST FREE PAYMENT PLANS NO LEGAL ACTION MAY BE TAKEN UNTIL IT HAS BEEN DETERMINED THAT THE PATIENT HAS THE MEANS TO PAY OUTSTANDING BALANCES IN NO SITUATION WILL THE HOSPITAL AUTHORIZE FORECLOSURE ON A PATIENT OR RESPONSIBLE PARTY'S PRIMARY RESIDENCE

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 11	FACILITY INFORMATION	THE DISCOUNT UNDER THE FINANCIAL ASSISTANCE POLICY STARTS WITH GROSS CHARGES OF THE SERVICES TO BE PERFORMED REDUCED TO THE MEDICAID RATE OF REIMBURSEMENT AND THEN PROVIDES FOR ADDITIONAL DISCOUNTS BASED UPON THE PATIENT'S ELIGIBILITY PATIENT'S ELIGIBILITY IS DETERMINED USING A MEANS TEST BASED ON HOUSEHOLD GROSS INCOME THE HOSPITAL MAY EVALUATE ANY PATIENT'S ELIGIBILITY ON A CASE-BY-CASE BASIS, ESPECIALLY WHERE COMPLEX MEDICAL, SCIENTIFIC, OR FINANCIAL SITUATIONS EXIST

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 13	FACILITY INFORMATION	THE AVAILABILITY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS NOTED ON THE PATIENT'S BILL PATIENTS ARE ALERTED TO THE POLICY BY MULTI-LINGUAL SIGNAGE AND BROCHURES AT POINTS OF PATIENT SERVICE, INFORMATION DISTRIBUTED IN THE ADMISSION PACKAGE, THE HOSPITAL WEB SITE, AND RESPONSES TO DIRECT INQUIRIES MADE TO THE HOSPITAL ALL RELATED INQUIRIES ARE DIRECTED TO THE HOSPITAL'S DEPARTMENT OF FINANCIAL COUNSELING

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 19	FACILITY INFORMATION	THE HOSPITAL USED MEDICAID RATES WHEN DETERMINING THE AMOUNTS TO BE CHARGED TO FAP ELIGIBLE PATIENTS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	THE HOSPITAL WORKS COLLABORATIVELY WITH A NUMBER OF COMMUNITY BASED ORGANIZATIONS, HEALTH FACILITIES, LOCAL ELECTED OFFICIALS, AND NEW YORK CITY COMMUNITY ADVISORY BOARDS THE HOSPITAL ALSO HAS ITS OWN INTERNAL ADVISORY BOARD/COUNCIL THAT IS MADE UP OF REPRESENTATIVES OF THESE COMMUNITY PARTNERS AND INTERESTED LOCAL RESIDENTS THROUGH THEIR PARTICIPATION, THE HOSPITAL SOLICITS COMMENT ON THE HEALTH CARE NEEDS OF THE COMMUNITY, STRENGTHS AND WEAKNESSES OF THE HOSPITAL, AND CONSTRUCTIVE SUGGESTIONS FOR IMPROVEMENTS THESE COUNCILS ALSO PARTICIPATE IN CHOOSING THE HEALTH PRIORITIES OF THE COMMUNITY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	THE INSTITUTION RECOGNIZES THAT MANY OF THE PATIENTS IT SERVES MAY NOT HAVE HEALTH INSURANCE OR THE FINANCIAL RESOURCES TO ACCESS QUALITY HEALTH CARE SERVICES WITHOUT FINANCIAL ASSISTANCE. ACCORDINGLY, THE INSTITUTION ADHERES TO ITS FINANCIAL ASSISTANCE POLICY, WHICH EXISTS IN ORDER TO ASSIST PATIENTS WITH GAINING ACCESS TO FINANCIAL ASSISTANCE. PATIENTS CAN OBTAIN INFORMATION ON HOSPITAL CHARGES AND ELIGIBILITY FOR GOVERNMENT OR HOSPITAL PROGRAMS PRIMARILY FROM THE HOSPITALS DEPARTMENT OF FINANCIAL COUNSELING. THE AVAILABILITY OF THE INSTITUTIONS FINANCIAL ASSISTANCE IS NOTED ON THE PATIENT'S BILL. ALSO, PATIENTS ARE ALERTED TO THE POLICY BY MULTI-LINGUAL SIGNAGE AND BROCHURES AT POINTS OF PATIENT SERVICE, INFORMATION DISTRIBUTED IN THE ADMISSION PACKAGE, AND THE INSTITUTION'S WEB SITE. ALL HOSPITAL STAFF ARE DIRECTED TO DISTRIBUTE STANDARD INFORMATION OR REFER INQUIRIES TO THE DEPARTMENT OF FINANCIAL COUNSELING OR WEBSITE.

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	THE HOSPITAL'S PRIMARY SERVICE AREA IS BROOKLYN, NY, WITH A MAJORITY OF PATIENTS FROM DOWNTOWN BROOKLYN/PARK SLOPE AND STUYVESANT/CROWN HEIGHTS THE RACIAL AND ETHNIC BACKGROUNDS ARE DIVERSE HOWEVER THE PRIMARY SERVICE AREA OF THE HOSPITAL IS MORE LARGELY AFRICAN-AMERICAN BOTH THE MEDIAN AGE AND HOUSEHOLD INCOMES ARE LOWER THAN THE CITYWIDE AVERAGES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	QUANTIFIABLE EXPENSES ASSOCIATED WITH IMPROVING THE GENERAL HEALTH OF THE COMMUNITY HAVE BEEN REPORTED IN PART I THESE INCLUDED ACTIVITIES ASSOCIATED WITH INFECTIOUS DISEASE CONTROL, PATIENT RECREATION, PATIENT TRANSPORTATION, AND PATIENT EDUCATION THE ORGANIZATION PARTAKES IN SEVERAL COMMUNITY BUILDING ACTIVITIES FOR WHICH THE COST TO THE ORGANIZATION HAS NOT BEEN CLEARLY QUANTIFIED TWO OF THESE MAJOR ACTIVITIES ARE COMMUNITY/EMERGENCY PREPAREDNESS AND TOBACCO USE/SMOKING CESSATION

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	OTHER INFORMATION	THE ORGANIZATION OFFERS A WIDE ARRAY OF HOSPITAL-SPONSORED COMMUNITY HEALTH EDUCATION AND SCREENING EVENTS THE COMMUNITY IS NOTIFIED OF THESE EVENTS AND SCREENINGS BY VARIOUS MEANS - MAILINGS, ADVERTISING IN LOCAL NEWSPAPERS, FLYERS, AND THROUGH MAILINGS OF VARIOUS NYC COMMUNITY BOARDS, ETC IN ADDITION, ON-LINE HEALTH EDUCATION AND PHYSICIAN REFERRAL CAN BE ACCESSED ON THE CONTINUUM WEBSITE - WWW.CHPNYC.ORG THIS HAS BECOME AN EXTRAORDINARILY WELL-USED HEALTH WEBSITE IN 2011, 3,057,084 VISITORS BROWSED THE CONTINUUM WEBSITE THE HOSPITAL ALSO PROVIDES MULTI-LINGUAL EDUCATIONAL MATERIALS FOR ITS PATIENTS AND COMMUNITIES AND MARKETS ITS SERVICES IN NEW YORK'S DIVERSE ETHNIC COMMUNITIES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	THE ORGANIZATION WORKS CLOSELY WITH ITS AFFILIATED HOSPITALS AS AN INTEGRATED HEALTH CARE PARTNERSHIP LEADERSHIP IS COMMITTED TO WORKING WITH THE COMMUNITY AND WILL REMAIN COMMITTED TO ALLOCATING SUFFICIENT RESOURCES TO ENSURE THAT THE CLINICAL AND OUTREACH SERVICES OF EACH OF THE AFFILIATED HOSPITALS IS RESPONSIVE TO THE COMMUNITY HEALTH NEEDS BY PROVIDING HIGH QUALITY, ACCESSIBLE, AND COMPASSIONATE HEALTH CARE TO THE MAXIMUM EXTENT POSSIBLE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
LONG ISLAND COLLEGE HOSPITAL

Employer identification number
11-1018985

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	

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.

[illegible]

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
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT	MARVIN RUSSELL \$207,692

Software ID:
Software Version:
EIN: 11-1018985
Name: LONG ISLAND COLLEGE HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
FRANK J CRACOLICI	(i)	0	0	0	0	0	0	0
	(ii)	698,057	175,000	15,405	20,580	18,145	927,187	0
FRANK DIPILLO MD	(i)	210,953	0	24	8,707	2,749	222,433	0
	(ii)	0	0	0	0	0	0	0
HARRIS NAGLER MD	(i)	0	0	0	0	0	0	0
	(ii)	895,139	163,000	14,954	20,580	38,441	1,132,114	0
RUSSELL PORTENYOY MD	(i)	0	0	0	0	0	0	0
	(ii)	572,043	0	13,461	20,580	26,405	632,489	0
DANIEL WIENER MD	(i)	0	0	0	0	0	0	0
	(ii)	611,025	0	12,666	20,580	21,549	665,820	0
STANLEY BREZENOFF	(i)	0	0	0	0	0	0	0
	(ii)	1,491,858	525,000	41,125	20,580	21,551	2,100,114	0
DOMINIC STANZIONE	(i)	349,454	172,500	16,931	16,586	16,152	571,623	0
	(ii)	0	0	0	0	0	0	0
KATHRYN C MEYER ESQ	(i)	0	0	0	0	0	0	0
	(ii)	352,727	70,477	62,966	20,580	10,997	517,747	0
JOHN COLLURA	(i)	0	0	0	0	0	0	0
	(ii)	977,500	244,375	20,096	20,580	18,614	1,281,165	0
JILL CLAYTON	(i)	0	0	0	0	0	0	0
	(ii)	292,734	72,000	3,179	20,580	35,729	424,222	0
JOHN BYRNE	(i)	112,515	30,078	485	6,981	13,079	163,138	0
	(ii)	0	0	0	0	0	0	0
GAIL DONOVAN	(i)	0	0	0	0	0	0	0
	(ii)	782,301	262,500	34,024	20,580	31,852	1,131,257	0
KATHLEEN MCGOVERN-KEARNS	(i)	0	0	0	0	0	0	0
	(ii)	514,364	110,000	865	20,580	26,243	672,052	0
MARVIN A RUSSELL	(i)	0	0	0	0	0	0	0
	(ii)	0	0	207,692	0	0	207,692	0
MICHAEL BRUNO	(i)	0	0	0	0	0	0	0
	(ii)	524,780	145,000	12,440	20,580	30,918	733,718	0
MICHELLE LEONE	(i)	0	0	0	0	0	0	0
	(ii)	551,748	150,000	11,342	20,580	20,871	754,541	0
RUTH LEVIN	(i)	0	0	0	0	0	0	0
	(ii)	133,240	0	27,362	12,566	12,463	185,631	0
BRENDAN LOUGHLIN	(i)	0	0	0	0	0	0	0
	(ii)	547,380	140,000	38,254	20,580	35,637	781,851	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DENISE PELLE	(i)	0	0	0	0	0	0	0
	(ii)	279,229	62,000	1,836	20,580	16,877	380,522	0
ADAM LAWRENCE HENICK	(i)	0	0	0	0	0	0	0
	(ii)	448,162	97,000	16,940	20,580	38,122	620,804	0
KENNETH HOLDEN	(i)	0	0	0	0	0	0	0
	(ii)	405,865	93,000	8,697	20,580	30,348	558,490	0
ADNAN KHD AIR	(i)	349,296	0	158	3,909	9,562	362,925	0
	(ii)	0	0	0	0	0	0	0
MILLICENT COMRIE	(i)	400,626	0	326	6,054	5,930	412,936	0
	(ii)	0	0	0	0	0	0	0
AFSHIN PARHISCAR	(i)	323,232	0	60	4,265	2,443	330,000	0
	(ii)	0	0	0	0	0	0	0
ARI GOLDSMITH	(i)	437,615	0	149	5,597	2,932	446,293	0
	(ii)	0	0	0	0	0	0	0
SCOTT POSTELL	(i)	353,295	0	123	3,935	8,043	365,396	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
LONG ISLAND COLLEGE HOSPITAL

Employer identification number
11-1018985

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HEIGHTS NEPHROLOGY MEDICAL GROUP PC	TRUSTEE AN OWNER MED GRP	250,000	SERVICE AGREEMENT		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets
▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
LONG ISLAND COLLEGE HOSPITAL

Employer identification number
11-1018985

Part I

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed. 📄

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
	PLANT & OTHER ASSETS NET OF LIABILITIES	05-28-2011	9,254,356	BOOK		SUNY DOWNSTATE	GOVERNMENT HOSP

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

	Yes	No
2a		No
2b	Yes	
2c		No
2d		No

Part I Liquidation, Termination or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets) and line 26 (Total liabilities) should equal -0-		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3 Yes	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a Yes	
b	If "Yes," did the organization provide such notice?	4b Yes	
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5	No
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a Yes	
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b	No
c If 'Yes' to line 6b describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III			

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?	2a	No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b Yes	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	No
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part III Supplemental Information. Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
SCHEDULE N, PART I, LIQUIDATION, TERMINATION OR DISSOLUTION		ON MAY 29, 2011, LICH CLOSED ON AN ASSET PURCHASE AGREEMENT ("APA") WITH THE STATE UNIVERSITY OF NY AT DOWNSTATE ("SUNY") UNDER THE TERMS OF THE APA, SUNY ACQUIRED ESSENTIALLY ALL OF THE PHYSICAL PLANT ASSETS OF LICH AS WELL AS THE PREPAID ASSETS, INVENTORY, OTHER ASSETS AND TEMPORARY RESTRICTED FUNDS OF LICH IN ADDITION, SUNY ASSUMED ALL THE LONG TERM DEBT AND OTHER NON-CURRENT LIABILITIES OF LICH EXCLUDING THOSE LIABILITIES RELATED TO MEDICAL AND PROFESSIONAL LIABILITIES APPROXIMATELY \$85,700 OF ASSETS LIMITED AS TO USE, PRIMARILY FROM THE OTHMER ENDOWMENT, WAS TRANSFERRED TO A TRUST CREATED BY AN ORDER OF THE NYS SURROGATE COURT THE TRUST IS ESTABLISHED TO SATISFY ALL MEDICAL AND PROFESSIONAL LIABILITIES OF LICH, WHICH WERE ALSO TRANSFERRED TO THE TRUST AS PART OF THE APA CASH AND PATIENT CARE RECEIVABLES WERE RETAINED BY LICH TO BE USED TO PAY DOWN ACCOUNTS PAYABLE AND CERTAIN ACCRUED EXPENSES, WHICH ALSO REMAIN WITH LICH UPON SATISFACTION OF THE REMAINING LIABILITIES OF LICH, THE RESIDUAL ASSETS, IF ANY, ARE TO BE TRANSFERRED TO SUNY BY MAY 28, 2013 IN ACCORDANCE WITH THE TERMS OF THE APA ON MAY 28, 2011, ESSENTIALLY ALL THE STAFF OF LICH WERE TERMINATED FROM LICH AND WERE HIRED BY SUNY AND ITS AFFILIATES BIMC HAS ENTERED INTO A TRANSITION SERVICES AGREEMENT ("TSA") WITH SUNY TO PROVIDE CERTAIN BUSINESS SERVICES TO SUNY AS THEY RELATE TO THE OPERATIONS OF THE HOSPITAL BY SUNY UNDER THE APA FOR AN INITIAL PERIOD OF THREE YEARS SOME OF THE SERVICES PROVIDED UNDER THE TSA ARE IT AND TELECOM, PAYROLL PROCESSING, PATIENT REVENUE CYCLE AND PROFESSIONAL BILLING AND GENERAL ACCOUNTING AND GENERAL LEDGER SYSTEMS LICH HAS PERFORMED AN EVALUATION OF SUBSEQUENT EVENTS THROUGH OCTOBER 31, 2011, WHICH IS THE DATE THE FINANCIAL STATEMENTS WERE ISSUED

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493031014573	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>► Attach to Form 990 or 990-EZ.</div>			OMB No 1545-0047
					<div>2011</div> <div>Open to Public Inspection</div>
		Name of the organization LONG ISLAND COLLEGE HOSPITAL			Employer identification number 11-1018985

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 3	SIGNIFICANT CHANGES	ON MAY 29, 2011, THE ORGANIZATION CEASED HOSPITAL OPERATIONS WHEN IT CLOSED ON AN ASSET PURCHASE AGREEMENT ("APA") WITH THE STATE UNIVERSITY OF NY AT DOWNSTATE. IN ACCORDANCE WITH THE APA, LICH RETAINED CASH AND PATIENT RECEIVABLES IN ORDER TO PAY DOWN ACCOUNTS PAYABLE AND ACCRUED EXPENSES, WHICH ALSO REMAINED AT LICH. UPON SATISFACTION OF THE REMAINING LIABILITIES, THE RESIDUAL ASSETS, IF ANY, ARE TO BE TRANSFERRED TO SUNY.
FORM 990, PART VI, LINE 1	EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE CONSISTS ONLY OF MEMBERS OF THE GOVERNING BODY. IT IS AUTHORIZED TO ACT ON BEHALF OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD AND TO TAKE ANY ACTION OTHER THAN THOSE ITEMS SPECIFICALLY PROHIBITED BY NEW YORK LAW.
FORM 990, PART VI, LINE 2	BUSINESS & FAMILY RELATIONSHIPS	1. JOAN G SARNOFF, ARTHUR SARNOFF & WILLIAM SARNOFF - FAMILY RELATIONSHIP. 2. ANDREW S KOMAROFF AND STANLEY KOMAROFF - FAMILY RELATIONSHIP. 3. DAVID PICKET AND JOEL PICKET - BUSINESS AND FAMILY RELATIONSHIP.
FORM 990, PART VI, LINE 6	MEMBERS OF THE ORGANIZATION	THE ORGANIZATION HAS A SINGLE CORPORATE MEMBER, CONTINUUM HEALTH PARTNERS, INC., WHICH IS A NOT-FOR-PROFIT CORPORATION.
FORM 990, PART VI, LINE 7A	ELECTION OF THE GOVERNING BODY	THE SOLE CORPORATE MEMBER ELECTS THE GOVERNING BODY OF THE ORGANIZATION. IN ADDITION, THREE MEMBERS OF THE GOVERNING BODY ARE DESIGNATED BY THE NEW YORK EYE AND EAR INFIRMARY, A NOT-FOR-PROFIT AFFILIATE OF THE ORGANIZATION.
FORM 990, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY	THE MEMBER MUST APPROVE ANY AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION.
FORM 990, PART VI, LINE 11A	REVIEW PROCESS FOR FORM 990	PRIOR TO FILING, A DRAFT OF FORM 990 IS PROVIDED FOR REVIEW TO THE CENTRALIZED MANAGEMENT TEAM OF CONTINUUM HEALTH PARTNERS, INC., WHICH INCLUDES THE SENIOR VICE PRESIDENT OF FINANCIAL REPORTING, IN-HOUSE GENERAL LEGAL COUNSEL, AND THE CHIEF FINANCIAL OFFICER. UPON APPROVAL OF THE CENTRALIZED MANAGEMENT TEAM AND PRIOR TO FILING, THE DRAFT FORM 990 IS PROVIDED FOR REVIEW TO THE CENTRALIZED AUDIT COMMITTEE AND EACH MEMBER OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	ANNUALLY, EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE DISCLOSURE STATEMENT IS REVIEWED BY THE CORPORATE COMPLIANCE OFFICER ALONG WITH GENERAL COUNSEL. AND A DETERMINATION IS MADE AS TO WHETHER A CONFLICT EXISTS. THE PRESIDENT OF THE ORGANIZATION AND THE CHAIR OF THE CENTRALIZED FINANCE/AUDIT COMMITTEE PARTICIPATE IN REVIEW OF CONFLICTS. CONFLICTS DISCLOSED BY TRUSTEES ARE REVIEWED WITH THE CHAIRMAN OF THE BOARD. ANY PERSON DETERMINED TO HAVE A CONFLICT OF INTEREST MUST RECUSE HIMSELF FROM ANY DECISION MAKING OR VOTING ON THE INTEREST THAT GAVE RISE TO THE CONFLICT.
FORM 990, PART VI, LINE 15A & 15B	COMPENSATION POLICY	THE EXECUTIVE COMPENSATION POLICY OF THE HEALTH SYSTEM REQUIRES THAT COMPENSATION FOR THE FOLLOWING INDIVIDUALS BE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AT LEAST ANNUALLY: ANY PERSON WITH THE TITLE OF CEO, PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER, EXECUTIVE VICE PRESIDENT OR SENIOR VICE PRESIDENT; ANY PERSON WITH THE TITLE OF CORPORATE VICE PRESIDENT WHOSE TOTAL COMPENSATION IS IN EXCESS OF \$300,000; ANY PHYSICIAN WITH THE TITLE OF CHAIRMAN; ANY PHYSICIAN WITH THE TITLE OF CHIEF WHOSE BASE SALARY PLUS GUARANTEE TOGETHER ARE IN EXCESS OF \$750,000; AND ANY PERSON WHO IS A FAMILY MEMBER OF ANY OF THE ABOVE INDIVIDUALS.
FORM 990, PART VI, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII	AVERAGE HOURS	AVERAGE HOURS PER WEEK REPORTED ON PART VII REPRESENT TOTAL AVERAGE HOURS FOR THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS.
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	NET UNREALIZED LOSSES ON INVESTMENTS (\$ 6,039,500) TRANSFER TO SUNY DOWNSTATE (\$ 9,254,356) TOTAL (\$15,293,856).
FORM 990, PART XII, LINE 2B	AUDITED FINANCIAL STATEMENTS	THE ORGANIZATION CEASED OPERATIONS AS A HOSPITAL ON MAY 28, 2011. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE THROUGH THIS DATE. SUBSEQUENT ACTIVITIES ARE TO WIND DOWN THE ORGANIZATION, AND WILL NOT CONTINUE BEYOND MAY 28, 2013. AT SUCH TIME, ANY REMAINING ASSETS/LIABILITIES WILL BE TRANSFERRED TO SUNY.

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

2011

Open to Public Inspection

Name of the organization
LONG ISLAND COLLEGE HOSPITAL

Employer identification number
11-1018985

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	

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
(1) ATLANTIC HEIGHTS PHARMACY 339 HICKS STREET BROOKLYN, NY 11201 11-2738539	PHARMACY	NY	NA	C			
(2) GREATER METROPOLITAN IPA II 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3977019	INACTIVE	NY	BIMCSLR	C			
(3) GREATER METROPOLITAN IPA V 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-4141695	INACTIVE	NY	BIMCSLR	C			
(4) MANHATTAN MANAGEMENT SERVICES 1780 BROADWAY 7TH FL NEW YORK, NY 10019 13-3618543	MGMT SERVICES	NY	SLR	C			
(5) SLR MANAGEMENT SERVICES 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3853145	MGMT SERVICES	NY	SLR	C			
(6) WEST CARE MEDICAL PC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3811203	INACTIVE	NY	SLR	C			

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (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 Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

No

No

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	(d) Method of determining amount involved
(1) BETH ISRAEL MEDICAL CENTER	J	1,811,060	FMV
(2) AUGUSTUS AND JAMES CORPORATION	J	17,615	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Software ID:
Software Version:
EIN: 11-1018985
Name: LONG ISLAND COLLEGE HOSPITAL

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	(g) Section 512 (b)(13) controlled organization	
CONTINUUM HEALTH PARTNERS INC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3939476	HOLDING CO	NY	501(C)(3)	11A - I	NA	Yes	
BETH ISRAEL MEDICAL CENTER FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-5564934	HOSPITAL	NY	501(C)(3)	3	CHP	Yes	
BETH ISRAEL FOUNDATION INC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3255377	FUNDRAISING	DE	501(C)(3)	11A - I	BIMC	Yes	
BIMC HOLDING CORPORATION FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-3444730	HOLDING CO	NY	501(C)(3)	11A - I	BIMC	Yes	
BETH ISRAEL AMBULATORY CARE SERVICES 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3838460	SURGICENTER	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
BI NURSING HOME COMPANY 327 EAST 17TH STREET NEW YORK, NY 10003 13-3627753	NURSING HOME	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
EAST 17TH STREET PROPERTIES INC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3547502	REAL ESTATE	NY	501(C)(3)	9	BIMC HOLDCO	Yes	
ST LUKE'S-ROOSEVELT HOSPITAL CENTER 1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2997301	HOSPITAL	NY	501(C)(3)	3	CHP	Yes	
AUGUSTUS & JAMES CORPORATION 555 WEST 57TH STREET NEW YORK, NY 10019 13-3392851	REAL ESTATE	NY	501(C)(3)	11B - II	SLR	Yes	
ST LUKE'S-ROOSEVELT INSTITUTE FOR HEALTH 1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2914343	RESEARCH	NY	501(C)(3)	4	SLR	Yes	
NEW YORK EYE AND EAR INFIRMARY 310 EAST 14TH STREET NEW YORK, NY 10003 13-5562304	HOSPITAL	NY	501(C)(3)	3	CHP	Yes	
NEW YORK EYE & EAR INFIRMARY FOUNDATION 310 EAST 14TH STREET NEW YORK, NY 10003 13-4012469	PRIVATE FDN	NY	501(C)(3)	PF	NYEE	Yes	
NYEEI HOUSING COMPANY INC 317-327 EAST 13TH STREET NEW YORK, NY 10003 31-1696826	REAL ESTATE	NY	501(C)(2)	N/A	NYEE	Yes	
BETH ISRAEL MEDICAL CENTER FDN INC 555 WEST 57TH STREET NEW YORK, NY 10019 30-0571387	FUNDRAISING	NY	501(C)(3)	7	BIMC	Yes	
ST LUKE'S-ROOSEVELT HOSPITAL CENTER FDN 555 WEST 57TH STREET NEW YORK, NY 10019 30-0571390	FUNDRAISING	NY	501(C)(3)	7	SLR	Yes	

The Long Island College Hospital

Financial Statements

For the Period January 1, 2011 through May 28, 2011

The Long Island College Hospital
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For the Period January 1, 2011 through May 28, 2011

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Report of Independent Auditors

To the Board of Regents
The Long Island College Hospital

In our opinion, the accompanying balance sheet and the related statement of operation, changes in net asset and cash flow present fairly, in all material respects, the financial position of The Long Island College Hospital ("LICH") as of May 28, 2011, and the results of its operations, changes in its net assets (deficit) and its cash flows for the period January 1, 2011 through May 28, 2011 in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of LICH's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in Note 13 to the financial statements, LICH transferred sponsorship to The State University of NY at Downstate ("SUNY") pursuant to an Asset Purchase Agreement effective May 29, 2011.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

October 31, 2011

The Long Island College Hospital

Balance Sheet

May 28, 2011

(in thousands of dollars)

	2011
Assets	
Current assets	
Cash	\$ 3,076
Receivables for patient care, less allowance for doubtful accounts of \$33,486 in 2011	37,637
Inventories	1,438
Prepaid expenses and other current assets	5,230
Current portion of assets limited as to use	1,173
Total current assets	<u>48,554</u>
Assets limited as to use	144,803
Long-term investments	6,740
Property, plant and equipment, net	109,415
Deferred financing costs, net	2,011
Total assets	<u>\$ 311,523</u>
Liabilities and net assets (deficit)	
Current liabilities	
Accounts payable and accrued expenses	\$ 23,817
Accrued salaries and related liabilities	20,732
Current portion of long-term debt and capitalized leases	8,534
Other current liabilities	12,556
Total current liabilities	<u>65,639</u>
Long-term debt and capitalized leases	124,240
Other non-current liabilities	197,936
Total liabilities	<u>387,815</u>
Commitments and contingencies	
Net assets (deficit)	
Unrestricted (deficit)	(223,962)
Temporarily restricted	1,145
Permanently restricted	146,525
Total net assets (deficit)	<u>(76,292)</u>
Total liabilities and net assets (deficit)	<u>\$ 311,523</u>

The accompanying notes are an integral part of these financial statements

The Long Island College Hospital
Statement of Operations
For the Period January 1, 2011 through May 28, 2011

(in thousands of dollars)

	2011
Operating revenue	
Net patient service revenue	\$ 110,545
Faculty practice revenue	13,799
Investment income	1,317
Other revenue	31,166
Total operating revenue	<u>156,827</u>
Operating expenses	
Salaries and wages	71,733
Employee benefits	19,299
Supplies and other expenses	54,633
Depreciation and amortization	6,056
Provision for bad debts	685
Interest	2,313
Total operating expenses	<u>154,719</u>
Excess of revenue over expenses	<u>2,108</u>
Increase in unrestricted net assets	<u>\$ 2,108</u>

The accompanying notes are an integral part of these financial statements

The Long Island College Hospital
Statement of Changes in Net Assets
For the Period January 1, 2011 through May 28, 2011

(in thousands of dollars)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Net assets (deficit) at December 31, 2010	\$ (226,070)	\$ 1,145	\$ 146,525	\$ (78,400)
Change in net assets (deficit)				
Excess of revenue over expenses	2,108			2,108
Total change in net assets	2,108	-	-	2,108
Net assets at May 28, 2011	\$ (223,962)	\$ 1,145	\$ 146,525	\$ (76,292)

The accompanying notes are an integral part of these financial statements

The Long Island College Hospital
Statement of Cash Flows
Period ended May 28, 2011

(in thousands of dollars)

	2011
Cash flows from operating activities	
Change in net assets	\$ 2,108
Adjustments to reconcile decrease in net assets to net cash provided by operating activities	
Depreciation and amortization	6,056
Provision for bad debts	685
Net unrealized and realized losses from investments	3,969
(Increase) decrease in cash resulting from a change in	
Receivables for patient care, net	6,000
Inventories, prepaid expenses and other current assets	3,657
Accounts payable and accrued expenses and accrued salaries and related liabilities	(7,372)
Other current and non current liabilities	12,091
Net cash provided by operating activities	<u>27,194</u>
Cash flows from investing activities	
Acquisitions of property, plant and equipment, net	(814)
Decrease in long term investments	91,745
Increase in assets limited as to use	(120,583)
Net cash used in investing activities	<u>(29,652)</u>
Cash flows from financing activities	
Proceeds from borrowings under long-term debt	63
Repayments of long-term debt	(3,370)
Net cash used in financing activities	<u>(3,307)</u>
Net decrease in cash	(5,765)
Cash	
Beginning of year	8,841
End of year	<u>\$ 3,076</u>
Supplemental disclosures of cash flow information	
Cash paid for interest	\$ 2,313

The accompanying notes are an integral part of these financial statements

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

1. Organization and Summary of Significant Accounting Policies

Organization

The Long Island College Hospital ("LICH") is a not-for-profit tertiary care teaching hospital that provides inpatient, ambulatory, clinical, referred outpatient and emergency care to the community. As such, operating revenues include those generated from direct patient care, investment income, reimbursement of research and educational activities and the revenues related to the operation of LICH's facilities.

Continuum Health Partners, Inc. ("CHP") is the sole member of LICH. In addition, CHP is the sole corporate member of Beth Israel Medical Center ("BIMC"), St. Luke's- Roosevelt Hospital Center ("SLR") and New York Eye and Ear Infirmary ("NYEE"). BIMC is the sole corporate member of or controls the following entities: Beth Israel Ambulatory Services Corporation, Inc., B I Nursing Home Company, East 17th Street Properties, Inc., and East 88th Street Properties, Inc. SLR controls three other not-for-profit corporations: St. Luke's-Roosevelt Health Sciences, a research organization, Augustus & James Corporation, which owns and leases a building, and 425 West 59th Street Condominium LLC which owns and operates a building. NYEE is the sole corporate member of NYEE Housing Company, Inc., which provides housing and ancillary facilities to staff members and employees of NYEE, and the New York Eye and Ear Infirmary Foundation, whose sole purpose is to financially support NYEE.

The hospitals of CHP currently deliver care through five major inpatient facilities in Manhattan and Brooklyn, as well as through ambulatory health centers and group and private practice settings throughout New York City.

LICH is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation

The accompanying financial statements have been prepared assuming that LICH will continue as a going concern, which contemplates continuity of operations, realization of assets and the satisfaction of liabilities and commitments in the normal course of business. However, LICH has incurred recurring losses from operations, has a net accumulated deficit in unrestricted net assets of approximately \$223,962 at May 28, 2011 and has negative working capital of approximately \$17,085 at May 28, 2011.

LICH's financial position is the result of many factors which include:

- General challenges faced by all New York State hospitals which rank at the bottom of all states in terms of profitability
- A high level of service to uninsured patients
- Difficulty in growing market share
- Escalating costs related to professional liability claims

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

- Contractual obligations with labor unions
- Constrained reimbursement rates from third party payors, Medicare, Medicaid and Managed Care payors

In the absence of any significant changes, cash flows and operating results for the foreseeable future would be substantially below levels necessary for LICH to satisfy its future commitments

With the goal of providing for ongoing Health Care Services at the LICH site, the governing body and management of LICH have worked to effect a transfer of sponsorship to a new organization which is part of the State University system of New York State. This transaction is described more fully in Note 13.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. The most significant estimates relate to patient accounts receivable allowances, amounts due (to) from third-party payors, and professional liability costs. Actual results may differ from those estimates.

Cash

LICH's cash deposits are deposited with four financial institutions at May 28, 2011. Included in cash are amounts in excess of \$250 at May 28, 2011 which are the maximum amounts insured by the Federal Deposit Insurance Company. However, management believes that these institutions are viable entities and therefore risk of loss is minimized.

Investments

Investments with readily determinable fair values are measured at fair value. Fair value, as determined in accordance with fair value measurement and disclosure authoritative guidance, is the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs, as further described in Note 3.

Other investments for which a readily determinable fair value is not available are accounted for using the equity method or cost method, depending on LICH's ownership percentage. Earnings and losses on equity method investments are included in excess (deficiency) of revenues over expenses. Investment income earned on permanently restricted net assets, upon which restrictions have been placed by donors, is added to temporarily restricted net assets and is reported within gifts, grants, bequests and other items.

Inventories

Inventories, primarily drug supplies, are stated at the lower of cost, determined on a first-in first-out method, or market.

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

Assets Limited as to Use

Assets limited as to use primarily includes assets held by trustees under indenture agreements and assets whose use is restricted for specific purposes. Amounts required to meet current liabilities of LICH have been classified as current assets in the balance sheets at May 28, 2011. Fair value of assets limited as to use is determined in accordance with authoritative guidance, as further defined in Note 3. At May 28, 2011 certain funds were on deposit in escrow pursuant to the transaction described in the Subsequent Event Note 13.

Property, Plant and Equipment

Property, plant and equipment are carried at cost and those acquired by gifts and bequests are recorded at appraised or fair value established at the date of contribution. Depreciation expense is computed utilizing the straight-line method over the estimated useful lives of the assets in which building and building improvements range from 5 to 40 years, land improvements range from 2 to 25 years and equipment ranges from 5 to 20 years. In accordance with LICH's policy, one-half year's depreciation is recorded in the year of asset acquisition, and a half year's depreciation is recorded in the final year of the asset's useful life.

Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized, net of any interest earned, as a component of the cost of acquiring those assets.

Equipment under capital leases is recorded at the present value of future minimum lease payments at the inception of the leases and is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. The amortization of assets recorded under capital leases is included in depreciation and amortization expense in the accompanying statements of operations. When assets are retired or otherwise disposed of, the cost and the related depreciation are reversed from the accounts, and any gain or loss is reflected in current operations. Repairs and maintenance expenditures are expensed as incurred.

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If such assets are deemed to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. There were no impairment losses recorded for the period ended May 28, 2011.

Asset Retirement Obligations

Asset retirement obligations, recorded in other non-current liabilities, are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently depreciated over the useful lives of the related assets. Subsequent to initial recognition, LICH records changes in the liability resulting from the passage of time and revisions to either the timing or the amount of the original estimate of undiscounted cash flows. LICH reduces their liabilities when the related obligations are settled.

Deferred Financing Costs

Deferred financing costs represent costs incurred to obtain financing for various construction and renovation projects at LICH. Amortization of these costs extends over the term of the applicable

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

indebtedness Gross deferred financing costs at May 28, 2011 were \$3,296 for each year Total accumulated amortization at May 28, 2011 was \$1,285

Other Non-current Liabilities

Other non-current liabilities in the accompanying balance sheets consist primarily of the non-current portion of estimated amounts due to third-party payors and estimated professional liability costs

Temporarily and Permanently Restricted Net Assets

Net assets associated with restricted funds are classified and reported based on the existence or absence of donor-imposed restrictions Unconditional promises to donate cash and other assets are reported at fair value at the date the promise is received Conditional promises to donate and indications of intentions to donate are recognized when the condition is substantially met

Temporarily restricted net assets are those whose use by LICH is limited by donor-imposed restrictions to a specific time period or purpose Once restrictions are satisfied, those temporarily restricted net assets are released from restrictions, except for temporarily restricted revenue earned and expended in the same fiscal year, which is recorded as unrestricted revenue

Gifts of long-lived assets under specific restrictions that specify the use of assets and gifts of cash or other assets that must be used to acquire long-lived assets are reported as additions to temporarily restricted net assets if the assets are not placed in service during the year

Permanently restricted net assets have been restricted by donors to be maintained by LICH in perpetuity and these endowment funds are included in long term investments

Consistent with authoritative guidance, LICH records as permanently restricted assets the original amount of gifts which donors have given to be maintained in perpetuity For financial statement purposes, all subsequent accumulated gains on such donor restricted endowment funds that are not classified as permanently restricted net assets are classified as temporarily restricted net assets until appropriated for expenditure by the Board of Regents of LICH The amount of endowment return available for current spending (distribution) during the fiscal year will be calculated as the estimated annual income less inflation plus change in portfolio The Board of Regents further understands its policies on retaining and spending from endowment to be consistent with the requirements of New York State law

Under the policies established and approved by LICH's Investment Committee, donor-restricted endowment funds are invested in income-generating investment vehicles to generate appreciation and preserve capital

Faculty Practice Revenue

LICH has a faculty practice plan ("FPP") which consists of employed multispecialty physicians Based on the employment agreements, revenue generated from patient care services provided by the FPP are allocated to pay for physicians' salaries, overhead and to fund education and other expenses of the specific department

Statement of Operations and Performance Indicator

The statements of operations include deficiencies of revenue over expenses as the performance indicator

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

Charity Care

LICH provides care to all patients regardless of their ability to pay. As a matter of policy, LICH provides significant amounts of partially or totally uncompensated patient care. For accounting purposes, such uncompensated care is treated either as charity care or bad debt expense. LICH has defined charity care for accounting purposes as the difference between its customary charges and the discounted rates given to patients in need of financial assistance. Since payment of this difference is not sought, charity care allowances are not reported as revenue. Patients who do not qualify for financial assistance are billed at LICH's full rates. Uncollected balances for these patients are categorized as bad debts. The estimated cost of forgone charges related to the provision of charity care for all patient services is approximately \$1,300 for the period ended May 28, 2011, which is based on a ratio of cost to charges during the period.

New Accounting Pronouncements

In August 2010, the FASB issued Accounting Standards Update No. 2010-23, Measuring Charity Care for Disclosure. The new standard requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided and also requires separate disclosure of the amount of any cash reimbursements received for providing charity care. The new standard was effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. LICH adopted the authoritative guidance in 2011, and included disclosure in the financial statements.

2. Net Patient Service Revenue, Accounts Receivable and Allowance for Uncollectible Accounts

LICH has agreements with third-party payors that provide for payments to LICH at amounts different from its established rates (i.e., gross charges). Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Billings relating to services rendered are recorded as net patient service revenue in the period in which the service is performed, net of contractual and other allowances which represent differences between gross charges and the estimated receipts under such programs. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Patient accounts receivable are also reduced for allowances for uncollectible accounts.

The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. Account balances are written off against the allowance when management determines it is probable the receivable will not be recovered. The use of historical collection and payor reimbursement experience is an integral part of the estimation of reserves for uncollectible accounts. Revisions in reserve for uncollectible accounts estimates are recorded as an adjustment to the provision for bad debts.

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

A summary of the payment arrangements with major third-party payors is as follows

- **Medicare** Inpatient acute care and certain nonacute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Effective October 1, 2007, the Centers for Medicare and Medicaid Services ("CMS") revised the Medicare patient classification system. The new Medicare Security adjusted diagnosis related groups ("MS-DRGs") reflected changes in technology and current methods of care delivery. CMS has expanded the number of DRGs from 538 to 745 and requires identification of conditions that are present upon admission. Direct medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. LICH is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary.
- **Non-Medicare Payments** The New York Health Care Reform Act of 1996, as updated, governs payments to hospitals in New York State (NYS). Under this system, hospitals and all non-Medicare payors, except Medicaid, workers compensation and no-fault insurance programs, negotiate hospital's payment rates. If negotiated rates are not established, payors are billed at the hospitals established charges. Medicaid, workers compensation and no-fault payors pay hospital rates promulgated by the New York State Department of Health ("NYSDOH") on a prospective basis. Adjustments to current and prior years' rates for these payors will continue to be made in the future. Effective December 1, 2009, NYSDOH implemented inpatient reimbursement reform. The reform updated the data utilized to calculate NYS DRG rates and service intensity weights ("SIWs") in order to utilize refined data and more current information in NYSDOH promulgated rates. Similar type outpatient reforms were implemented effective December 1, 2008.

There are various proposals at the Federal and State levels that could, among other things, reduce payment rates and increase managed care penetration, including Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

Revenue from the Medicare and Medicaid programs accounted for approximately 65% of LICH's net patient service revenue for the period ended May 28, 2011.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. During 2011, the net amounts recorded, related to prior years, increased the performance indicator by approximately \$242.

LICH's Medicare cost reports have been audited and finalized by the Medicare fiscal intermediary through December 31, 1999.

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

3. Investments and Assets Limited As to Use

Investments within Assets Limited as to Use with readily determinable values are recorded at fair value. Investments for which a readily determinable value is not available are accounted for using the equity or cost method, depending upon LICH's ownership percentage. The fair value of LICH's investments in private equity funds and hedge funds is determined by the management of the respective fund. LICH believes that the carrying amount of these investments is a reasonable estimate of fair value as of May 28, 2011. Because these investments are not marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investment existed and such differences could be material.

The fair value hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value. The three levels of inputs are as follows:

- Level 1-Quoted prices in active markets for identical assets or liabilities
- Level 2-Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of these assets or liabilities
- Level 3-Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of these assets or liabilities

The following is a description of the valuation techniques used for assets measured at fair value:

Limited marketability investments include interests in absolute return strategy funds and private equity funds. LICH values these investments in accordance with valuations provided by the investment managers of the underlying funds. These funds may make investments in securities that are publicly traded, which are generally valued based on observable market prices, unless a restriction exists. In addition, interests in a private equity fund may be publicly traded and valued based on observable market prices. As a general rule, managers of funds invested in limited marketability investments value those investments based upon the best information available for a given circumstance and may incorporate assumptions that are the investment manager's best estimates after consideration of a variety of internal and external factors. Certain of these investments may be subject to restrictions that limit LICH's ability to withdraw capital after such investment (lock ups ranging from 0 to 1 year) and redemption notice periods that range from 0 days to 100 days.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different value measurement at the reporting date.

The Long Island College Hospital
Notes to Financial Statements
May 28, 2011

(in thousands of dollars)

Long-Term Investments

Long-term investments are comprised entirely of limited marketability investments at May 28, 2011

Assets Limited as to Use

Assets Limited as to Use are comprised of cash deposits and are classified as Level 1 according to the fair value hierarchy at May 28, 2011

Assets limited as to use under LICH's tax-exempt insured mortgage loans and other designated purposes are set forth in the following table

	May 28, 2011
Mortgage reserve fund	\$ 22,436
Restricted cash and Endowment Funds held in Escrow	122,367
Board designated	1,173
	<u>145,976</u>
Less current portion	(1,173)
	<u><u>\$ 144,803</u></u>

Investment income, income from equity investments, and net realized gains or losses on long-term investments, assets limited as to use, interest and dividends, and cash deposits consist of the following

	January 1, 2011 - May 28, 2011
Interest and dividends	\$ 5,286
Net realized (loss) gain	2,037
Net unrealized gain(Loss)	(6,006)
	<u>1,317</u>
Total investment income	<u><u>\$ 1,317</u></u>

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

4. Property, Plant and Equipment

A summary of property, plant and equipment is as follows

	May 28, 2011
Land and land improvements	\$ 4,801
Buildings and building improvements	296,257
Equipment held under capital leases	6,438
Equipment	94,197
	<hr/> 401,693
Less accumulated depreciation and amortization	(293,374)
	<hr/> 108,319
Construction in progress	1,096
	<hr/> \$ 109,415

Depreciation expense was \$6,007 for the period ended May 28, 2011. Substantially all property, plant and equipment has been pledged as collateral under various debt agreements. Accumulated depreciation associated with equipment held under capital leases was \$3,966 at May 28, 2011. During 2011, LICH capitalized approximately \$0 in interest expense related to various construction projects.

5. Long-Term Debt, Capitalized Leases and Short-Term Borrowings

A summary of long-term debt, capitalized leases and short-term borrowings is as follows

	May 28, 2011
Insured mortgage loans (a)	\$ 130,310
Capital leases with interest rates ranging from 7.0% to 15%	1,729
10% mortgage note	735
Commercial paper (b)	
	<hr/> 132,774
Less current portion	(8,534)
	<hr/> \$ 124,240

- a In 2000, the Dormitory Authority of the State of New York (the "Authority") issued \$197,745 of Federal Housing Administration (FHA) Insured mortgage hospital revenue taxable bonds (\$127,675 of Series 2000A and \$70,070 of Series 2000B bonds, together referred to as "Series 2000 Bonds"). Concurrent with the issuance of the Series 2000 Bonds, LICH entered into two mortgage agreements with the Authority, the first in the original amount of \$104,451 ("Series 2000A Note") and the second in the original amount of \$63,400 ("Series 2000B Note"). The Series 2000A Note bears interest at the rate of 11.35% per annum through its

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

maturity of 2021. The Series 2000B Note bears interest at the rate of 9.30% per annum through its maturity of 2028. Included in the Series 2000 Bond agreements was the option for LICH to issue "Exchange Bonds." The Exchange Bonds, if and when issued, would exchange the taxable bonds for tax-exempt bonds, thereby reducing the interest on the mortgage agreements from the rates stated above to 9.10% and 6.875% on the Series 2000A and Series 2000B Notes, respectively. These mortgage notes are collateralized by substantially all of the assets of LICH.

On July 1, 2004, LICH exercised its option to issue the Exchange Bonds. As a result, LICH received approximately \$3,500 of funds released by the Series 2000 bonds trustee primarily due to the reduction in the debt service reserve fund requirement resulting from the reduction in the interest rate. This amount was utilized to pay for additional issuance costs of approximately \$3,500. This amount was capitalized and included in deferred financing fees. No other changes were made to the mortgage note agreements.

During 2009 LICH entered into a mortgage modification agreement with the Authorities for an additional \$5,000 loan including a \$3,000 health restructuring pool loan. The loan bears interest at the rate of 1.0% per annum through its maturity of December 1, 2012 with monthly installment payments of principal and interest of \$142.

Pursuant to these borrowings, LICH is required to maintain certain financial and non-financial covenants, the most restrictive of which are meeting minimum requirements under Long Term Debt Service Coverage Ratio and Days Cash on Hand calculations as well as the filing of unaudited semi-annual and audited annual financial statements within specified time frames. LICH was not in compliance with the financial covenants, however, is still considered to be in compliance with the covenants contained in the mortgage agreements as a result of meeting the non-financial covenants as per agreement.

As a condition of these borrowings, LICH is required to maintain a mortgage reserve fund at defined levels. Amounts deposited into the mortgage reserve fund, together with investment earnings thereon, are available for principal payments and purchases of specified levels of capital assets. As of May 28, 2011, LICH had \$22,436 on deposit in the mortgage reserve fund.

The Long Island College Hospital
Notes to Financial Statements
May 28, 2011

(in thousands of dollars)

- b During 2000, LICH issued \$25,700 in taxable commercial paper notes which are generally renewable based on their current terms at periods up to 270 days. The outstanding notes were issued in minimum denominations of \$100, and issued at a discount representing interest. As notes become due, they are resold by the trustee. The notes are collateralized by an irrevocable direct pay letter of credit with a bank in the amount of \$25,700 with an expiration date of July 14, 2014. If the notes were not resold upon maturity, the letter of credit would be drawn upon and interest would be payable at the higher of the prime rate or the federal fund rate plus 0.5%. On October 20, 2009 a drawing was made under the letter of credit for which the bank was not reimbursed, resulting in an event of default. As a result of the occurrence of such event of default, the commitment was terminated and on November 16, 2009 the bank sent a notice of termination, terminating the letter of credit. The collateral, which was funded from LICH's permanently restricted endowment funds (Note 6), was liquidated to generate a remittance of \$25,800 to the bank to recover the outstanding debt and fees.

Long-term debt (excluding capital leases): The fair value of LICH's long term debt is estimated using discounted cash flow analyses, based on LICH's current incremental borrowing rates for similar types of borrowing arrangements. The fair value of LICH's debt approximates its carrying amount.

Scheduled principal payments and payments on capital lease obligations are as follows:

	Debt	Capital Lease Obligations
Remainder of 2011	\$ 4,667	\$ 306
2012	8,456	463
2013	7,359	1,255
2014	8,013	-
2015	8,726	-
2016	9,504	-
2017 and thereafter	84,320	-
	<u>\$ 131,045</u>	<u>2,024</u>
Less amounts representing interest under capital lease obligations		(295)
		<u>\$ 1,729</u>

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net asset of \$1,145 at May 28, 2011, is primarily restricted for clinical care and educational purposes

Permanently restricted net assets are restricted as follows

	May 28, 2011
Amounts to be held in perpetuity, the income from which is temporarily restricted as to use	\$ 5,424
Amounts to be held in perpetuity, the income from which is unrestricted as to use	141,101
	<u>\$ 146,525</u>

In 2000, LICH received approval from the New York Surrogate court to utilize up to \$65,300 as collateral for its mortgage notes and up to \$30,800 as collateral for its commercial paper obligations and approval to purchase real property including up to \$5,000 for improvements from its permanently restricted endowment funds. During 2008, this property was sold and LICH repaid the \$5,000 plus interest. During 2009, collateral available for its commercial paper obligations of \$25,800 was liquidated as described in Note 5. In 2011, LICH received a HEAL Grant of \$22,000 from the State of New York to partially repay the permanent fund. This amount is recorded in other operating income.

Additionally, in May 2006, LICH received approval from the New York Surrogate Court to borrow an additional \$25,000 from its permanent endowment funds. The loan requires no interest and graduated repayment over 20 years. No principal repayment would be required to be made on or before the first anniversary date of the loan and then payments each year thereafter are as follows: \$100 in years two through six, \$500 in years seven through eleven, \$2,000 in years twelve through sixteen and \$3,000 in years seventeen through twenty. Through May 28, 2011 LICH has made all required payments.

As a result of the aforementioned transactions, the unrestricted fund has a liability to the permanently restricted fund of \$28,400 at May 28, 2011.

7. Professional and General Liability Insurance Program

In the early 1980's, LICH, together with several other not-for-profit institutions, obtained primary and excess professional and general liability insurance, on an occurrence basis, through a jointly owned captive insurance company. As of May 28, 2011, LICH had a 14.3% voting interest in the captive insurance company. This interest is accounted for using the equity method due to the combined ownership by SLR and LICH. Premiums were based on the experience of LICH and the other institutions. During the five year period July 1999 through June 2004, the combined losses of the captive members are expected to exceed the level of available insurance. The captive members have entered into an agreement to provide additional contributions to ensure adequate resources are available to cover all claims including those in excess of captive insurance limits.

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

Management believes this agreement adequately covers this exposure. At June 30, 2004, the jointly owned captive insurance company went into runoff and no longer writes premiums.

Effective July 1, 2004, LICH joined with six other not-for-profit institutions, including SLR, to form a segregated cell captive insurance company which provides deposit liability based coverage up to the limits of the individual cell funding. Based on actuarial studies, management believes that the amount of professional liability insurance available in the segregated cells is not sufficient to meet the projected ultimate losses of the cell years. As such, LICH has recorded an additional liability on an undiscounted basis as of May 28, 2011.

At May 28, 2011 a liability for professional liability insurance of \$182,599 has been recorded. Of this amount \$13,502 relates to premiums payable and \$169,097 related to actuarially determined claims reserves and incurred-but-not reported losses in excess of insurance limits as of May 28, 2011. Of this total liability, \$8,506 has been recorded within other current liabilities at May 28, 2011, and \$174,793 within other non-current liabilities at May 28, 2011. Refer to subsequent event described in Note 13.

8. Retirement and Similar Benefits

LICH provides retirement and similar benefits to its union employees through several multi-employer defined contribution pension plans, to its nonunion employees through immediate vesting tax sheltered annuity plans and to certain employees through a supplemental retirement plan. Contributions to all plans are determined based on gross salaries and are funded on a current basis. Total pension expense under all plans amounted to \$4,008 for the period ended May 28, 2011.

Approximately 86% of LICH's employees are members of various unions, all of which are covered by union contracts. The union contract for 1199 will expire in April 2015 and the union contract for NYSNA expired in December 2010 and is currently in negotiations for renewal.

9. Related Party Transactions

At May 28, 2011 no amounts were due to affiliates. BIMC and SLR fund certain transactions and provide services to LICH on an ongoing basis. Certain transactions are paid directly to vendors on behalf of LICH and other charges are allocated or billed to LICH for corporate type services, such as administrative, human resources, and information technology, based on agreed-upon estimates of usage of those services which LICH pays to BIMC and SLR on a monthly basis.

In addition, BIMC charges LICH for the beneficial use of "Prism", a clinical management system for which the assets related to the purchase and implementation of "Prism" were recorded by BIMC. These charges are paid in full on a monthly basis. Total amounts charged by BIMC and recorded in other operating expenses in the statements of operations were \$1,811 for the period ended May 28, 2011. Prism rent payments are included in future minimum non-cancelable operating lease payments in Note 10.

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

10. Commitments and Contingencies

Litigation

LICH is involved in litigation and claims in the normal course of business. The ultimate outcome of these cases cannot be predicted at this time. Management does not believe that the ultimate outcome of these matters will have a material adverse effect on the financial position as reported in these financial statements.

Operating Leases

LICH leases various equipment and facilities under operating leases expiring at various dates through 2016 and thereafter. Total rental expense under operating leases charged to operations approximated \$2,093 in 2011.

Future minimum payments under non-cancelable operating leases with initial or remaining terms of one year or more consisted of the following at May 28, 2011:

Remainder of 2011	\$	2,931
2012		4,558
2013		4,563
2014		221
2015		226
2016 and thereafter		27

11. Concentration of Credit Risk

LICH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables (net of contractual allowances, advances from certain third-parties and allowance for doubtful accounts) from patients and third-party payors was as follows:

	May 28, 2011
Medicare	30 %
Medicaid	25 %
Managed Care and other commercial insurance	36 %
Patients	9 %
	<hr/>
	100 %

The Long Island College Hospital

Notes to Financial Statements

May 28, 2011

(in thousands of dollars)

12. Functional Expenses

The functional expenses related to LICH providing its services are

	May 28, 2011
Program services	142,085
Management/administrative	12,573
Fund raising	61
	<u>\$ 154,719</u>

13. Subsequent Event

On May 29, 2011, LICH closed on an Asset Purchase Agreement ("APA") with The State University of NY at Downstate ("SUNY"). Under the terms of the APA, SUNY acquired essentially all of the physical plant assets of LICH as well as the prepaid assets, inventory, other assets and temporary restricted funds of LICH. In addition, SUNY assumed all the long term debt and other non-current liabilities of LICH excluding those liabilities related to medical and professional liabilities. Approximately \$85,700 of Assets limited as to use, primarily from the Othmer endowment, was transferred to a Trust created by an order of the NYS Surrogate Court. The Trust is established to satisfy all medical and professional liabilities of LICH, which were also transferred to the Trust as part of the APA. Cash and patient care receivables were retained by LICH to be used to pay down accounts payable and certain accrued expenses, which also remain with LICH. Upon satisfaction of the remaining liabilities of LICH, the residual assets, if any, are to be transferred to SUNY by May 28, 2013 in accordance with the terms of the APA.

On May 28, 2011, essentially all the staff of LICH were terminated from LICH and were hired by SUNY and its affiliates.

BIMC has entered into a Transition Services Agreement ("TSA") with SUNY to provide certain business services to SUNY as they relate to the operations of the Hospital by SUNY under the APA for an initial period of three years. Some of the services provided under the TSA are IT and Telecom, Payroll Processing, Patient Revenue Cycle and Professional Billing and General Accounting and General Ledger Systems.

LICH has performed an evaluation of subsequent events through October 31, 2011, which is the date the financial statements were issued.

Additional Data

Software ID:

Software Version:

EIN: 11-1018985

Name: LONG ISLAND COLLEGE HOSPITAL

Form 990, Special Condition Description:

Special Condition Description

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			
BOBBIE ABRAMS BOARD MEMBER	1 0	X						0	0	0
THOMAS ACOSTA BOARD MEMBER	1 0	X						0	0	0
MORRELL AVRAM MD BOARD MEMBER	1 0	X						0	0	0
ALAN R BATKIN BOARD MEMBER	1 0	X						0	0	0
PHILIP BERNEY BOARD MEMBER	1 0	X						0	0	0
HOWARD BLITMAN BOARD MEMBER	1 0	X						0	0	0
DAVID BOIES BOARD MEMBER	1 0	X						0	0	0
PATRICK BURNS BOARD MEMBER	1 0	X						0	0	0
MILTON S COHN BOARD MEMBER	1 0	X						0	0	0
STEVEN COHN BOARD MEMBER	1 0	X						0	0	0
FRANK J CRACOLICI BOARD MEMBER	40 0	X						0	888,462	38,725
MICHAEL CRAMES BOARD MEMBER	1 0	X						0	0	0
MARY DEBARE BOARD MEMBER	1 0	X						0	0	0
FRANK DIPILLO MD BOARD MEMBER	40 0	X						210,977	0	11,456
FRED FARKOUH BOARD MEMBER	1 0	X						0	0	0
OSCAR GARFEIN MD BOARD MEMBER	1 0	X						0	0	0
JAMES E FLYNN BOARD MEMBER	1 0	X						0	0	0
PETER FRELINGHUYSEN BOARD MEMBER	1 0	X						0	0	0
DAVID A GOLDBERG BOARD MEMBER	1 0	X						0	0	0
JEROME R GOLDSTEIN BOARD MEMBER	1 0	X						0	0	0
RICHARD A GOLDSTEIN BOARD MEMBER	1 0	X						0	0	0
JANET GREEN BOARD MEMBER	1 0	X						0	0	0
DANIEL HEBERT BOARD MEMBER	1 0	X						0	0	0
LENORE HECHT BOARD MEMBER	1 0	X						0	0	0
ELIE HIRSCHFELD BOARD MEMBER	1 0	X						0	0	0

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			
STEPHEN A HOCHMAN ESQ BOARD MEMBER	1 0	X						0	0	0
DAVID HOLBROOK BOARD MEMBER	1 0	X						0	0	0
MORTON P HYMAN BOARD MEMBER	1 0	X						0	0	0
SUZANNE T KARPAS BOARD MEMBER	1 0	X						0	0	0
DONALD KESSLER BOARD MEMBER	1 0	X						0	0	0
RICHARD W KIMBALL BOARD MEMBER	1 0	X						0	0	0
BRADFORD KLATT BOARD MEMBER	1 0	X						0	0	0
KENNETH C KNUCKLES BOARD MEMBER	1 0	X						0	0	0
ANDREW S KOMAROFF BOARD MEMBER	1 0	X						0	0	0
STANLEY KOMAROFF ESQ BOARD MEMBER	1 0	X						0	0	0
WILLIAM LERNER BOARD MEMBER	1 0	X						0	0	0
EDWIN LEVY BOARD MEMBER	1 0	X						0	0	0
W BRIAN MAILLIAN BOARD MEMBER	1 0	X						0	0	0
MARTIN MARCUS BOARD MEMBER	1 0	X						0	0	0
CAROL MASLOW BOARD MEMBER	1 0	X						0	0	0
EUGENE MERCY BOARD MEMBER	1 0	X						0	0	0
FAY MILEA BOARD MEMBER	1 0	X						0	0	0
MORGAN MILLER BOARD MEMBER	1 0	X						0	0	0
ALAN MIRKEN BOARD MEMBER	1 0	X						0	0	0
BRUCE MOSLER BOARD MEMBER	1 0	X						0	0	0
HARRIS NAGLER MD BOARD MEMBER	40 0	X						0	1,073,093	59,021
JAMES NEARY BOARD MEMBER	1 0	X						0	0	0
CLIVE NEIL REV DR BOARD MEMBER	1 0	X						0	0	0
RUTH NERKEN BOARD MEMBER	1 0	X						0	0	0
ALICE NETTER BOARD MEMBER	1 0	X						0	0	0

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			
LEW PELL BOARD MEMBER	1 0	X						0	0	0
DIANE PERSON MD BOARD MEMBER	1 0	X						0	0	0
DAVID PICKET BOARD MEMBER	1 0	X						0	0	0
RUSSELL PORTENOY MD BOARD MEMBER	40 0	X						0	585,504	46,985
BURTON P RESNICK BOARD MEMBER	1 0	X						0	0	0
IRA S RIMERMAN BOARD MEMBER	1 0	X						0	0	0
JOHN ROMANELLI MD BOARD MEMBER	1 0	X						0	14,808	0
ARTHUR SARNOFF BOARD MEMBER	1 0	X						0	0	0
WILLIAM SARNOFF BOARD MEMBER	1 0	X						0	0	0
DONALD SCHNABEL BOARD MEMBER	1 0	X						0	0	0
PAUL SMITH REV DR BOARD MEMBER	1 0	X						0	0	0
MAURY L SPANIER BOARD MEMBER	1 0	X						0	0	0
WHITNEY STEVENS BOARD MEMBER	1 0	X						0	0	0
IAN L TAYLOR MD PhD BOARD MEMBER	1 0	X						0	0	0
ELGIN WATKINS REV DR BOARD MEMBER	1 0	X						0	0	0
DANIEL WIENER MD BOARD MEMBER	40 0	X						0	623,691	42,129
WILLIAM H WRIGHT II BOARD MEMBER	1 0	X						0	0	0
BETTY YARMON BOARD MEMBER	1 0	X						0	0	0
MICHAEL ZIMMERMAN BOARD MEMBER	1 0	X						0	0	0
STANLEY BREZENOFF CEO, CHAIRMAN & BOARD MEMBER	40 0	X		X				0	2,057,983	42,131
JOSEPH BROADWIN ESQ IMMED PAST CHAIRMN/BOARD MEMB	1 0	X		X				0	0	0
DOMINIC STANZIONE INTERIM PRESIDENT, BOARD MEMBER	40 0	X		X				538,885	0	32,738
MERRIL M HALPERN VICE CHAIRMAN, BOARD MEMBER	1 0	X		X				0	0	0
LAWRENCE S HUNTINGTON CHAIRMAN, ACTING CHAIR, BRD MEM	1 0	X		X				0	0	0
JOEL I PICKET VICE CHAIRMAN, BOARD MEMBER	1 0	X		X				0	0	0

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			
STEVEN HOCHBERG V CHAIRMAN,TREASURER,BRD MEMBR	1 0	X		X				0	0	0
JOAN G SARNOFF SECRETARY, BOARD MEMBER	1 0	X		X				0	0	0
JOHN COLLURA EVP,CFO,V CHAIR,TREAS,BRD MEM	40 0	X		X				0	1,241,971	39,194
GAIL DONOVAN VICE CHAIR,SR EVP SYST AFFAIRS	40 0	X		X				0	1,078,825	52,432
KATHRYN C MEYER ESQ EVP/GEN COUNSEL,SECR,ASST SECR	40 0			X				0	486,170	31,577
JILL CLAYTON SECRETARY, AST SECRETARY	40 0			X				0	367,913	56,309
JOHN BYRNE COO	40 0			X				143,078	0	20,060
KATHLEEN MCGOVERN-KEARNS SVP DEVELOPMENT	40 0			X				0	625,229	46,823
MICHAEL BRUNO SVP, FINANCE	40 0			X				0	682,220	51,498
MICHELLE LEONE SVP, REVENUE CYCLE MANAGEMENT	40 0			X				0	713,090	41,451
RUTH LEVIN SVP, MANAGED CARE	40 0			X				0	160,602	25,029
BRENDAN LOUGHLIN SVP,STRATEGIC FINANCE PLANNING	40 0			X				0	725,634	56,217
DENISE PELLE SVP, CORPORATE INITIATIVES	40 0			X				0	343,065	37,457
ADAM LAWRENCE HENICK SVP, MEDICAL ENTERPRISE	40 0			X				0	562,102	58,702
KENNETH HOLDEN SVP, REAL ESTATE	40 0			X				0	507,562	50,928
CATHERINE GALLOGLY VP NURSING	40 0				X			92,305	0	14,925
DAVID WLODY CHIEF MEDICAL OFFICER	40 0				X			100,701	0	3,162
ADNAN KHDAIR PHYSICIAN	40 0					X		349,454	0	13,471
MILLCENT COMRIE PHYSICIAN	40 0					X		400,952	0	11,984
AFSHIN PARHISCAR PHYSICIAN	40 0					X		323,292	0	6,708
ARI GOLDSMITH PHYSICIAN	40 0					X		437,764	0	8,529
SCOTT POSTELL PHYSICIAN	40 0					X		353,418	0	11,978
MARVIN A RUSSELL SVP HUMAN RESOURCES	0 0						X	0	207,692	0