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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Doing business as
MOUNT SINAI SOUTH NASSAU

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE HEALTHY WAY

City or town, state or province, country, and ZIP or foreign postal code
OCEANSIDE, NY 115721551

F Name and address of principal officer:
JOHN POHLMAN
ONE HEALTHY WAY
OCEANSIDE, NY 115721551

D Employer identification number

11-1352310

E Telephone number

(516) 632-3000

G Gross receipts \$ 558,906,985

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 5611

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

J Website: ▶ WWW.SOUTHNASSAU.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1927

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SOUTH NASSAU COMMUNITIES HOSPITAL IS COMMITTED TO PROVIDING QUALITY, COMPREHENSIVE AND EASILY ACCESSIBLE HEALTHCARE SERVICES TO ALL RESIDENTS OF THE SOUTH SHORE COMMUNITIES IN A MANNER THAT REFLECTS A CULTURE OF EXCELLENCE, PERSONALIZED, CULTURALLY COMPETENT CARE AND INNOVATION.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 20

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 4,042

6 Total number of volunteers (estimate if necessary) 6 428

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,299,570

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 17,092,169 10,314,198

9 Program service revenue (Part VIII, line 2g) 475,722,990 526,056,945

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,034,389 5,949,613

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,949,179 10,990,034

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 515,798,727 553,310,790

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 292,569,036 302,378,749

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶276,172

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 206,142,162 215,507,627

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 498,711,198 517,886,376

19 Revenue less expenses. Subtract line 18 from line 12 17,087,529 35,424,414

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 697,964,550 785,025,372

21 Total liabilities (Part X, line 26) 432,717,723 485,928,516

22 Net assets or fund balances. Subtract line 21 from line 20 265,246,827 299,096,856

Part II Signature Block

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

Sign Here

Signature of officer
JOHN POHLMAN CHIEF FINANCIAL OFFICER
Type or print name and title

2020-11-11
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ DELOITTE TAX LLP
Firm's address ▶ TWO JERICHO PLAZA
JERICHO, NY 11753

Preparer's signature
Date 2020-11-10

Check ☐ if self-employed
Firm's EIN ▶ 86-1065772
Phone no. (516) 918-7000

PTIN P00743140

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SOUTH NASSAU COMMUNITIES HOSPITAL IS COMMITTED TO PROVIDING QUALITY, COMPREHENSIVE AND EASILY ACCESSIBLE HEALTHCARE SERVICES TO ALL RESIDENTS OF THE SOUTH SHORE COMMUNITIES IN A MANNER THAT REFLECTS A CULTURE OF EXCELLENCE, PERSONALIZED, CULTURALLY COMPETENT CARE AND INNOVATION.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:)	(Expenses \$	287,789,549	including grants of \$) (Revenue \$	386,930,934)
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See Additional Data

4b	(Code:)	(Expenses \$	54,354,030	including grants of \$) (Revenue \$	59,447,798)
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See Additional Data

4c	(Code:)	(Expenses \$	56,913,826	including grants of \$) (Revenue \$	61,000,015)
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See Additional Data

(Code:)	(Expenses \$	63,009,940	including grants of \$) (Revenue \$	24,585,238)
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ADDITIONAL OUTPATIENT SERVICES OFFERED BY SOUTH NASSAU COMMUNITIES HOSPITAL ARE: WOUND CARE; FAMILY MEDICINE; SPORTS MEDICINE AND REHABILITATION THERAPY; BEHAVIORAL HEALTH SERVICES; OUTPATIENT DIALYSIS; PARENT-CHILD EDUCATION; PRIMARY MEDICAL CARE; CARDIAC REHABILITATION; WEIGHT & LIFE MANAGEMENT; HOME HEALTH CARE; CANCER SERVICES; GAMMA KNIFE SERVICES; BREAST/GYN HEALTH; OTHER RADIOVASCULAR SERVICES; RADIOLOGY SERVICES; WOMEN'S IMAGING; SLEEP MEDICINE; AND FAMILY MEDICINE AT LONG BEACH. THE HOSPITAL PROVIDED 284,000 SERVICES RELATED TO THE OTHER OUTPATIENT SERVICES IN 2019. THESE SERVICES WERE PROVIDED TO THE MEMBERS OF THE COMMUNITY ON AN ELECTIVE. THE HOSPITAL PROVIDES CHARITY CARE AND DISCOUNTS TO PATIENTS THAT ARE UNABLE TO PAY FOR THESE SERVICES. IN 2019, THE HOSPITAL PROVIDED CHARITY CARE OF APPROXIMATELY \$4.5 MILLION (CHARGES) FOR OTHER OUTPATIENT SERVICES.

4d Other program services (Describe in Schedule O.)

(Expenses \$	63,009,940	including grants of \$) (Revenue \$	24,585,238)
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4e Total program service expenses **▶** 462,067,345

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	406
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	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4,042			
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" to line 3b, 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, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring 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. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.		15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	17	
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:		
a	The governing body?	Yes	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ JOHN POHLMAN ONE HEALTHY WAY OCEANSIDE, NY 11572 (516) 632-4062

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								7,564,545	4,440,840	545,654

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 616

	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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURG, PA 152516170	CATERING SERVICES	5,397,501
CADUCEUS 30 MONTGOMERY ST SUITE 720 JERSEY CITY, NJ 073023841	HEALTHCARE MANAGEMENT SERVICES	3,356,128
HUNTER ROBERTS CONSTRUCTION GROUP LLC 55 WATER ST 51TH FLOOR NEW YORK, NY 10041	CONSTRUCTION SERVICES	3,132,468
ION COMPUTER SYSTEMS 30 OSER AV SUITE 300 HAUPPAUGE NY, NY 11788 CBRE	COMPUTER SYSTEMS	2,693,819
400 S HOPE STREET 25TH FLOOR LOS ANGELES, CA 90071	REAL ESTATE SERVICES	1,762,112

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 ▶ 91

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII												<input type="checkbox"/>	
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c	1,074,246									
	d Related organizations		1d										
	e Government grants (contributions)		1e	4,785,926									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	4,454,026									
	g Noncash contributions included in lines 1a - 1f:\$		1g	102,582									
	h Total. Add lines 1a-1f		10,314,198										
Program Service Revenue				Business Code									
	2a PATIENT REVENUE			622110	521,128,990			521,128,990					
	b REFERENCE LAB			621500	3,296,376						3,296,376		
	c RENTAL INCOME -RELATED			531120	1,631,579			1,631,579					
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f			526,056,945									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				2,511,357						2,511,357		
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	8,475,970									
	b Less: cost or other basis and sales expenses		7b	5,037,714									
	c Gain or (loss)		7c	3,438,256									
	d Net gain or (loss)				3,438,256						3,438,256		
	8a Gross income from fundraising events (not including \$ 1,074,246 of contributions reported on line 1c). See Part IV, line 18		8a	242,996									
	b Less: direct expenses		8b	558,481									
	c Net income or (loss) from fundraising events				-315,485						-315,485		
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10aGross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11aSERVICES TO AFFILIATES			621400	6,197,181			6,197,181						
b CAF & CAFETERIA			722514	2,098,909						2,098,909			
c REBATES & DISCOUNTS			900099	1,225,387			1,225,387						
d All other revenue				1,784,042			1,780,848			3,194			
e Total. Add lines 11a-11d						11,305,519							
12 Total revenue. See instructions						553,310,790			531,963,985				
									3,299,570				
									7,733,037				
Form 990 (2019)													

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,331,236	7,306,494	1,024,742	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	238,595,383	209,353,951	29,031,692	209,740
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,527,914	10,106,783	1,421,131	
9 Other employee benefits	26,237,494	22,992,404	3,245,090	
10 Payroll taxes	17,686,722	15,506,349	2,180,373	
11 Fees for services (non-employees):				
a Management				
b Legal	1,160,514	1,017,449	143,065	
c Accounting	543,996		543,996	
d Lobbying	372,656		372,656	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	203,740		203,740	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,600,620	39,102,371	5,498,249	
12 Advertising and promotion	1,945,145		1,945,145	
13 Office expenses	6,300,561	4,099,371	2,134,758	66,432
14 Information technology	5,130,437	4,497,970	632,467	
15 Royalties				
16 Occupancy	5,084,102	4,457,347	626,755	
17 Travel	263,432	230,957	32,475	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	449,679	394,244	55,435	
20 Interest	4,138,329	3,628,167	510,162	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,990,403	28,923,432	4,066,971	
23 Insurance	8,817,379	7,730,395	1,086,984	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	81,892,198	81,892,198		
b OTS MANAGEMENT	6,458,500	6,458,500		
c EQUIPMENT RENTAL & MAIN	6,008,093	5,267,431	740,662	
d PERIODIC NON-SERVICE BE	2,481,283	2,481,283		
e All other expenses	6,666,560	6,620,249	46,311	
25 Total functional expenses. Add lines 1 through 24e	517,886,376	462,067,345	55,542,859	276,172
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,603,783	1	15,436,778	
	2	Savings and temporary cash investments		8,677,462	2	16,415,543	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		66,213,576	4	72,749,048	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		8,860,814	8	8,147,076	
	9	Prepaid expenses and deferred charges		4,286,269	9	5,726,276	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	713,390,249			
	b	Less: accumulated depreciation	10b	372,399,870	325,996,807	10c	340,990,379
	11	Investments—publicly traded securities		133,205,774	11	153,221,393	
	12	Investments—other securities. See Part IV, line 11		7,786,166	12	10,039,319	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		134,333,899	15	162,299,560	
16	Total assets. Add lines 1 through 15 (must equal line 34)		697,964,550	16	785,025,372		
Liabilities	17	Accounts payable and accrued expenses		90,805,447	17	102,144,632	
	18	Grants payable			18		
	19	Deferred revenue		55,891,977	19	57,613,939	
	20	Tax-exempt bond liabilities		162,456,726	20	189,571,560	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		10,867,930	23	10,610,104	
	24	Unsecured notes and loans payable to unrelated third parties		6,070,000	24	5,749,001	
	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		106,625,643	25	120,239,280	
	26	Total liabilities. Add lines 17 through 25		432,717,723	26	485,928,516	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		257,982,725	27	289,276,107	
	28	Net assets with donor restrictions		7,264,102	28	9,820,749	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		265,246,827	32	299,096,856	
33	Total liabilities and net assets/fund balances		697,964,550	33	785,025,372		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	553,310,790
2	Total expenses (must equal Part IX, column (A), line 25)	2	517,886,376
3	Revenue less expenses. Subtract line 2 from line 1	3	35,424,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	265,246,827
5	Net unrealized gains (losses) on investments	5	21,674,307
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,248,692
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	299,096,856

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 11-1352310
Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

MEDICAL AND SURGICAL INPATIENT SERVICES:THE HOSPITAL IS CERTIFIED FOR 329 MEDICAL SURGICAL BEDS. THESE BEDS INCLUDE A 36-BED ORTHOPEDIC SPECIALTY UNIT, A 38-BED ONCOLOGY (CANCER) UNIT, A 23-BED STEP-DOWN PROGRESSIVE CARE UNIT INCLUDING AN 8-BED BARIATRIC SURGERY UNIT AND 89 BEDS FOR TELEMETRY OR OTHERS WITH LESS THAN ACUTE CORONARY PROBLEMS. THE HOSPITAL ALSO HAS A 20 BED TRANSITIONAL CARE UNIT. THE HOSPITAL'S OPERATING ROOMS CONSISTS OF 15 SUITES WHICH ARE AVAILABLE FOR BOTH INPATIENT AND OUTPATIENT SURGICAL PROCEDURES. A FULL RANGE OF SURGICAL SPECIALTIES ARE PERFORMED WHICH INCLUDE ORTHOPEDICS, SPINE SURGERY, PLASTIC SURGERY, NEUROSURGERY, GYNECOLOGIC SURGERY, GASTROINTESTINAL SURGERY, LAPAROSCOPIC BARIATRIC SURGERY (MINIMALLY INVASIVE SURGERY FOR WEIGHT LOSS), UROLOGY, OPHTHALMOLOGY, VASCULAR SURGERY, THORACIC SURGERY, PERMANENT PACEMAKERS, IMPLANTABLE DEFIBRILLATORS, PODIATRIC SURGERY, PEDIATRIC SURGERY, EAR, NOSE AND THROAT SURGERY, AND GENERAL SURGERY. THE HOSPITAL ADMITTED 15,814 MEDICAL SURGICAL PATIENTS IN 2019.PEDIATRICS SERVICES:THE HOSPITAL PROVIDES COMPREHENSIVE GENERAL AND SPECIALIZED PEDIATRIC CARE FOR CHILDREN AND TEENAGERS IN NEED OF SURGICAL OR PREVENTIVE SERVICES OR CARE FOR INFECTIOUS DISEASES, SERIOUS ILLNESSES OR COMPLEX MEDICAL CONDITIONS. THIS UNIT FEATURES SPECIALISTS IN PEDIATRIC CARDIOLOGY, ENDOCRINOLOGY, GASTROENTEROLOGY, GENETICS, HEMATOLOGY-ONCOLOGY, NEUROLOGY, PULMONARY MEDICINE AS WELL AS A PEDIATRIC SURGEON, NEONATOLOGIST AND ANESTHESIOLOGIST. A SPECIAL CARE PEDIATRIC UNIT EQUIPPED WITH THE LATEST PEDIATRIC MEDICAL TECHNOLOGY AND MONITORING SYSTEM, CAN EFFECTIVELY MANAGE AND TREAT ALMOST ANY EMERGENCY OR SERIOUS ILLNESS. THE UNIT FEATURES A MULTI-PURPOSE TREATMENT ROOM TO PERFORM MINOR PROCEDURES, WHETHER SURGICAL OR NON-SURGICAL. A TEAM OF SPECIALLY TRAINED NURSING STAFF AND PEDIATRICIANS, INCLUDING NURSING STAFF TRAINED IN PEDIATRIC ADVANCE LIFE SUPPORT (PALS), WITH SPECIALISTS ON-CALL AROUND THE CLOCK. THE HOSPITAL ADMITTED 131 PEDIATRIC PATIENTS IN 2019.MATERNITY AND NURSERY SERVICES:THE HOSPITAL HAS STATE-OF-THE-ART LABOR/DELIVERY ROOMS WHICH CREATE A COMFORTING ENVIRONMENT WHILE PROVIDING ALL THE NECESSARY EQUIPMENT AND CLINICAL SUPPORT FOR MOTHER AND BABY. ALL 26 POSTPARTUM BEDS OFFER PRIVATE ACCOMMODATIONS. THE HOSPITAL PROVIDES SPECIALIZED SERVICES FOR WOMEN WITH HIGH-RISK PREGNANCIES. THE UNIT IS STAFFED BY SOME OF THE AREA'S LEADING SPECIALISTS IN HIGH-RISK PREGNANCIES. SOUTH NASSAU PROVIDES A COMPREHENSIVE PACKAGE OF SERVICES, INCLUDING PERINATOLOGY, FETAL MONITORING, GENETICS COUNSELING, AND DIAGNOSTIC CARE FOR ALL STAGES OF HIGH-RISK PREGNANCIES INCLUDING AMNIOCENTESIS AND ULTRASOUND. THE HOSPITAL ADMITTED 4,600 MATERNITY PATIENTS (INCLUDING NEWBORNS) IN 2019.NEONATAL SERVICES:THE HOSPITAL ALSO HAS A LEVEL II NEONATAL INTENSIVE CARE UNIT FOR PREMATURE BABIES. PREMATURE DELIVERIES AND NEWBORNS WITH DEVELOPMENTAL COMPLICATIONS OR CONDITIONS RECEIVE THE SPECIALIZED CARE THEY NEED IN THE NEONATAL INTENSIVE CARE UNIT. STAFFED BY HIGHLY TRAINED, BOARD-CERTIFIED NEONATOLOGISTS AND NURSES, THE NURSERY PROVIDES INTENSIVE ONE-TO-ONE CARE AND IS EQUIPPED WITH DEDICATED MEDICAL TECHNOLOGY FOR PREMATURE DELIVERIES AND NEWBORNS WITH SPECIAL NEEDS. THE NURSERY ALSO FEATURES A STATE-OF-THE-ART MONITORING SYSTEM. THE HOSPITAL ADMITTED 123 NEONATES IN 2019.IN-PATIENT PSYCHIATRIC SERVICES:IN OUR 36-BED SHORT-TERM INPATIENT BEHAVIORAL HEALTH UNIT, WE PROVIDE RAPID STABILIZATION FOR A WIDE RANGE OF ACUTE PSYCHIATRIC CONDITIONS. PATIENTS RECEIVE PSYCHIATRIC AND PSYCHOLOGICAL CONSULTATION DURING THEIR HOSPITAL STAY TO ALLEVIATE DISTRESS AND PAIN. THE HOSPITAL ADMITTED 916 PSYCHIATRIC PATIENTS IN 2019.TRANSITIONAL CARE UNIT: THIS 20 BED UNIT PROVIDES "TRANSITIONAL" CARE FOR PATIENTS WHO HAVE COMPLETED THEIR ACUTE STAY IN THE HOSPITAL YET STILL REQUIRE SKILLED NURSING AND OTHER SUPPORTIVE CARE BEFORE RETURNING TO HOME OR OTHER LIVING ARRANGEMENTS. THE HOSPITAL ADMITTED 515 PATIENTS IN 2019.SUMMARY:THE HOSPITAL ADMITTED A TOTAL OF 22,099 PATIENTS IN 2019 FOR INPATIENT SERVICES. THESE SERVICES WERE PROVIDED TO THE MEMBERS OF THE COMMUNITY ON AN ELECTIVE BASIS OR EMERGENCY BASIS. THE HOSPITAL PROVIDES CHARITY CARE AND DISCOUNTS TO PATIENTS THAT ARE UNABLE TO PAY FOR THE SERVICES PROVIDED. THE HOSPITAL PROVIDED CHARITY CARE OF APPROXIMATELY \$3.4 MILLION (CHARGES) FOR INPATIENTS SERVED IN 2019.

Form 990, Part III, Line 4b:

AMBULATORY SURGERY: SOUTH NASSAU AMBULATORY SURGERY SERVICE LINE CONSISTS OF OUTPATIENT SURGICAL, ENDOSCOPY, PAIN MANAGEMENT AND CARDIAC SERVICES. SEE DETAILS OF THE SERVICES THAT COMPRISE AMBULATORY SURGERY BELOW:OUTPATIENT SURGERIES:SOUTH NASSAU'S AMBULATORY SURGERY UNIT (ASU) FEATURES 10 SEMI-PRIVATE PRE-OPERATIVE PATIENT SUITES WHERE THE PATIENT IS ADMITTED PRIOR TO SURGERY AND 16 SEMI-PRIVATE POSTOPERATIVE ROOMS WHERE PATIENTS COMPLETE PHASE TWO OF THEIR RECOVERY, RECEIVE PAIN MEDICATION AND POST-OPERATIVE TEACHING PRIOR TO BEING DISCHARGED FROM THE HOSPITAL. THE ASU POST-OPERATIVE UNIT IS OPEN 24 HOURS A DAY. THE HOSPITAL PERFORMED 6,142 OUTPATIENT SURGICAL PROCEDURES IN 2019.ENDOSCOPY:SOUTH NASSAU COMMUNITIES HOSPITAL'S ENDOSCOPY UNIT PROVIDES STATE-OF-THE-ART PATIENT CARE FOR BOTH INPATIENTS AND OUTPATIENTS REQUIRING UPPER OR LOWER GASTROINTESTINAL STUDIES. THE SERVICE OFFERS E.R.C.P. (ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY) STUDIES OF THE GALL BLADDER, PANCREAS AND BILE DUCTS. ALSO OFFERED ARE ENDOSCOPIC ULTRASOUND, WHICH EXAMINES THE WALLS AND THE SURROUNDING STRUCTURES OF THE GI SYSTEM; GASTROSCOPY AND COLONOSCOPY, A MINIMALLY INVASIVE PROCEDURE TO VIEW THE GASTROINTESTINAL SYSTEM INCLUDING THE ESOPHAGUS, STOMACH AND COLON; AND LIVER BIOPSIES. THE ENDOSCOPY UNIT ALSO PERFORMS PH AND MOTILITY STUDIES USING THE "BRAVO" CAPSULE. THE HOSPITAL PERFORMED 3,054 OUTPATIENT ENDOSCOPY PROCEDURES IN 2019.PAIN MANAGEMENT:SOUTH NASSAU'S PAIN MANAGEMENT UNIT PROVIDES CARE TO BOTH INPATIENTS AND OUTPATIENTS REQUIRING INTERVENTIONAL PAIN MANAGEMENT PROCEDURES. THE PAIN MANAGEMENT ANESTHESIOLOGISTS, WHO ARE ASSISTED BY HIGHLY SKILLED REGISTERED NURSES, ARE TRAINED IN CUTTING-EDGE INTERVENTIONAL PAIN MANAGEMENT MODALITIES. THE HOSPITAL PERFORMED 1,773 OUTPATIENT PAIN MANAGEMENT PROCEDURES IN 2019.CARDIAC SERVICES:CARDIAC CATHETERIZATION LABORATORY: THE HOSPITAL'S CARDIAC CATHETERIZATION LABORATORIES IN THE CENTER FOR CARDIOVASCULAR HEALTH USE STATE-OF-THE-ART DIGITAL IMAGING CAMERAS FOR THE HIGHEST POSSIBLE RESOLUTION AND IMAGE QUALITY. THIS PROVIDES PRECISE RESULTS FOR CARDIAC PROCEDURES WHILE SIGNIFICANTLY REDUCING THE PATIENT'S EXPOSURE TO RADIATION. SOUTH NASSAU WAS APPROVED BY THE DEPARTMENT OF HEALTH TO PERFORM ELECTIVE ANGIOPLASTY. THIS ALLOWS SOUTH NASSAU TO PERFORM DIAGNOSTIC CARDIAC CATHETERIZATIONS AS WELL AS BOTH ELECTIVE AND EMERGENT CORONARY ANGIOPLASTY PROCEDURES. THE CARDIAC CATHETERIZATION LAB AND THE CARDIAC SERVICES ADMITTING/RECOVERY UNIT ARE STAFFED BY SPECIALLY TRAINED REGISTERED NURSES, NURSE PRACTITIONERS, PHYSICIAN'S ASSISTANTS AND EXPERIENCED INTERVENTIONAL CARDIOLOGISTS WHO RANK AMONG THE BEST IN THE STATE. THE HOSPITAL PERFORMED 914 OUTPATIENT CATHETERIZATION PROCEDURES IN 2019.ELECTROPHYSIOLOGY LABORATORY:THE HOSPITAL'S ELECTROPHYSIOLOGY AND ARRHYTHMIAS LAB SPECIALIZES IN THE DIAGNOSIS AND TREATMENT OF LIFE-THREATENING HEART RHYTHM DISORDERS. THE ELECTROPHYSIOLOGY LAB USES STATE-OF-THE-ART 3-D CARDIAC ANATOMIC MAPPING WHICH ALLOWS FOR THE PRECISE LOCATION OF IRREGULAR HEARTBEATS. THE ELECTROPHYSIOLOGY AND ARRHYTHMIAS LAB TEAM IS COMPOSED OF BOARD-CERTIFIED ELECTROPHYSIOLOGISTS TOGETHER WITH SPECIALLY TRAINED PHYSICIAN ASSISTANTS AND REGISTERED NURSES. THE LAB IMPLANTS PERMANENT PACEMAKERS, CARDIAC DEFIBRILLATORS, BIVENTRICULAR DEVICES AND LOOP RECORDERS AND PROVIDES ELECTROPHYSIOLOGY PROCEDURES SUCH AS TABLE TESTING, CARDIAC ABLATIONS, CARDIOVERSIONS, TRANSESOPHAGEAL ECHOCARDIOGRAMS AND DIAGNOSTIC ELECTROPHYSIOLOGY STUDIES. PATIENTS RECEIVING PERMANENT PACEMAKERS OR DEFIBRILLATORS HAVE THE DEVICE INTERROGATIONS PERFORMED IN THE ELECTROPHYSIOLOGY LAB FOLLOWING THE IMPLANTATION AND AT ROUTINE INTERVALS. THE HOSPITAL PERFORMED 322 OUTPATIENT EP STUDIES IN 2019.SUMMARY:AMBULATORY SURGERY SERVICES WERE PROVIDED TO 12,487 MEMBERS OF THE COMMUNITY ON AN ELECTIVE BASIS. THE HOSPITAL PROVIDED CHARITY CARE OF APPROXIMATELY \$1.6 MILLION (CHARGES) FOR AMBULATORY PATIENTS SERVED IN 2019.

Form 990, Part III, Line 4c:

EMERGENCY SERVICES:OCEANSIDE:THE EMERGENCY ROOM IS OPERATED ON A FULL TIME BASIS (24 HOURS 365 DAYS A WEEK). OUR EMERGENCY ROOM IS ONE OF THE BUSIEST ON THE SOUTH SHORE OF NASSAU COUNTY. THE EMERGENCY ROOM IS THIS AREA'S LEADING CENTER OF SPECIALIZED EMERGENCY CARE, WITH A SOLID REPUTATION FOR DEVELOPING AND IMPLEMENTING INNOVATIONS IN EMERGENCY HEALTH CARE SERVICES. THE EMERGENCY ROOM IS STAFFED BY A TEAM OF DEDICATED PROFESSIONALS, INCLUDING BOARD-CERTIFIED, RESIDENCY-TRAINED EMERGENCY MEDICINE PHYSICIANS (ONE OF FEW HOSPITALS IN NEW YORK WITH SUCH STAFFING), AS WELL AS NURSES, NURSE PRACTITIONERS AND PHYSICIANS' ASSISTANTS WHO HAVE BEEN SPECIALLY-TRAINED IN EMERGENCY MEDICAL CARE. THE EMERGENCY ROOM IS ALSO A LEVEL II TRAUMA CENTER, EQUIPPED WITH THE ADVANCED MEDICAL TECHNOLOGY AND SKILLED SPECIALISTS REQUIRED TO PERFORM EMERGENCY TRAUMA PROCEDURES. IT HAS ALSO BEEN DESIGNATED AS A STROKE CENTER BY THE NEW YORK STATE DEPARTMENT OF HEALTH BECAUSE WE OFFER THE RAPID ASSESSMENT AND ADVANCED THERAPIES AND PROCEDURES THAT CAN MAKE A DIFFERENCE FORSTROKE PATIENT. THE HOSPITAL PROVIDES CHARITY CARE AND DISCOUNTS TO PATIENTS RECEIVING EMERGENCY ROOM SERVICES CONSISTENT WITH OUR POLICY. THE HOSPITAL EXPERIENCED 62,962 EMERGENCY ROOM VISITS IN 2019 OF WHICH 16,608 PATIENTS WERE ADMITTED IN 2019, THE HOSPITAL PROVIDED CHARITY CARE OF APPROXIMATELY \$2.0 MILLION (CHARGES) TO INDIVIDUALS WHO RECEIVED EMERGENCY SERVICES.LONG BEACH:THE FREE STANDING EMERGENCY DEPARTMENT, WHICH OPERATES ON A FULL TIME BASIS (24 HOURS A DAY, 365 DAYS A YEAR), IS STAFFED WITH CERTIFIED EMERGENCY NURSES AND PHYSICIANS BOARD CERTIFIED IN EMERGENCY MEDICINE, AND HAS THE SAME FEATURES AND DIAGNOSTIC EQUIPMENT AS A TRADITIONAL EMERGENCY DEPARTMENT WITH THE EXCEPTION BEING THAT IT IS NOT LOCATED ON THE HOSPITAL'S MAIN CAMPUS. ANY PATIENTS REQUIRING CONTINUED HOSPITAL CARE OR ADMISSION ARE TRANSFERRED TO THE MAIN CAMPUS VIA A SOUTH NASSAU AMBULANCE. THESE TRANSFERS ARE PAID FOR BY THE HOSPITAL. IN 2019, THE LONG BEACH EMERGENCY DEPARTMENT EXPERIENCED 10,330 VISITS, OF WHICH 1,236 PATIENTS WERE TRANSFERRED TO THE HOSPITAL'S MAIN CAMPUS RESULTING IN 829 ADMISSIONS. THE HOSPITAL PROVIDED CHARITY CARE OF APPROXIMATELY \$200,000 (CHARGES) TO INDIVIDUALS WHO RECEIVED EMERGENCY SERVICES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD MURPHY PRESIDENT & CEO	35.50 2.00	X		X				1,411,619	0	160,222
ANTHONY CANCELLIERI DIRECTOR	1.00 1.00	X						0	0	0
ANTHONY PONTE DIRECTOR	1.00 0.00	X						0	0	0
ARTHUR KLEIN DIRECTOR	1.00 59.00	X						0	1,841,178	39,086
BUTCH YAMALI DIRECTOR	1.00 0.00	X						0	0	0
DAVID BONAGURA DIRECTOR	1.00 0.00	X						0	0	0
DONALD SCANLON DIRECTOR	1.00 59.00	X						0	2,055,954	57,285
EDWARD SCOTT DIRECTOR	1.00 1.00	X						0	0	0
HARRY KASSEL VICE CHAIRMAN	1.00 0.00	X						0	0	0
JEFFREY FRISCH DIRECTOR	1.00 0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOEL SCHNEIDER DIRECTOR	1.00 0.00	X						0	0	0
JOSPEPH J FENNESSY CHAIRMAN	1.00 1.00	X						0	0	0
LOWELL FREY ASSISTANT SECRETARY	1.00 0.00	X						0	0	0
MARILYN COHEN DIRECTOR	1.00 0.00	X						0	0	0
MICHAEL SCHAMROTH PAST CHAIRMAN	1.00 0.00	X						0	0	0
MIHAI DIMANDESCU MD DIRECTOR	1.00 0.00	X						0	0	0
PETER C BREITSTONE TREASURER	1.00 1.00	X						0	0	0
SALLY VALENTI DIRECTOR	1.00 0.00	X						0	0	0
STEVEN GOLD DIRECTOR	1.00 0.00	X						0	0	0
WAYNE LIPTON DIRECTOR	1.00 1.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM ALLISON CHIEF OPERATING OFFICER	36.50 1.00			X				619,989	0	24,331
ADHI SHARMA CHIEF MEDICAL OFFICER	36.50 1.00			X				595,507	0	40,693
MARK BOGEN CHIEF FINANCIAL OFFICER	36.50 1.00			X				554,409	0	30,643
JOHN POHLMAN CHIEF FINANCIAL OFFICER	36.50 1.00			X				126,008	0	5,440
ALAN GARELY CLINICAL CHAIR OB/GYN	22.00 15.50					X		1,153,548	0	37,985
ASIF REHMAN ASSOC DIR INTER CARDIO	37.50 0.00					X		920,538	0	36,648
JASON FREEMAN DIR OF INTER CARDIO	37.50 0.00					X		1,119,836	0	36,504
LAWRENCE KANNER DIR OF ELECTROPHYSIOLOGY	36.50 1.00					X		1,063,091	0	38,282
MICHAEL HERMAN PHYSICIAN	19.60 17.90					X		0	543,708	38,535

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number
11-1352310

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

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

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 11-1352310
Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization SOUTH NASSAU COMMUNITIES HOSPITAL INC	Employer identification number 11-1352310
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		372,656
j	Total. Add lines 1c through 1i			372,656
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE HOSPITAL IS A MEMBER OF MULTIPLE HEALTHCARE ASSOCIATIONS WHICH INCLUDE THE AMERICAN HOSPITAL ASSOCIATION, HEALTHCARE ASSOCIATION OF NEW YORK, THE NASSAU SUFFOLK HOSPITAL COUNCIL, AND THE HOME CARE ASSOCIATION OF NEW YORK STATE. THESE ORGANIZATIONS LOBBY ON BEHALF OF THE HEALTHCARE INDUSTRY. THE HOSPITAL ALSO CONTRACTS WITH VARIOUS LOBBYING CONSULTING FIRMS ON HOSPITAL SPECIFIC ISSUES.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number
11-1352310

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

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

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on 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	7,264,102	6,118,501	3,815,354	1,774,697	2,010,535
b Contributions	8,705,608	16,346,591	6,282,696	2,161,697	8,398,283
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	6,150,239	15,200,990	3,979,549	121,040	8,634,121
f Administrative expenses					
g End of year balance	9,819,471	7,264,102	6,118,501	3,815,354	1,774,697

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

14.000 %

c

Temporarily restricted endowment

86.000 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,806,344		27,806,344
b Buildings		359,130,707	195,088,447	164,042,260
c Leasehold improvements		10,143,325	9,384,893	758,432
d Equipment		239,550,440	166,310,590	73,239,850
e Other		76,759,433	1,615,940	75,143,493
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				340,990,379

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM SUBSIDIARIES	30,731,450
(2) ASSETS WHOSE USE IS LIMITED	97,798,293
(3) INSURANCE CLAIMS RECEIVABLE	3,047,000
(4) OPERATING LEASES	29,759,533
(5) OTHER ASSETS	963,284
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	162,299,560

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	120,239,280

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-1352310
Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TWO FUNDS EXIST AT THE HOSPITAL, THE ANNUAL IMPROVEMENT FUND AND THE SPECIAL PURPOSE FUND. THESE FUNDS ARE RESTRICTED AS TO THEIR PURPOSE OR TIME AS IS STIPULATED BY THE DONOR'S REQUEST. THE MONEY IS KEPT IN SEPARATE INVESTMENT VEHICLES FOR EACH FUND. UNRESTRICTED DONATIONS ARE KEPT IN THESE TEMPORARY FUNDS ALSO. PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS AND ARE TO BE MAINTAINED BY THE HOSPITAL IN PERPETUITY. THESE ASSETS CONSIST OF INVESTMENTS TO BE HELD IN PERPETUITY, THE INCOME FROM WHICH MAY BE RESTRICTED FOR SPECIFIC HOSPITAL ACTIVITIES OR MAY BE UNRESTRICTED AS TO USE. IF A DONATION IS MADE FOR A SPECIAL PROGRAM, IT IS PLACED INTO A TEMPORARILY RESTRICTED CATEGORY. WHEN THE EXPENDITURE IS INCURRED TO FULFILL THE REQUIREMENTS OF THIS PROGRAM/DONATION, THE FUNDS ARE TRANSFERRED FROM TEMPORARILY RESTRICTED STATUS AND ARE EXPENDED.

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Name of the organization SOUTH NASSAU COMMUNITIES HOSPITAL INC	Employer identification number 11-1352310
---	--

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CARNATION BALL (event type)	GOLF OUTING (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	742,727	574,515		1,317,242
	2 Less: Contributions	658,441	415,805		1,074,246
	3 Gross income (line 1 minus line 2)	84,286	158,710		242,996
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	61,490	145,034		206,524
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	199,706	152,251		351,957
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				558,481
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-315,485

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization

SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number

11-1352310

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance expenses exceed the budgeted amount?	5b	No
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	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)	1	1,372	1,913,928	1,292,070	621,858	0.120 %
b Medicaid (from Worksheet 3, column a)	1	74,443	92,510,275	59,187,392	33,322,883	6.430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2	75,815	94,424,203	60,479,462	33,944,741	6.550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	151	9,468	492,807		492,807	0.100 %
f Health professions education (from Worksheet 5)	3	100	7,307,686	6,563,270	744,416	0.140 %
g Subsidized health services (from Worksheet 6)	3	53,938	48,215,144	28,810,796	19,404,348	3.750 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	157	63,506	56,015,637	35,374,066	20,641,571	3.990 %
k Total. Add lines 7d and 7j	159	139,321	150,439,840	95,853,528	54,586,312	10.540 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	14	5,672	45,691		45,691	0.010 %
7 Community health improvement advocacy	11	633	289,173		289,173	0.060 %
8 Workforce development						
9 Other						
10 Total	25	6,305	334,864		334,864	0.070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	30,356,192	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,464,051	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	170,002,043
6 Enter Medicare allowable costs of care relating to payments on line 5	6	178,216,445
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-8,214,402
8 Describe 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 checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "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 IV Management Companies and Joint Ventures

(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 NEW YORK MEDICAL PARTNERS ACO LLC	ACCOUNTABLE CARE ORGANIZATION	50.000 %	0 %	50.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SOUTH NASSAU COMMUNITIES HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/COMMUNITY-SERVICE-PLAN.ASPX</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/COMMUNITY-SERVICE-PLAN.ASPX</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SOUTH NASSAU COMMUNITIES HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/FINANCIAL-ASSISTANCE-PROGRAM.ASPX</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/FINANCIAL-ASSISTANCE-PROGRAM.ASPX</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/FINANCIAL-ASSISTANCE-PROGRAM.ASPX</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SOUTH NASSAU COMMUNITIES HOSPITAL

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21 Yes	
If "No," indicate why:		
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 Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SOUTH NASSAU COMMUNITIES HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** 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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	THE HOSPITAL FILED A 2019-2021 COMMUNITY SERVICE PLAN ("CSP"), WHICH INCLUDED A COMMUNITY BENEFIT REPORT, WITH THE NYS DEPARTMENT OF HEALTH ("DOH") ON DECEMBER 19, 2019.
PART I, LINE 7:	IN LIEU OF A COST ACCOUNTING SYSTEM, THE COST TO CHARGE RATIO WAS GENERATED FROM THE 2019 INSTITUTIONAL COST REPORT STEP-DOWN. THIS METHODOLOGY APPLIES COSTS TO EACH UNIT BY SERVICE. THE COST TO CHARGE RATIO WAS UTILIZED TO DERIVE THE COSTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	INCLUDED IN THE TOTAL COMMUNITY BENEFIT EXPENSE ARE LOSSES RELATED TO THE SNCH FAMILY HEALTH CENTER, INPATIENT AND OUTPATIENT RENAL DIALYSIS, NPATIENT PEDIATRIC, INPATIENT PSYCHIATRIC, AND TRANSITIONAL CARE UNIT PROGRAMS.PART I, LN 7 COL (F):DISTINGUISHING BAD DEBT EXPENSE FROM CHARITY CARE REQUIRES JUDGMENT; TOGETHER, THEY REPRESENT UNCOMPENSATED CARE. THE HOSPITAL'S POLICY REGARDING CHARITY IS TO PROVIDE A SIGNIFICANT AMOUNT OF CARE WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY FOR SERVICES RENDERED; THIS INCLUDES FREE CARE AND A SLIDING FEE SCALE, BASED ON THE PATIENTS' ABILITY TO PAY WHICH IS DEFINED AS UP TO 300% OF THE POVERTY LEVEL. THE HOSPITAL UTILIZES A CREDIT VERIFICATION FIRM TO ASSIST IN DETERMINING IF UNINSURED PATIENTS MEET THE HOSPITAL'S CHARITY CRITERIA. THIS PROCESS IDENTIFIES UNINSURED PATIENTS THAT WERE UNDER THE POVERTY LEVEL BUT DID NOT APPLY FOR CHARITY CARE.
PART III, LINE 2:	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS FOR LINE 2 AND LINE 3 USES TOTAL GROSS BAD DEBT CHARGES MULTIPLIED BY THE AMOUNT OF THE HOSPITAL'S OVERALL RATIO OF COSTS TO CHARGES (CALCULATED USING THE INSTITUTIONAL COST REPORT).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	THE AMOUNT REPORTED IN PART III LINE 3 WAS RELATED TO THE EMERGENCY ROOM'S BAD DEBT AT COST. THE FIGURE WAS DERIVED USING THE EMERGENCY ROOM'S BAD DEBT GROSS CHARGES AND MULTIPLYING THIS AMOUNT BY THE EMERGENCY'S ROOMS SPECIFIC RCC TO COME UP WITH THE BAD DEBT EXPENSE AT COST FOR THE EMERGENCY ROOM. WE DID NOT INCLUDE ANY AMOUNTS OF BAD DEBT IN PART I LINE 7. WE BELIEVE THE ENTIRE AMOUNT SHOULD BE CONSIDERED CHARITY CARE. EMTALA AND OTHER REGULATIONS REQUIRE THAT THE HOSPITAL PROVIDE EMERGENCY SERVICES TO INDIVIDUALS BEFORE DISCUSSING FINANCIAL INFORMATION. CHARITY CARE IS USUALLY RELATED TO PATIENTS WHO WE DEFINE AS LACKING THE ABILITY TO PAY. A HOSPITAL'S INABILITY TO COLLECT FROM A PATIENT WHO HAS THE MEANS TO PAY IS BAD DEBT EXPENSE. OUR REGISTRATION DEPARTMENT DOES NOT HAVE THE ABILITY TO DETERMINE THE EMERGENCY ROOM PATIENT FINANCIAL STATUS BEFORE CARE IS DELIVERED AND IN MANY CASES, THE INFORMATION PROVIDED BY THE PATIENTS IS INACCURATE. SINCE WE RENDERED CARE WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY WE BELIEVE THAT THESE PATIENTS ARE SIMILAR TO CHARITY CARE AND NOT BAD DEBT.
PART III, LINE 4:	BAD DEBT EXPENSE IS DESCRIBED IN PAGE 18 OF THE ATTACHED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	SOUTH NASSAU COMMUNITIES HOSPITAL CONSIDERS THE MEDICARE SHORTFALL AS A BENEFIT PROVIDED TO THE COMMUNITY. IF IT WAS ALLOWED TO BE INCLUDED IN THE SHORTFALL, THE COMMUNITY BENEFIT PERCENTAGE WOULD BE 13.54%. THE AMOUNT REPORTED IN PART III, LINE 6 WAS RELATED TO MEDICARE'S ALLOWABLE COSTS. THE FIGURE WAS DERIVED USING THE MEDICARE CHARGES AS REPORTED ON THE ANNUAL INSTITUTIONAL COST REPORT AND MULTIPLYING THAT AMOUNT BY THE RATIO OF COST TO CHARGE (RCC).
PART III, LINE 9B:	UPON APPLYING FOR CHARITY CARE, THE PATIENT IS ADVISED TO DISREGARD ALL BILLS SENT BY THE HOSPITAL UNTIL A FINAL DECISION HAS BEEN MADE. A PATIENT THAT RECEIVES PARTIAL CHARITY CARE IS SUBJECT TO THE HOSPITAL COLLECTION POLICY EXCEPT THAT:1) THE PATIENT WILL BE PROVIDED WITH A WRITTEN NOTICE 30 DAYS PRIOR TO THE ACCOUNT GOING TO COLLECTION.2) THE HOSPITAL WILL NOT PLACE A LIEN ON THE PATIENT'S ASSETS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN AN EFFORT TO IDENTIFY THE NEEDS OF PATIENTS AND COMMUNITIES, SOUTH NASSAU UTILIZES TOOLS AND COLLABORATES WITH LOCAL AND STATE GOVERNMENTS, CIVIC ASSOCIATIONS AND OTHER COMMUNITY GROUPS TO ESTABLISH THE NEEDS OF THE COMMUNITY THE HOSPITAL SERVICES. NASSAU COUNTY DEPARTMENT OF HEALTH CONDUCTED A COMPARISON BETWEEN A SELECTED GROUP OF COMMUNITIES AND THE REST OF THE COUNTY POPULATION. THE ANALYSIS HELPED TO LOCATE MANY OF THE HEALTH DISPARITIES THAT EXIST WITHIN THE COUNTY. THE SELECTED COMMUNITIES WERE CHOSEN WITH THE ASSISTANCE OF AN INDEX COMPRISED OF MULTIPLE SOCIOECONOMIC AND HEALTH RELATED FACTORS. OF THE IDENTIFIED AT-RISK COMMUNITIES, TWO FALL WITHIN OUR PRIMARY SERVICE AREA (FREEPORT AND ROOSEVELT) AND FOUR WITHIN OUR SECONDARY SERVICE AREA (ELMONT, HEMPSTEAD, UNIONDALE, AND INWOOD. SO, WHILE NASSAU COUNTY AS A WHOLE APPEARS TO BE QUITE WELL OFF, THERE IS AN UNEQUAL DISTRIBUTION OF WEALTH AND WELLBEING AMONG COMMUNITIES.THE HOSPITAL PARTICIPATES IN THE CENTER FOR MEDICARE AND MEDICAID SERVICES PATIENT SATISFACTION SURVEY (KNOWN AS HCAHPS) BY USING PRESS GANEY, WHICH CONDUCTS A PHONE SURVEY, CONTACTING A STATISTICALLY VALID SAMPLE OF INPATIENTS AFTER DISCHARGE. SURVEY QUESTIONS INQUIRE ABOUT PATIENTS' SATISFACTION WITH THE DOCTORS, NURSES, TRANSITIONS OF CARE PLANNING, MEDICATIONS AND HOSPITAL SERVICES. QUARTERLY SURVEY RESULTS ARE BENCHMARKED AGAINST NATIONAL, STATE AND COMPARABLE HOSPITALS. THE QUARTERLY RESULTS ARE REVIEWED BY THE ADMINISTRATIVE TEAM, MANAGERIAL STAFF AND HOSPITAL STAFF. QUARTERLY ACTION PLANS TO IMPROVE THE SCORES NOT MEETING ESTABLISHED GOALS ARE DEVELOPED BY THE VARIOUS NURSING UNITS AND DEPARTMENTS. SOUTH NASSAU'S BOARD, WHICH IS COMPOSED OF LOCAL INDIVIDUALS WHO RESIDE IN THE COMMUNITIES SERVED BY THE HOSPITAL AND INCLUDES A CROSS-SECTION OF REPRESENTATIVES SUCH AS CLERGY, BUSINESS PEOPLE AND PHYSICIANS, MEETS REGULARLY. WHILE THE MEMBERS OF SOUTH NASSAU COMMUNITIES HOSPITAL'S BOARD OF DIRECTORS ACCEPT RESPONSIBILITY FOR GOVERNANCE OF THE HOSPITAL, THEY ARE ALSO COMMUNITY ADVOCATES. AS SUCH, THEY ARE ABLE TO SPEAK ON BEHALF OF THE COMMUNITY AND RAISE ISSUES WITH THE HOSPITAL OR CONSIDER ACTIONS THAT AFFECT HOSPITALS PLANS AND OPERATIONS. THE BOARD HAS ESTABLISHED A NUMBER OF COMMITTEES THAT ARE RESPONSIBLE FOR OVERSIGHT AND COORDINATION OF HOSPITAL ACTIVITIES IN REGARDS TO COMMUNITY ADVOCACY.SOUTH NASSAU SOLICITS THE COMMUNITY'S FEEDBACK FOLLOWING FREE PUBLIC CONFERENCES IT SPONSORS EACH YEAR. SURVEYS YIELD VALUABLE INFORMATION SUCH AS COMMUNITY PREFERENCE FOR SEMINAR CONTENT AND FORMAT AND REQUESTS FOR EXPANDED PROGRAMS AND SERVICES.DEPARTMENTS HOSPITAL-WIDE HAVE RELATIONSHIPS WITH INDIVIDUALS AND GROUPS WHO HAVE SPECIAL NEEDS, SUCH AS PHYSICAL HANDICAPS, LANGUAGE BARRIERS AND CULTURAL ISSUES. THESE DEPARTMENTS ENCOURAGE COMMENTS AND SUGGESTIONS FROM THESE POPULATIONS. THEIR FEEDBACK IS USED TO ASSESS THE EFFECTIVENESS OF EXISTING PROCEDURES AND PROGRAMS.SOUTH NASSAU'S ADMINISTRATION MAINTAINS AN OPEN-DOOR POLICY AND ANY MEMBER OF THE COMMUNITY IS WELCOME TO COMMENT. ANY REASONABLE ISSUE RAISED IS ADDRESSED AND CARE IS TAKEN TO RESPOND IN A TIMELY AND SATISFACTORY FASHION.SOUTH NASSAU MAINTAINS AN EXTENSIVE WEBSITE, WWW.SOUTHNASSAU.ORG, A COMPREHENSIVE SOURCE OF INFORMATION ON THE HOSPITAL'S SERVICES, SPECIALTY CENTERS, PHYSICIANS, NEW DEVELOPMENTS AND EMPLOYMENT OPPORTUNITIES. IT INCORPORATES MICROSITES FOR CARDIOLOGY, CANCER AND CANCER TREATMENT OPTIONS, ORTHOPEDICS, WEIGHT LOSS SURGERY, UROLOGY AND MORE. CONTACT INFORMATION FOR USERS TO SUBMIT QUESTIONS AND REQUESTS FOR INFORMATION IS CLEARLY PROVIDED, AS IS LOCATION AND PHONE INFORMATION FOR THE HOSPITAL'S SATELLITE PRACTICES.SOUTH NASSAU'S ADMINISTRATION IS IN CONSTANT COMMUNICATION WITH LOCAL AND GOVERNMENT LEADERS IN DETERMINING THE NEEDS OF THE COMMUNITIES. THE ADMINISTRATIVE TEAMS ALSO ARE INVOLVED WITH HOSPITAL ASSOCIATIONS AND OTHER HEALTHCARE ASSOCIATES WHICH TARGET THE NEEDS OF THE COMMUNITIES THE HOSPITAL SERVES. NEW YORK STATE'S DEPARTMENT OF HEALTH ALSO WORKS VERY CLOSELY WITH THE HOSPITAL TO HELP ASSESS THE NEEDS OF THE COMMUNITY SERVED.SOUTH NASSAU'S FOUR ACTIVE AUXILIARIES ACT AS LIAISONS BETWEEN THE HOSPITAL AND THE COMMUNITIES THEY REPRESENT.THE HOSPITAL COLLECTS DATA WITH REGARDS TO ECONOMIC, SOCIAL, CULTURAL AND GEOGRAPHIC BARRIERS THAT EXIST.</p>
PART VI, LINE 3:	<p>THE HOSPITAL INFORMS AND EDUCATES PATIENTS ON A VARIETY OF FINANCIAL ASSISTANCE PROGRAMS. IT HAS A FULLY STAFFED FINANCIAL ASSISTANCE SERVICES DEPARTMENT STAFFED WITH TRANSLATION CAPABILITIES THAT HELP EDUCATE AND PROVIDE ASSISTANCE IN APPLYING FOR MEDICAID, CHILD HEALTH PLUS, FAMILY HEALTH PLUS, CHARITY CARE AND DISCOUNTED CARE. LARGE POSTERS ARE DISPLAYED IN PROMINENT LOCATIONS (INCLUDING THE EMERGENCY ROOM, BILLING OFFICE, ADMITTING, FAMILY PRACTICE CENTER, ACCOUNT SERVICES, MENTAL HEALTH CENTER, OUTPATIENT REGISTRATION, DIALYSIS CENTER,HOME CARE, CARDIAC REHABILITATION, PHYSICAL THERAPY, WOUND CARE) AND OTHER REGISTRATION AREAS SHOWING THE AVAILABILITY OF CHARITY CARE IN ENGLISH AND LARGE POSTERS ARE DISPLAYED IN PROMINENT LOCATIONS (INCLUDING THE EMERGENCY ROOM, BILLING OFFICE, ADMITTING, FAMILY PRACTICE CENTER, ACCOUNT SERVICES, MENTAL HEALTH CENTER, OUTPATIENT REGISTRATION, DIALYSIS CENTER,HOME CARE, CARDIAC REHABILITATION, PHYSICAL THERAPY, WOUND CARE) AND OTHER REGISTRATION AREAS SHOWING THE AVAILABILITY OF CHARITY CARE IN ENGLISH AND SPANISH.THE HOSPITAL POSTS THE AVAILABILITY OF FINANCIAL AID INCLUDING CHARITY CARE ON ITS EXTERNAL WEBSITE: SOUTHNASSAU.ORG DIRECTING THEM TO THE FINANCIAL ASSISTANCE DEPARTMENT.THE HOSPITAL EDUCATES ALL EMPLOYEES THAT INTERACT WITH PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING CHARITY CARE AND WHERE TO FIND INFORMATION ON THESE PROGRAMS.FINANCIAL ASSISTANCE AND CHARITY CARE INFORMATION IS INCLUDED IN PATIENT GUIDES AND SERVICE LINE GUIDES THAT ARE PROVIDED TO PATIENTS.PATIENT BILLS SENT OUT INCLUDE A NOTE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. ON THE BACK OF THE BILL IS A CHARITY CARE APPLICATION. BILLING AND ACCOUNT SERVICES DEPARTMENTS ARE EDUCATED ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND INFORMS PATIENTS OF THIS POLICY. ANY PATIENT CAN REQUEST AN APPLICATION FOR CHARITY CARE FROM THE ABOVE REGISTRATION AREAS, BILLING OFFICE AND ACCOUNT SERVICES DURING REGULAR BUSINESS HOURS AND VIA TELEPHONE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>SOUTH NASSAU IS LOCATED ON THE SOUTH SHORE OF LONG ISLAND IN NASSAU COUNTY, NEW YORK, IN THE TOWN OF OCEANSIDE. NASSAU COUNTY HAS A POPULATION OF 1.36 MILLION (BASED ON JULY 1, 2019 ESTIMATE US CENSUS DATA) WITH APPROXIMATELY 800,000 PEOPLE FALLING INTO THE HOSPITAL'S SERVICE AREA. NASSAU COUNTY'S MEDIAN HOUSEHOLD INCOME IS \$111,240 (ACCORDING TO 2014-2018 CENSUS DATA) AND \$49,211 PER CAPITA (2014-2018 (BASED ON PAST 12 MONTHS IN 2013- 2017 CENSUS)). ACCORDING TO THE 2014-2018 CENSUS ESTIMATES, NASSAU COUNTY'S POVERTY LEVEL WAS 5.8%, WITH MORE OF THE POORER AREAS LOCATED ON THE SOUTH SHORE OF NASSAU COUNTY AND FALLING INTO THE HOSPITAL'S SERVICE AREA. HISPANICS, ALONG WITH OTHER MINORITIES, ARE CONCENTRATED IN SOUTH SHORE COMMUNITIES SUCH AS BALDWIN, FREEPORT, HEMPSTEAD, ROOSEVELT, AND INWOOD, WITH MANY OF THESE COMMUNITIES' MEMBERS BEING UNINSURED OR INSURED BY MEDICAID. BASED ON 2019 PATIENTS SERVED AT SOUTH NASSAU, PATIENT DEMOGRAPHICS BASED ON VISITS (OUTPATIENT) ARE MEDICARE 37% MEDICAID 23% SELF PAY 1% AND CHARITY CARE 1%. OTHER HOSPITALS THAT ALSO SERVICE THESE COMMUNITIES ARE FRANKLIN HOSPITAL-NORTHWELL HEALTH AND MERCY MEDICAL CENTER.</p>
PART VI, LINE 5:	<p>THE HOSPITAL HAS ESTABLISHED A COMMUNITY ADVOCACY COMMITTEE THAT IS COMPOSED OF MEMBERS OF A NUMBER OF COMMUNITY ORGANIZATIONS, AND REPRESENTATIVES FROM HOSPITAL ADMINISTRATION, STAFF AND BOARD. THIS GROUP MEETS FOUR TIMES A YEAR TO IDENTIFY NEEDS OF THEIR RESPECTIVE COMMUNITIES AND TO DISCUSS ISSUES OR RECOMMEND ACTIONS IN THE INTEREST OF IMPROVED SERVICE TO THOSE COMMUNITIES. THIS INFORMATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR CONSIDERATION. SOUTH NASSAU'S DEPARTMENT OF COMMUNITY EDUCATION IS A VALUED COMMUNITY RESOURCE. THIS DEPARTMENT PROVIDES HEALTH EDUCATION, COMMUNITY OUTREACH, FREE HEALTH SCREENINGS, AND REFERRAL SERVICES TO THE COMMUNITIES WE SERVE. IN KEEPING WITH POPULATION HEALTH INITIATIVES, THE DEPARTMENT'S GOALS FOCUS ON PROMOTING WELLNESS AND PREVENTING OR MANAGING CHRONIC DISEASE. IN 2019, OUR COMMUNITY-WIDE EFFORTS TOUCHED THE LIVES OF ALMOST 16,000 INDIVIDUALS. FEEDBACK FROM PROGRAM PARTICIPANTS AS WELL AS COMMUNITY PARTNERS CONTINUES TO BE OVERWHELMINGLY POSITIVE WHICH HAS BEEN EVIDENT IN POST-PROGRAM EVALUATIONS AND FOLLOW-UP. OUR SCREENINGS FOR THE YEAR TOTALED 1,752 AND INCLUDED BALANCE, BLOOD PRESSURE, BMI, CHOLESTEROL, COLORECTAL CANCER, HEAD AND NECK CANCER, PROSTATE CANCER, SKIN CANCER, AND SLEEP ASSESSMENT. THE MISSION OF THE DEPARTMENT OF COMMUNITY EDUCATION IS TO IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGH EDUCATION, AWARENESS, OUTREACH, PREVENTION AND SCREENING SERVICES. THROUGH ITS COMMUNITY-BASED INITIATIVES, THE DEPARTMENT STRIVES TO SUPPORT THE HOSPITAL'S PERFORMANCE TARGETS IN THE AREAS OF QUALITY, PATIENT SAFETY, AND SERVICE EXCELLENCE. THE DEPARTMENT PARTNERS WITH COMMUNITY-BASED ORGANIZATIONS SUCH AS LOCAL LIBRARIES AND SCHOOLS, COMMUNITY CENTERS, SENIOR CENTERS AND CHURCHES TO PROVIDE EDUCATIONAL PROGRAMS, PRESENTATIONS AND SCREENINGS TO WHERE PEOPLE LIVE, WORK, AND PLAY. EXAMPLES OF THESE COMMUNITY PARTNERS ARE THE HEWLETT HOUSE 1 IN 9 CANCER SUPPORT CENTER, NEW YORK POISON CONTROL CENTER, THE OCEANSIDE JEWISH COMMUNITY CENTER, THE KNIGHTS OF COLUMBUS, THE TOWN OF HEMPSTEAD, AND THE CITY OF LONG BEACH. ADDITIONALLY, THE DEPARTMENT OF COMMUNITY EDUCATION OFFERS CPR CLASSES TO THE COMMUNITY AND BLS AND ACLS TO THE STAFF. THE DEPARTMENT RECOGNIZES THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' NATIONAL HEALTH OBSERVANCES WITH INFORMATION AND PRESENTATIONS ON THE MONTH'S CHOSEN TOPICS. COMMUNITY EDUCATION IS ALSO RESPONSIBLE FOR FOURTEEN FREE SUPPORT GROUPS RANGING FROM BARIATRIC SUPPORT TO BREAST CANCER TO BEREAVEMENT. THE ACTIVITIES OF THE DEPARTMENT OF COMMUNITY EDUCATION ARE REPORTED REGULARLY TO THE BOARD OF DIRECTORS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	SOUTH NASSAU COMMUNITIES HOSPITAL IS AFFILIATED WITH MOUNT SINAI HOSPITALS GROUP, INC. (MOUNT SINAI). MOUNT SINAI IS A NOT-FOR-PROFIT CORPORATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. EFFECTIVE SEPTEMBER 2019, THE HOSPITAL IS DOING BUSINESS AS (D/B/A) MOUNT SINAI SOUTH NASSAU.THE HOSPITAL PARTICIPATES IN THE LONG ISLAND HEALTH COLLABORATIVE (LIHC), A COALITION THAT INCLUDES NASSAU AND SUFFOLK COUNTY HEALTH DEPARTMENTS, EVERY HOSPITAL ON LONG ISLAND, HEALTH AND SOCIAL SERVICE COMMUNITY-BASED ORGANIZATIONS, INSURANCE PLANS, ACADEMIC INSTITUTIONS, LOCAL GOVERNMENTS, AND OTHER GROUPS THAT ARE WORKING TOGETHER TOWARD A HEALTHIER LONG ISLAND COMMUNITY. THE LONG ISLAND HEALTH COLLABORATIVE WORKS TO IMPROVE CLINICAL QUALITY AND EXPAND ACCESS TO CARE FOR THE 2.8 MILLION RESIDENTS OF NASSAU AND SUFFOLK COUNTIES. LIHC HOSPITALS CONTINUE THEIR FOCUS ON DELIVERING COMMUNITY-BASED CARE AND COLLABORATING WITH INSURERS' EFFORTS TO EXPAND LOCAL ACCESS TO AFFORDABLE HEALTH INSURANCE PRODUCTS.
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Additional Data

Software ID:

Software Version:

EIN: 11-1352310

Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SOUTH NASSAU COMMUNITIES HOSPITAL ONE HEALTHY WAY OCEANSIDE, NY 115721551 HTTPS://WWW.SOUTHNASSAU.ORG 2950001H	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SOUTH NASSAU COMMUNITIES HOSPITAL	PART V, SECTION B, LINE 5: THE HOSPITAL PARTICIPATED IN A SERIES OF COLLABORATIVE CHNA PLANNING AND IMPLEMENTATION MEETINGS WITH REPRESENTATION AND INPUT FROM PUBLIC HEALTH EXPERTS, FROM LOCAL ACADEMIC PARTNERS, THE NASSAU COUNTY DEPARTMENT OF HEALTH, THE SUFFOLK COUNTY DEPARTMENT OF HEALTH AND HOSPITALS AND MULTIPLE COMMUNITY-BASED ORGANIZATIONS LOCATED THROUGHOUT NASSAU AND SUFFOLK COUNTIES. THE LONG ISLAND HEALTH COLLABORATIVE, CONSISTING OF OVER ONE HUNDRED ENTITIES, DEVELOPED THE HEALTH NEEDS ASSESSMENT AND THEN DISTRIBUTED IT TO THE PUBLIC VIA THE INTERNET, LOCAL COMMUNITY BASED ORGANIZATIONS, THE PARTICIPATING HOSPITALS AND COMMUNITY MAILINGS. THE LONG ISLAND POPULATION HEALTH IMPROVEMENT PROGRAM (LIPHIP) IS A NEW YORK STATE DEPARTMENT OF HEALTH GRANT-FUNDED INITIATIVE; THE LONG ISLAND HEALTH COLLABORATIVE (LIHC) IS A WORKGROUP OF THE LIPHIP. TO CAPTURE THE VALUABLE PERSPECTIVES OF REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS (CBOS) AND SOCIAL SERVICE AGENCIES ON LONG ISLAND, THE PHIP HELD TWO SUMMIT EVENTS DURING WHICH QUALITATIVE DATA WAS COLLECTED. REPRESENTATIVES FROM A COMPREHENSIVE NETWORK OF ORGANIZATIONS WHO POSSESS UNPARALLELED EXPERIENCE WORKING WITH COMMUNITY MEMBERS THROUGHOUT LONG ISLAND PARTICIPATED DURING THESE EVENTS. SOME EXAMPLES OF PARTICIPATING CBOS ARE LI CARES, MOMMAS HOUSE, CATHOLIC HOME CARE, COORDINATING AGENCY FOR SPANISH AMERICANS, FAMILY & CHILDREN'S ASSOCIATION, LGBT NETWORK, SOCIETY OF ST. VINCENT DE PAUL, AND THE HISPANIC COUNSELING CENTER. A TOTAL OF 45 ORGANIZATIONS FROM NASSAU COUNTY PARTICIPATED IN THE SUMMIT WHICH CONTRIBUTED TO THE DIVERSITY AND BREADTH OF QUALITATIVE DATA COLLECTED AND ANALYZED. A SCRIPT FOR FACILITATORS WAS DEVELOPED AND USED AS THE PRIMARY DATA COLLECTION TOOL, ADAPTED FROM THE NASSAU COUNTY DEPARTMENT OF HEALTH'S KEY INFORMANT SCRIPT. QUESTIONS PERTAINED TO HEALTH PROBLEMS AND CONCERNS, HEALTH DISPARITIES, BARRIERS TO CARE, SERVICES AVAILABLE AND OPPORTUNITIES FOR IMPROVEMENT.FOR A COMPLETE LIST OF GREATER THAN 100 MEMBERS OF THE LONG ISLAND HEALTH COLLABORATIVE PLEASE SEE APPENDIX C OF THE CHNA REPORT, AVAILABLE AT HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/COMMUNITY-SERVICE-PLAN.ASPX .
SOUTH NASSAU COMMUNITIES HOSPITAL	PART V, SECTION B, LINE 6A: FOR A COMPLETE LIST OF GREATER THAN 100 MEMBERS OF THE LONG ISLAND HEALTH COLLABORATIVE PLEASE SEE APPENDIX C OF THE CHNA REPORT, AVAILABLE AT HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/COMMUNITY-SERVICE-PLAN.ASPX .

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SOUTH NASSAU COMMUNITIES HOSPITAL	PART V, SECTION B, LINE 6B: FOR A COMPLETE LIST OF GREATER THAN 100 MEMBERS OF THE LONG ISLAND HEALTH COLLABORATIVE PLEASE SEE APPENDIX C OF THE CHNA REPORT, AVAILABLE AT HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/COMMUNITY-SERVICE-PLAN.ASPX .
SOUTH NASSAU COMMUNITIES HOSPITAL	PART V, SECTION B, LINE 7D: MOUNT SIANAI SOUTH NASSAU POSTS THE COMMUNITY SERVICE PLAN ("CSP")/COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") ON ITS WEBSITE (WWW.SOUTHNASSAU.ORG) AND OFFERS PAPER COPIES TO THE PUBLIC WHEN REQUESTED. OUR COMMUNITY NEWSLETTER, WHICH REACHES OVER 300,000 RESIDENTS, PROVIDES INFORMATION ON HOW TO OBTAIN THE CSP/CHNA, AS DOES THE EMPLOYEE NEWSLETTER. ADDITIONALLY, THE DEPARTMENT OF COMMUNITY EDUCATION BRINGS THE DOCUMENT TO VARIOUS COMMUNITY EVENTS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SOUTH NASSAU COMMUNITIES HOSPITAL	PART V, SECTION B, LINE 11: DETAILS ON HOW SOUTH NASSAU COMMUNITIES HOSPITAL, INC. IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA ARE IDENTIFIED IN THE HOSPITAL'S COMPREHENSIVE 2019-2021 COMMUNITY SERVICE PLAN (CSP), AVAILABLE ON OUR WEBSITE AT HTTPS://WWW.SOUTHNASSAU.ORG/MAIN/COMMUNITY-SERVICE-PLAN.ASPX . THIS 3-YEAR PLAN EXPLAINS IN DETAIL THE MANY WAYS WE ARE COMMITTED TO THE HEALTH OF THE COMMUNITIES WE SERVE BY OFFERING COMMUNITY PROGRAMS (I.E. 5-WEEK SMOKING CESSATION PROGRAM), LECTURES (I.E. DIABETES PREVENTION, CARDIOVASCULAR HEALTH, FALL PREVENTION) AND FREE HEALTH SCREENINGS (I.E. CHOLESTEROL, BLOOD PRESSURE, PSA).THE CRITERIA UTILIZED TO DETERMINE THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITIES WE SERVE INCLUDED ANALYSIS OF THE LONG ISLAND COMMUNITY HEALTH ASSESSMENT SURVEY, REVIEW OF THE INFORMATION GLEANED FROM THE NASSAU COUNTY CBO SUMMIT, AND REVIEW OF PUBLICLY-AVAILABLE DATA SETS INCLUDING STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS), NEW YORK STATE PREVENTION AGENDA DASHBOARD, COUNTY HEALTH RANKINGS, BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) AND NEW YORK STATE VITAL STATISTICS. DATA ANALYSIS EFFORTS WERE COORDINATED THROUGH THE POPULATION HEALTH IMPROVEMENT PROGRAM. THE HEALTH CONCERNS WHICH SURFACED AS TOP PRIORITIES WERE: 1) PREVENT CHRONIC DISEASE, AND 2) PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS.

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 1 - SNCH - OUTPATIENT BEHAVIORAL HEALTH 2277 GRAND AVE BALDWIN, NY 11510	OUTPATIENT
1 2 - SNCH - FAMILY PRACTICE CENTER 196 MERRICK ROAD OCEANSIDE, NY 11572	OUTPATIENT
2 3 - SNCH - RADIATION ONCOLOGY THERAPY CNTR ONE SOUTH CENTRAL AVE VALLEY STREAM, NY 11580	OUTPATIENT
3 4 - SNCH - OUTPATIENT DIALYSIS CENTER 3618 OCEANSIDE ROAD OCEANSIDE, NY 11572	OUTPATIENT
4 5 - SNCH - OUTPATIENT ANNEX 440 MERRICK ROAD OCEANSIDE, NY 11572	OUTPATIENT
5 6 - SNCH - SLEEP CENTER 1420 BROADWAY HEWLETT, NY 11557	OUTPATIENT
6 7 - SNCH - HOMECARE AGENCY 2277 GRAND AVE BALDWIN, NY 11510	OUTPATIENT
7 8 - SNCH - LONG TERM HOMECARE AGENCY 2277 GRAND AVE BALDWIN, NY 11510	OUTPATIENT
8 9 - SNCH - FAMILY MEDICINE AT LONG BEACH 761 FRANKLIN BLVD LONG BEACH, NY 11561	OUTPATIENT
9 10 - SNCH - OFF CAMPUS EMERGENCY DEPARTMENT 325 EAST BAY DRIVE LONG BEACH, NY 11561	OUTPATIENT
10 11 - SNCH - MENTAL HEALTH AT HEMPSTEAD 250 FULTON AVE HEMPTEAD, NY 11550	OUTPATIENT
11 12 - SNCH - DIABETES EDUCATION CENTER 519 MERRICK RD ROCKVILLE CENTRE, NY 11570	OUTPATIENT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization SOUTH NASSAU COMMUNITIES HOSPITAL INC		Employer identification number 11-1352310

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	4A) MARK BOGEN - SERVANCE ISSUED MARCH, 2019, IN THE AMOUNT OF \$269,965. LAST DAY OF EMPLOYMENT 2/20/19. 4B) SOUTH NASSAU COMMUNITIES HOSPITAL MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") FOR THE HOSPITAL'S CHIEF EXECUTIVE OFFICER. THE SERP IS DESIGNED TO PROVIDE RICHARD MURPHY WITH SUPPLEMENTAL RETIREMENT INCOME THROUGH ANNUAL HOSPITAL FUNDED CONTRIBUTIONS OF \$111,200 THAT ARE SUBJECT TO VESTING LIMITATIONS DESIGNED TO RETAIN MR. MURPHY. THIS COMPENSATION IS REPORTED IN SCHEDULE J, PART II, BOX C. SENIOR EXECUTIVE POSITIONS, WHO ARE IMPACTED BY LIMITS UNDER THE HOSPITAL'S TAX-QUALIFIED RETIREMENT PLAN THAT DO NOT LIMIT OTHER EMPLOYEES, ALSO HAVE A SUPPLEMENTAL PLAN. THE SUPPLEMENTAL PLAN IS INTENDED ONLY TO MAKE UP FOR SUCH LIMITS AND CONTAINS VESTING SCHEDULES DESIGNED TO RETAIN THE EXECUTIVE UNTIL RETIREMENT. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS PLAN IN 2019, WITH THE SUPPLEMENTAL RETIREMENT INCOME INCLUDED IN DEFERRED COMPENSATION IN SCHEDULE J, PART II, BOX C: ADHI SHARMA, MD - SUPPLEMENTAL RETIREMENT OF \$10,705 THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS PLAN IN 2019, WITH THE SUPPLEMENTAL RETIREMENT INCOME INCLUDED IN OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, BOX B DUE TO THE PARTICIPANT'S ATTAINMENT OF NORMAL RETIREMENT AGE: RICHARD MURPHY - SUPPLEMENTAL RETIREMENT OF \$33,129 WILLIAM ALLISON - SUPPLEMENTAL RETIREMENT OF \$10,897
PART I, LINE 7	THE HOSPITAL MAINTAINS AN INCENTIVE COMPENSATION PROGRAM THAT PAYS VARIABLE COMPENSATION BASED ON THE SATISFACTION BY THE HOSPITAL AND THE EXECUTIVES OF PRE-ESTABLISHED QUALITY OF CARE, PROGRAM, FINANCIAL AND SIMILAR GOALS ESTABLISHED AT THE BEGINNING OF THE YEAR PRIOR TO PAYMENT. SOME EMPLOYEES RECEIVE ADDITIONAL COMPENSATION BASED ON VARIOUS PRODUCTIVITY MEASURES. AWARDS ARE SET FORTH IN PART II, COLUMN B(II).
ADDITIONAL DISCLOSURE	THE COMPENSATION REPORTED ON BOTH PART VII AND SCHEDULE J OF THE FORM 990 FOR CERTAIN OFFICERS AND KEY PERSONNEL REPRESENTS AMOUNTS PAID FOR SERVICES RENDERED TO SOUTH NASSAU COMMUNITIES HOSPITAL ("SNCH") AND ITS AFFILIATED ORGANIZATIONS. THE FORM 990 REQUIRES COMPENSATION TO BE REPORTED BASED ON THE ORGANIZATION THAT PROVIDES THE OFFICER HIS OR HER W-2, HOWEVER, REPORTING COMPENSATION IN THIS FASHION DOES NOT TAKE INTO ACCOUNT THE INTEGRATED RELATIONSHIPS WITHIN A HEALTH SYSTEM THAT REQUIRE OFFICERS AND EMPLOYEES TO ALLOCATE THEIR TIME AND SERVICES AMONG MANY ORGANIZATIONS.

Additional Data

Software ID:

Software Version:

EIN: 11-1352310

Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD MURPHY PRESIDENT & CEO	(i)	832,158	166,431	413,030	128,000	32,222	1,571,841	0
	(ii)	0	0	0	0	0	0	0
1ARTHUR KLEIN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,000,000	150,000	691,178	28,000	11,086	1,880,264	0
2DONALD SCANLON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,200,000	486,185	369,769	28,000	29,285	2,113,239	0
3WILLIAM ALLISON CHIEF OPERATING OFFICER	(i)	495,477	121,632	2,880	14,000	10,331	644,320	0
	(ii)	0	0	0	0	0	0	0
4ADHI SHARMA CHIEF MEDICAL OFFICER	(i)	454,106	136,601	4,800	14,000	26,693	636,200	0
	(ii)	0	0	0	0	0	0	0
5MARK BOGEN CHIEF FINANCIAL OFFICER	(i)	282,844	0	271,565	4,240	26,403	585,052	0
	(ii)	0	0	0	0	0	0	0
6ALAN GARELY CLINICAL CHAIR OB/GYN	(i)	951,674	201,874	0	13,223	24,762	1,191,533	0
	(ii)	0	0	0	0	0	0	0
7ASIF REHMAN ASSOC DIR INTER CARDIO	(i)	920,538	0	0	14,603	22,045	957,186	0
	(ii)	0	0	0	0	0	0	0
8JASON FREEMAN DIR OF INTER CARDIO	(i)	919,836	200,000	0	14,603	21,901	1,156,340	0
	(ii)	0	0	0	0	0	0	0
9LAWRENCE KANNER DIR OF ELECTROPHYSIOLOGY	(i)	860,591	202,500	0	13,731	24,551	1,101,373	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL HERMAN PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	493,708	50,000	0	14,423	24,112	582,243	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number

11-1352310

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP	27-4291221	63166LBT7	10-23-2012	100,932,698	REFUND PRIOR BONDS ISSUED 8/22/01 & 8/7/03-CONSTRUCTION & EQUIP. PURCHASE		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	25,305,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	100,932,698							
4	Gross proceeds in reserve funds	1,603,400							
5	Capitalized interest from proceeds	1,667,774							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,454,576							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	27,110,685							
11	Other spent proceeds	70,699,662							
12	Other unspent proceeds								
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP DATE THE REBATE COMPUTATION WAS PERFORMED: 01/13/2017

Return Reference	Explanation
PART II, LINE 4	THE AMOUNT SHOWN HERE CONSISTS OF DEPOSITS TO A BONA FIDE DEBT SERVICE FUND.

Return Reference	Explanation
PART III, LINE 2	CERTAIN PROPERTY FINANCED BY THE BONDS IS LEASED TO AFFILIATED 501(C)(3) ORGANIZATIONS; SUCH LEASES DO NOT GIVE RISE TO PRIVATE BUSINESS USE.

Return Reference	Explanation
PART IV, LINE 6	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD RESTRICTED REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number
11-1352310

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 11-1352310
Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,397,501	CATERING SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,637,052	MEDICAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,729,575	CONSTRUCTION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,356,128	BILLING SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,132,468	CONSTRUCTION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,693,819	COMPUTER SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,762,112	CONSTRUCTION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,666,280	MEDICAL RECORDS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,565,466	CONSTRUCTION		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,399,314	LEGAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	224,836	NEUROLOGICAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	406,081	ORTHOPEDIC SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,367,821	COMMUNICATION SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	468,743	ELECTRICAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(15) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	572,971	LEGAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,027,015	CLEANING SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(17) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	140,000	CONSULTING SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	402,048	LEGAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(19) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	255,114	LEGAL SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	268,410	LEGAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(21) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	210,588	LEGAL SERVICES		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number
11-1352310

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	102,582	COST OR SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, COLUMN (B):	THERE WERE 3 CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

NAME OF THE ORGANIZATION
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

11-1352310

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES IN THE SNCH GROUP OF AFFILIATED ENTITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MOUNT SINAI HOSPITALS GROUP, INC. IS THE SOLE MEMBER OF SOUTH NASSAU COMMUNITIES HOSPITAL. THE SYSTEM IS ORGANIZED AS A NOT FOR PROFIT CORPORATION UNDER FEDERAL AND NEW YORK STATE LAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MOUNT SINAI HOSPITALS GROUP, INC. IS THE SOLE MEMBER OF SOUTH NASSAU COMMUNITIES HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>IN ADDITION TO SUCH AUTHORITY RESERVED TO THE TAXPAYER'S SOLE MEMBER, MOUNT SINAI HOSPITAL S GROUP, INC. ("MOUNT SINAI") PURSUANT TO THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW, SUCH AS THE AUTHORITY TO (I) ELECT AND REMOVE MEMBERS OF THE TAXPAYER'S GOVERNING BOARD, (II) APPROVE AMENDMENTS TO THE TAXPAYER'S CERTIFICATE OF INCORPORATION AND BYLAWS, AND (III) APPROVE SIGNIFICANT CORPORATE TRANSACTIONS SUCH AS MERGERS, CONSOLIDATIONS, THE DISSOLUTION OF THE TAXPAYER AND THE SALE, LEASE, MORTGAGE, PLEDGE OR OTHER TRANSFER OF SIGNIFICANT ASSETS OF THE TAXPAYER, THE APPROVAL OF THE FOLLOWING MATTERS HAVE BEEN SPECIFICALLY RESERVED TO MOUNT SINAI, IN ITS CAPACITY AS THE TAXPAYER'S SOLE MEMBER, PURSUANT TO THE TAXPAYER'S CERTIFICATE OF INCORPORATION AND BYLAWS: (A) THE INITIATION BY SUCH OF A VENTURE INVOLVING THE JOINT OWNERSHIP OR OPERATION OF A BUSINESS ACTIVITY WITH ONE OR MORE THIRD PARTIES OR THE AMENDMENT OF AN EXISTING VENTURE IF, IN ANY SUCH CASE, SUCH VENTURE IS MATERIAL TO SUCH OR INVOLVES ONE OR MORE THIRD PARTIES THAT IS A COMPETITOR OF MSHG OR AN AFFILIATE OF MSHG; (B) ESTABLISHMENT OF ANY MATERIAL NEW LINE OF BUSINESS; (C) ANY MERGER, CONSOLIDATION OR DISSOLUTION OF SUCH OR ANY SUCH AFFILIATE; (D) ANY CORPORATE REORGANIZATION OF SUCH AND ANY ESTABLISHMENT OR DISSOLUTION OF ANY SUBSIDIARY ORGANIZATION; (E) ANY ACQUISITION OR ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER ALIENATION OF ASSETS OR PROPERTY OF SUCH OR ANY MATERIAL SUBSIDIARY THAT IN ANY CASE HAS A VALUE AT THE TIME OF THE TRANSACTION EQUAL TO OR GREATER THAN \$10,000,000; (F) ANY TRANSACTION THAT RESULTS IN SUCH BECOMING THE SOLE MEMBER OR, TO THE EXTENT PERMITTED BY LAW, THE SOLE SHAREHOLDER OF ANY CORPORATION OWNING OR OPERATING A LICENSED HOSPITAL; (G) ANY TRANSACTION THAT RESULTS IN ANY OTHER CORPORATION, ENTITY OR PERSON BECOMING A MEMBER OF SUCH OR A MEMBER OR EQUITY OWNER OF A SUCH AFFILIATE; (H) ANY TRANSACTION THAT RESULTS IN ANY OTHER CORPORATION, ENTITY OR PERSON BECOMING ENTITLED TO APPOINT DESIGNEES TO THE BOARD OF DIRECTORS OF SUCH OR TO THE GOVERNING BOARD OF A SUCH AFFILIATE; (I) INITIATION OF BANKRUPTCY OR INSOLVENCY ACTIONS WITH RESPECT TO SUCH OR AN SUCH AFFILIATE; (J) ANY ACTION THAT RESULTS IN THE COMPLETE CLOSURE OR CONVERSION OF USE FROM A GENERAL ACUTE CARE MEMBER OF SUCH; (K) ANY AMENDMENT TO THE CERTIFICATE OF INCORPORATION OF SUCH OR ANY AMENDMENT TO THE BYLAWS (PROVIDED THAT, DURING THE INITIAL PERIOD, SUCH RIGHT OF APPROVAL SHALL ONLY APPLY TO AMENDMENTS (I) THAT AFFECT THE RIGHTS OF THE MSHG, OR (II) THAT OTHERWISE AMENDS THE BYLAWS AND MSHG OBJECTS IN WRITING WITHIN THIRTY (30) DAYS OF ITS RECEIPT OF NOTICE); (L) ISSUANCE OF LONG TERM DEBT IN EXCESS OF \$10,000,000, SUCH APPROVAL NOT TO BE UNREASONABLY WITHHELD; (M) THE SUBMISSION OF AN APPLICATION FOR A CERTIFICATE OF NEED ("CON") TO ANY REGULATORY AUTHORITY IF SUCH APPLICATION WILL BE SUBJECT TO FULL REVIEW BY SUCH REGULATORY AUTHORITY (PROVIDED NOTICE IS PROVIDED TO THE MEMBER OF ANY CONTHA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	T IS NOT SUBJECT TO FULL REVIEW; (N) THE ESTABLISHMENT OF AN ACADEMIC AFFILIATION, OR THE AMENDMENT OF AN EXISTING ACADEMIC AFFILIATION AGREEMENT, WITH ANY EDUCATIONAL INSTITUTION OTHER THAN THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI (EXISTING AFFILIATION AGREEMENTS ARE PERMITTED); OR (O) THE EXERCISE BY A MATERIAL SUBSIDIARY OF ANY AUTHORITY THAT PURSUANT TO THE GOVERNING DOCUMENTS OF SUCH MATERIAL SUBSIDIARY REQUIRES THE CONSENT OR APPROVAL OF SNCH OR ANY OTHER MATERIAL SUBSIDIARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE POLICY OF SOUTH NASSAU COMMUNITIES HOSPITAL FOR REVIEWING AND APPROVING THE IRS FORM 990 IS THE FOLLOWING: THE AUDIT COMMITTEE, A SUB COMMITTEE OF THE BOARD OF DIRECTORS, IS ASSIGNED TO REVIEW AND APPROVE THE IRS FORM 990 THAT IS FILED ON BEHALF OF THE ORGANIZATION, BEFORE IT IS FILED WITH THE IRS. THE AUDIT COMMITTEE WILL NOTIFY THE BOARD OF DIRECTORS WHEN THE IRS FORM 990 IS APPROVED BY THE AUDIT COMMITTEE. ONCE THE 990 IS APPROVED, THE BOARD OF DIRECTORS WILL RECEIVE A COPY (ELECTRONICALLY OR HARDCOPY) BEFORE IT IS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>SOUTH NASSAU COMMUNITIES HOSPITAL HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS UPDATED ON AN ANNUAL BASIS WITH MEMBERS OF THE CORPORATE COMPLIANCE COMMITTEE (A SUB-COMMITTEE OF THE BOARD OF DIRECTORS) AND WITH LEGAL COUNSEL. THE POLICY IS UPDATED FOR ANY NEW/UPDATED LEGAL AND GOVERNANCE ISSUES AND DISTRIBUTED TO BOARD MEMBERS, OFFICERS, KEY EMPLOYEES AND MANAGEMENT ON AN ANNUAL BASIS. ALONG WITH THE POLICY, A QUESTIONNAIRE IS PROVIDED TO ALL BOARD MEMBERS, OFFICERS, KEY EMPLOYEES AND MANAGEMENT REQUESTING ACKNOWLEDGEMENT THAT THEY RECEIVED THE FORM, ASKING THEM TO DISCLOSE ALL KNOWN RELATIONSHIPS AND RETURN THE SIGNED FORM TO THE CORPORATE COMPLIANCE DEPARTMENT. THE CORPORATE COMPLIANCE DEPARTMENT FOLLOWS UP WITH ANY BOARD MEMBER, OFFICERS, KEY EMPLOYEES OR MANAGEMENT STAFF WHEN A POTENTIAL CONFLICT EXISTS. THIS INFORMATION IS THEN REPORTED BACK TO THE CORPORATE COMPLIANCE COMMITTEE WHICH THEN REPORTS TO THE BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>15(A) SOUTH NASSAU COMMUNITIES HOSPITAL HAS A COMPENSATION COMMITTEE (A SUB COMMITTEE OF THE BOARD OF DIRECTORS) WHICH DETERMINES THE OFFICERS' COMPENSATION. THE COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF DISINTERESTED DIRECTORS, UTILIZES A VARIETY OF SOURCES IN DETERMINING THE OFFICERS OVERALL COMPENSATION. THESE SOURCES INCLUDE A COMPENSATION STUDY PERFORMED BY AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS AND THE OFFICERS' HISTORICAL SALARIES. THE COMPENSATION CONSULTANT PERIODICALLY RENDERS AN OPINION THAT THE TOTAL PROPOSED COMPENSATION FOR THE OFFICERS ARE "REASONABLE" WITH RESPECT TO THE INTERNAL REVENUE SERVICE (IRS) INTERMEDIATE SANCTIONS REGULATIONS AND THAT THE SAFE-HARBOR DESCRIBED THEREIN IS SATISFIED. THIS INDEPENDENT CONSULTANT UTILIZES PUBLISHED SURVEYS AND RELEVANT MARKET DATA TO DETERMINE RANGES FOR THE OFFICERS' SALARY TO REACH ITS OPINION. 15(B) COMPENSATION FOR THE OTHER OFFICERS (NOT INCLUDED ABOVE) AND KEY EMPLOYEES IS BASED ON A VARIETY OF SOURCES WHICH INCLUDE THIRD PARTY COMPENSATION SURVEYS AND STUDIES, THE ORGANIZATION'S HISTORICAL SALARY RATES, OTHER COMPENSATION WITHIN THE ORGANIZATION FOR SIMILAR TITLES AND POSITIONS, AND THE CURRENT LABOR MARKET. ALL SALARIES FOR EMPLOYEES MUST BE APPROVED BY THE CHIEF EXECUTIVE OFFICER AND/OR THE CHIEF OPERATING OFFICER AND THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE PUBLIC CAN OBTAIN A COPY OF THE 990, 990T, AUDITED FINANCIAL STATEMENTS VIA A WRITTEN OR VERBAL REQUEST THROUGH THE HOSPITAL'S OFFICE OF EXTERNAL AFFAIRS, 2277 GRAND AVE., BALDWIN, NY 11510. THE BYLAWS, ARTICLES OF INCORPORATION AND THE CONFLICT OF INTEREST POLICY OF THE HOSPITAL CAN BE OBTAINED AT MANAGEMENT'S DISCRETION VIA A WRITTEN REQUEST THROUGH THE HOSPITAL'S OFFICE OF EXTERNAL AFFAIRS, 2277 GRAND AVE., BALDWIN, NY 11510. PHONE NUMBER: 1-516-377-5370. THE HOSPITAL'S PREVIOUS YEARS' 990 CAN BE FOUND ON THE WEBSITE, WWW.GUIDESTAR.COM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER TO/FROM RELATED PARTIES -10,848,808. PENSION AND POTRETIREMENT LIABILITY ADJUSTMENTS -12,399,884.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTH NASSAU COMMUNITIES HOSPITAL INC

Employer identification number
11-1352310

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SOUTH NASSAU 195 NORTH VILLAGE RVC LLC ONE HEALTHY WAY OCEANSIDE, NY 115721551 83-1998916	HOLDING COMPANY	NY	-52,039	0	SOUTH NASSAU COMMUNITIES HOSPITAL INC

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.

See Additional Data Table

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

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.

See Additional Data Table

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

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

No

1q

Yes

1r

Yes

1s

Yes

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.

See Additional Data Table

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

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**

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 2	VALUE OF THE SERVICES ARE REPORTED ON A CASH BASIS.

Return Reference	Explanation
PART II, LINE 5, COLUMN F	MSMC RESIDENTIAL REALTY LLC DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, THE MSMC REALTY CORPORATION AND THE MSMC RESIDENTIAL REALTY MANAGER, INC. ARE ALL MEMBERS OF THIS ENTITY.

Return Reference	Explanation
PART II, LINE 7, COLUMN F	MSMC RESIDENTIAL REALTY MANAGER, INC DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, THE MSMC REALTY CORPORATION ARE ALL MEMBERS OF THIS ENTITY.

Return Reference	Explanation
PART II, LINE 4 COLUMN F	MSMC REALTY CORPORATION DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, MOUNT SINAI MEDICAL CENTER ARE ALL MEMBERS OF THIS ENTITY.

Additional Data

Software ID:
Software Version:
EIN: 11-1352310
Name: SOUTH NASSAU COMMUNITIES HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1420 BROADWAY HEWLETT, NY 11557 81-3485876	SUPPORT PROGRAM	NY	501(C)(3)	7	N/A		No
ONE GUSTAVE L LEVY PLACE BOX 1099 NEW YORK, NY 10029 46-4242915	HOLDING COMPANY	NY	501(C)(3)	12 TYPE II	MSHS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-6271888	SUPPORT	NY	501(C)(3)	12 TYPE II	MSHS		No
1190 FIFTH AVENUE NEW YORK, NY 10029 80-0468600	RESEARCH	NY	501(C)(3)	12 TYPE I	ISMMS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 22-3059294	SUPPORT	NY	501(C)(3)	12 TYPE I	ISMMS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-3852596	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SEE PART VII		No
1425 MADISON AVENUE NEW YORK, NY 10029 20-0244426	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SEE PART VII		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 45-0537391	DIAG CLINIC	NY	501(C)(3)	3	MSH		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 20-1289396	MGMT	NY	501(C)(3)	12 TYPE I	SEE PART VII		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 80-0952088	SUPPORT PROGRAM	NY	501(C)(3)	12 TYPE I	ISMMS & MSH		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 46-4248304	HOLDING COMPANY	NY	501(C)(3)	12 TYPE II	N/A		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-6171197	SCHOOL	NY	501(C)(3)	2	MSHS		No
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3939476	HOLDING COMPANY	NY	501(C)(3)	12 TYPE I	N/A		No
FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-3444730	HOLDING COMPANY	NY	501(C)(3)	12 TYPE I	BIMC		No
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3838460	SURGICENTER	NY	501(C)(3)	3	BIMC HOLDCO		No
327 EAST 17TH STREET NEW YORK, NY 10003 13-3627753	NURSING HOME	NY	501(C)(3)	3	BIMC HOLDCO		No
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3547502	REAL ESTATE	NY	501(C)(3)	9	BIMC HOLDCO		No
150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 11-1018985	HOSPITAL	NY	501(C)(3)	3	CHP		No
1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2997301	HOSPITAL	NY	501(C)(3)	3	MSHG		No
150 EAST 42ND STREET5TH FLOOR NEW YORK, NY 10019 13-3392851	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SLR		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2914343	RESEARCH	NY	501(C)(3)	4	SLR		No
310 EAST 14TH STREET NEW YORK, NY 10003 13-5562304	HOSPITAL	NY	501(C)(3)	3	MSHG		No
310 EAST 14TH STREET NEW YORK, NY 10003 13-4012469	PRIVATE FDN	NY	501(C)(3)	PF	NYEE		No
317-327 EAST 13TH STREET NEW YORK, NY 10003 31-1696826	REAL ESTATE	NY	501(C)(2)	N/A	NYEE		No
150 EAST 42ND STREET 5TH FLOO NEW YORK, NY 10019 30-0571387	FUNDRAISING	NY	501(C)(3)	7	BIMC		No
150 EAST 42ND STREET 5TH FLOO NEW YORK, NY 10019 30-0571390	FUNDRAISING	NY	501(C)(3)	7	SLR		No
FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-5564934	HOSPITAL	NY	501(C)(3)	3	MSHG		No
28 EAST 28TH STREET NEW YORK, NY 10016 13-2914141	INSURANCE	NY	501(C)(3)	12 TYPE III	N/A		No
150E 42ND STREET 5TH FLOOR NEW YORK, NY 10017 81-2057452	HEALTHCARE	NY	501(C)(3)	10	MSH		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-1624096	HOSPITAL	NY	501(C)(3)	3	MSHG		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SN HEALTHCARE SERVICES ONE HEALTHY WAY OCEANSIDE, NY 11572 11-3571538	INACTIVE	NY	SOUTH NASSAU COMMUNITIES HOSPITAL INC	C			100.000 %	Yes	
SN HEALTHCARE REGISTRY ONE HEALTHY WAY OCEANSIDE, NY 11572 26-0228658	INACTIVE	NY	SOUTH NASSAU COMMUNITIES HOSPITAL INC	C			100.000 %	Yes	
GREATER METROPOLITAN IPA II 150 EAST 42D STREET 5TH FL NEW YORK, NY 10019 13-3977019	INACTIVE	NY	BIMCSLR	C					No
GREATER METROPOLITAN IPA V 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-4141695	INACTIVE	NY	BIMCSLR	C					No
MANHATTAN MANAGEMENT SERVICES 1780 BROADWAY 7TH FL NEW YORK NY 10 NEW YORK, NY 10019 13-3618543	MGMT SERVICES	NY	SLR	C					No
SLR MANAGEMENT SERVICES 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3853145	MGMT SERVICES	NY	SLR	C					No
WEST CARE MEDICAL PC 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 13-3811203	INACTIVE	NY	SLR	C					No
MOUNT SINAI HC VENTURES INC 150 EAST 42ND STREET 5TH FL NEW YORK, NY 10019 46-0953126	HEALTH CARE M	NY	BIMC HOLDCO	C					No
HIBER-CELL INC 850 NEW BURTON ROAD SUITE 201 DOVER, DE 19904 82-0608182	CLINIAL LAB	DE	ISMMS	C					No
AMATHUS THERAPEUTICS INC 1506 BOSTON PROVIDENCE HIGHWAY STE NORWOOD, MA 02062 81-4373501	BIOTECH/PHARM	MA	ISMMS	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SOUTH NASSAU FAMILY MEDICINE PC	R	847,729	CASH BASIS
SOUTH NASSAU FAMILY MEDICINE PC	N	502,044	CASH BASIS
SOUTH NASSAU FAMILY MEDICINE PC	B	454,144	CASH BASIS
SN NEONATAL PC	S	124,391	CASH BASIS
SN NEONATAL PC	B	494,573	CASH BASIS
SN OBGYN PC	S	320,000	CASH BASIS
SN MEDICAL GROUP PC	B	835,980	CASH BASIS
SN ONCOLOGY PRACTICE PC	S	1,250,000	CASH BASIS
SN ONCOLOGY PRACTICE PC	B	1,171,132	CASH BASIS
203 MERRICK ROAD HOLDING CORP	C	85,515	CASH BASIS
SN SERVICES CORPORATION	B	1,788,717	CASH BASIS
SN PHYSICIAN PC - DR DATTA	S	200,578	CASH BASIS
SN PHYSICIAN PC - DR DATTA	B	40,947	CASH BASIS
SN PHYSICIAN PC - DR DATTA	N	61,020	CASH BASIS
SN UROLOGY PC	B	117,712	CASH BASIS
SN UROLOGY PC	R	674,000	CASH BASIS
ELITE PERINATOLOGY	B	804,358	CASH BASIS
ELITE PERINATOLOGY	S	758,000	CASH BASIS
NY MEDICINE PARTNERS ACO	B	236,151	CASH BASIS
PHYSICIANS HOSPITAL ORG	B	2,828	CASH BASIS
SN PHYSICIAN GROUP	C	756,853	CASH BASIS
SN OBGYN PC	N	172,422	CASH BASIS
SN OBGYN PC	B	44,107	CASH BASIS
SN ONCOLOGY PC	R	622,121	CASH BASIS
SN ONCOLOGY PC	N	73,368	CASH BASIS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SN ONCOLOGY PC	B	208,481	CASH BASIS
SN PHYSICIAN PRACTICE PC	R	2,254,477	CASH BASIS
SN PHYSICIAN PRACTICE PC	N	418,776	CASH BASIS
SN PHYSICIAN PRACTICE PC	B	459,686	CASH BASIS
SN RADIOLOGY PC	S	2,767,507	CASH BASIS
SN RADIOLOGY PC	N	89,136	CASH BASIS
SN RADIOLOGY PC	B	1,626,842	CASH BASIS
RADIOLOGY ASSOCIATES OF LONG ISLAND	R	1,756,405	CASH BASIS
RADIOLOGY ASSOCIATES OF LONG ISLAND	N	245,388	CASH BASIS
RADIOLOGY ASSOCIATES OF LONG ISLAND	B	1,760,825	CASH BASIS
SOUTH NASSAU PRIMARY MEDICAL PC	S	29,000	CASH BASIS
SOUTH NASSAU PRIMARY MEDICAL PC	N	69,030	CASH BASIS
SOUTH NASSAU PRIMARY MEDICAL PC	B	485,806	CASH BASIS
SN MEDICAL GROUP PC	S	4,973,114	CASH BASIS