Form	990-T	Ex	empt Organiz						n	OMB No 1545-0687		
		(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning, 2018, and ending, 20  Go to www.irs.gov/Form990T for instructions and the latest information							o	_ 2018		
	ment of the Treasury I Revenue Service	<b>.</b>	_						,,, <del> </del>	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if	00	not enter SSN numbers or Name of organization (							yer identification number		
	address changed		,	<b></b> J		·			(Empto	yees trust see instructions)		
B Exe	mpt under section	1	THE LONG ISLA	ND HOME	Ξ							
X	501( 5 / 5 )								11-28	337244		
	408(e) 220(e)	or Type								ated business activity code		
	408A530(a)		400 SUNRISE H	IGHWAY					(389 111	siluctions /		
$\perp$	529(a)		City or town, state or prov	-		ZIP or foreign pos	tal code					
	k value of all assets nd of year		AMITYVILLE, N									
6	9,529,316	<del></del>	up exemption number (S				T 1504/	-> 4	4044-1			
			ck organization type   nization's unrelated trade					c) trust	401(a)			
	ide or business her		mization's unrelated trade	s or busine:	5565		If only one	<del></del>	•	(or first) unrelated than one, describe the		
			end of the previous ser	ntence, con	nplete	Parts I and II.	-	•		•		
	ide or business, the		•	,								
			corporation a subsidiary	ın an affili	ated g	roup or a paren	it-subsidiary	controlled group?		▶ Yes X No		
lf '	'Yes," enter the na	ame and	identifying number of the	e parent cor	poration	on 🕨						
		<del></del>	BER KOKONESHI,		JRER	· · · · · · · · · · · · · · · · · · ·	Telepho	ne number ▶ 63	1-608-	5107		
			or Business Income	<u> </u>		(A) Inc	ome	(B) Expens	ses	(C) Net		
	Gross receipts or s		- I	_								
	Less returns and allows			Balance >				<del> </del>				
2			ule A, line 7)		3		_					
3 4a	•		2 from line 1c ttach Schedule D)		 4a			<del></del>		<del></del>		
			Part II, line 17) (attach Form		4b							
c			rusts		4c			· · · · · · · · · · · · · · · · · · ·		<del></del>		
5			an S corporation (attach stateme		5		-					
6					6		_					
7	Unrelated debt-fir	nanced in	come (Schedule E)		7							
8	Interest annulties, roya	alties and re	nts from a controlled organization	(Schedule F)	8							
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization	(Schedule G)	9							
10		-	ncome (Schedule I)		10							
11			ule J)		11			<del> </del>				
12			tions, attach schedule)	1	12		0.					
13 Par			ough 12					<u> </u>	ycent fo	or contributions		
U ai			be directly connect						.xccpt ii	or contributions,		
14			directors, and trustees (S						. 14			
15												
16												
17	Bad debts		see instructions)		1.1.	<u> </u>			. 17			
18	Interest (attach so	chedule) (	see instructions)		_لــــــــــــــــــــــــــــــــــــ	<del></del>			. 18			
19	laxes and license	s							. 19			
			See instructions for limita						. 20			
21	Depregiation (atta	ach Form	4562)				21	<u> </u>				
	<del></del>		on Schedule A and elsev						22b			
			compensation plans									
			Schedule I),									
			chedule J)									
			chedule)									
			s 14 through 28									
			le income before net									
			g loss arising in tax year	_	-				_			
			otice, see instructions	1 from line	30 .	<u> </u>	<u></u>	<u> </u>	. 32	Form 990-T (2018)		
TOT P	aperwork Reduct	IUII ACT N	DULE, SEE INSTRUCTIONS							Form MMU+1 (2018)		

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Form 990-T (2018)

Form	990-T (20							1	Page 2
Pai	t III	<b>Total Unrelated Business</b>	Taxable Income						
33	Total o	of unrelated business taxable inc	ome computed from all unrelated trac	des or businesses (	see				
	instruct	ons)				33			
34	Amount	s paid for disallowed fringes				34		48,	470.
35		•	ing in tax years beginning before J						
				•		35			
36			me before specific deduction. Subtract						
•						36		48,	470.
37	Specific	deduction (Generally \$1 000, but se	e line 37 instructions for exceptions)					1,	000
38		• • • •	tract line 37 from line 36. If line 37.			<del></del>			
50			· · · · · · · · · · · · · · · · · · ·			38		47.	470.
Day		Tax Computation			<u></u>	30			
			1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	<del></del>		20			969.
39	_	· ·	tiply line 38 by 21% (0 21)			39			
40	Trusts		See instructions for tax computation						
		_	chedule or Schedule D (Form 1041	•		40			
41						41			
42						42			
43			structions						2.52
44			40, whichever applies		٠.,	44		9,	969.
Par		Tax and Payments		— <sub>1</sub>		<del></del> _			
			1118, trusts attach Form 1116) 45						
С	Genera	business credit Attach Form 3800 (s	ee instructions) 45	Sc					
d	Credit f	or prior year minimum tax (attach For	m 8801 or 8827)	<u>id                                    </u>		. 1			
е	Total cr	edits Add lines 45a through 45d				45e			
46	Subtrac	t line 45e from <u>line 44</u> .	<u></u> <u></u>	<u></u>	[	46		9,	969.
47	Other ta	es Check if from Form 4255	Form 8611 Form 8697 Form 8866	Other (attach schedu	ıle) .	47			
48	Total ta	x Add lines 46 and 47 (see instruction	ns)		[	48		9,	969
49	2018 ne	t 965 tax liability paid from Form 965	i-A or Form 965-B, Part II, column (k), line 2.		[	49			
50 a	Paymer	ts A 2017 overpayment credited to 2	018	a					
			50			.			
			50			.			
			source (see instructions) 50			.			
			50			.			
			emiums (attach Form 8941) 50			.			
		edits, adjustments, and payments	Form 2439			.			
ŭ		orm 4136		)a		.			
51	_					51			
52	•		ck if Form 2220 is attached			52			
53			es 48, 49, and 52, enter amount owed	-		53		9,	969
54			al of lines 48, 49, and 52, enter amount over			54	-		
55		amount of line 54 you want Credited to		Refunded	1	55			
	t VI		rtain Activities and Other Inform						
56			ear, did the organization have an inter-				ithority	Yes	No
•		-	i, or other) in a foreign country? If "Y				T		
		•	ank and Financial Accounts If "Yes," e	<del>-</del>		-			l
	here ▶						,		x
	_						— I		X
57	-	•	eive a distribution from, or was it the grantor	or, or transferor to, a	toreig	jn trust≠.			<del></del>
EO		see instructions for other forms the or	·						ĺ
<u>58</u>			evamined this return including accompanying schedul	les and statements and the	the b	act of m t	nowindan :	and be	ol ··
٥:	tri		examined this return including accompanying schedul other than taxpayer) is based on all information of which p		1118 DE	∍scormyk	mowieage s	miu Deli	ei It IS
Sigr	۱ 📗	<i>i                                    </i>			Ma	y the IRS	discuss	this r	eturn
Her	·   · -	ICHELE L. CUSACK	ill Wrack SVP &	CFO	- 1	n the pre			- I
	Sı	gnature of officer	Date 11/12/19 Title	T	(see	instructions)		s   X	No
Paid		Print/Type preparer's name	Preparer's signature	Date	Check	. 🔲 ıf	PTIN		
	arer				self-er	mployed	<u></u>		
	Only	Firm's name	Fım's	s EIN ►					
436	J.11.y	Firm's address ▶ , ,		1	Phone	no			

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JSA

(1) (2)

(3)

(4)

	THE	LONG ISLAN	ND HOME				11-2837244			
Form 990-T (2018)							· · · · · · · · · · · · · · · · · · ·	Page 3		
Schedule A - Cost of G	oods Sold	. Enter method	of inventory val	uation I	<u> </u>					
1 Inventory at beginning of y	year . 1		<b>6</b> In	ventory a	at end of yea	ar	6			
2 Purchases		7 C	ost of	ld Subtract line						
3 Cost of labor		6 from line 5 Enter here and in								
4a Additional section 263A co	osts	<u> </u>	P	art I, line	2		7			
(attach schedule)	4a					section 263A (w		Yes No		
<b>b</b> Other costs (attach schedu			pr	operty	resale) apply					
5 Total Add lines 1 through	4b 5		to	the orga	anization?		X			
Schedule C - Rent Income	e (From Re	al Property a	nd Personal Pr	operty	Leased V	Vith Real Prope	rty)			
(see instructions)										
1 Description of property					•					
(1)										
(2)										
(3)										
(4)						T				
	2 Rent	eceived or accrue	ed							
(a) From personal property (if the for personal property is more the more than 50%)	nan 10% but not	percenta	rom real and persona age of rent for person of the rent is based o	al property	exceeds		rectly connected with (a) and 2(b) (attach sch			
(1)										
(2)			<del></del>							
(3)										
(4)							·····			
Total		Total				(b) Total deduction	ons			
(c) Total income Add totals of c										
here and on page 1, Part I, line 6						Part I, line 6, colur	mn (B) 🕨			
Schedule E - Unrelated D	ebt-Financ	ed income (se	e instructions)		3 1	Deductions directly coi	nnected with or allocal	ble to		
4. December of de	L1 6		2 Gross income		J .	debt-financ		JIE 10		
Description of debt-financed property			allocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)							_			
(4)							•			
4 Amount of average adjusted b acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted b of or allocable to debt-financed property (attach schedule)			6 Column 4 divided by column !			income reportable n 2 x column 6)	ductions of columns (b))			
(1)				%						
				- 01						

%

%

Enter here and on page 1, Part I, line 7, column (A)

 $\blacktriangleright$ 

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu				ntrolled Or							
Name of controlled organization	2 Employer identification number			ated income nstructions)			d included	5 Part of column 4 that included in the controlling organization's gross incom		connected with income	
(1)								_			
(2)											
(3)	<del></del>						1				
(4)					L						
Nonexempt Controlled Organiz	ations					40.0	art of column	O that is	4.4	Deductions directly	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			ınclu	ded in the contraction is gross	ntrolling coni		nnected with income in column 10	
(1)											
(2)											
(3)											
(4)			_		-		columns 5 a		ļ	id columns 6 and 11	
Totals	come of a Sec	tion 501(	c)(7),			Part		ructions)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of income		3 Deduction directly connec (attach schedu		nected			d-asides schedule)		and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)		Enter here and on page 1, Part I, line 9, column (A)		<u> </u>				Enter here and on page Part I, line 9, column (E			
Totals	mpt Activity In	come, Otl	ner Th	an Advert	ising Ir	come	(see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	connected with production of life a care compute is not un		ess income ctivity that unrelated ess income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)				
(1)				<del> </del>							
(2)										-	
(3)				+						<u> </u>	
(4)								<del> </del>			
(1)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, P	art I,	1		<u>'</u>				Enter here and on page 1, Part II, line 26	
Totals ▶											
Schedule J- Advertising In				: al = 4 = -1 . ^^	.:-					<del>.</del>	
Part I Income From Per	iodicals Report	ea on a C	onsol	idated Bas	515			1		-	
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<del>  </del>			1							
(2)	<del> </del>			1			· · · · ·	1-	-	7	
(3)	1			1							
(4)				1				1	***		
<u>,</u>	<u> </u>										
Totals (carry to Part II, line (5))							· <del></del>			Form <b>990-T</b> (201)	

Total Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising costs (column 6 gain or (loss) (col 2 Gross 5 Circulation 6 Readership 3 Direct minus column 5, but 2 minus col 3) If advertising 1 Name of periodical costs income advertising costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27 line 11, col (B) line 11, col (A) Totals, Part II (lines 1-5) . . . . . ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business time devoted to 2 Title business % (1) (2) % % (3) % (4)

Form 990-T (2018)

▶