AMENDED :	RETURN		FINF		22222		293	930	6006	513 0
990-	т Е	** SECTION Cempt Organ		3us	iness In	come 7		rn,	ОМВ No	1545-0687
Form JJU-	ŀ	anu þ) :ndar year 2018 or other	•			-	101	20	<u>എ</u>	110
Barrier at the Tree		Go to www.irs	-						<u> </u>)
Department of the Trea Internal Revenue Service		not enter SSN numbers	•					(c)(3)	Open to Publ 501(c)(3) Ore	ic Inspection for anizations Only
A Check box	: ff	Name of organization (e changed and			D Emplo	yer identifica yees' trust, see ii	
address ch								(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	isa douch's ,
B Exempt under sec		THE LONG ISI			h			1,1,2	337244	
X 501(C)(3	or	Number, street, and roo	om or suite no it	аРО	box, see instruct	ions				activity code
408(e) 408 A	^{220(e)} Type 530(a)	400 SUNRISE	HIGHWAY						structions)	,
529(a)	1330(a)	City or town, state or p		, and Z	IP or foreign post	tal code		1		
C Book value of all	assets	AMITYVILLE,	NY 11701				_			
at end of year	F Gro	oup exemption number	(See instruction	ons)	>			_		
69,529,3		eck organization type				501(c		401(a)		Other trust
H Enter the nun	nber of the orga	anization's unrelated tra	ades or busines	sses					(or first) unr	
trade or busin							complete Parts			escribe the
	•	e end of the previous	sentence, con	npiete	Parts I and II,	complete a S	cnedule M for e	ach addition	nai	
	ess, then comp	corporation a subsidi	arv in an affili	ated or	ond of a baren	t-eubeidiary (controlled group	2	-	Yes X No
		I identifying number of				it-subsidially t	controlled group	• • • • •		165 [35] 110
		RBER KOKONESH			<u> </u>	Telephor	ne number > 6	31-608	-5107	
Part I Unre	lated Trade	or Business Inco	me		(A) Inc	ome	(B) Expe	enses	((C) Net
1a Gross rece	epts or sales									
b Less returns a			_ c Balance ▶	1c			·			
		dule A, line 7)		2						
		e 2 from line 1c	/ \	3						
		(attach Schedule D)	11	4a 4b			 		 	
• ,		trusts		4c						
		or an S corporation (attach sta		5						
)		6						
7 Unrelated	debt-financed	income (Schedule E)		7						
8 Interest, ann	uities, royalties, and	rents from a controlled organia	zation (Schedule F)	8	,				<u> </u>	
		501(c)(7), (9), or (17) organiz					<u> </u>		<u> </u>	
•		income (Schedule I)					ļ		1	
	-	edule J)							-	
	•	uctions, attach schedule				0.	+			
		t Taken Elsewher			ons for limit	ations on	deductions)	(Except	for contrib	utions,
		st be directly conn								·
		s, directors, and trustee						14		
15 Salaries a	and wages					<u>کا</u>		15		
16 Repairs a	ind maintenance	·	181	1 11	8 2020	1.1		1		
17 Bad debts	3			٠.٠.		\propto Γ				
18 Interest (attach schedule	e) (see instructions)	· · · · · · · · · · · ·		N IIT	-∤		18	-i	
19 Taxes and 20 Charitable	o ilicenses	(See instructions for li	mitation culos	عالياذ	18,.0.1.	٠٠٠٠ لمند		19		
		m 4562)				1 1		20	+	
		ed on Schedule A and						221	,	
23 Depletion								23		
		d compensation plans								
25 Employee	e benefit progra	ms						25		
		(Schedule I)								
		(Schedule J)								
		n schedule)								
		nes 14 through 28 able income before								
		able income before ting loss arising in tax								
	•	able income Subtract		_				• • •		
For Paperwork	Reduction Ac	t Notice, see instruction								m 990-T (2018)
8X2740 1000 51671	FL ^{JS} 392H			V :	18-7.6F					c 🔿

	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses instructions).		33	•	
34	Amounts paid for disallowed fringes	_ <u></u> ⊢	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018	(see			
	instructions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the of lines 33 and 34	- 1	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	[317		
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line	_	7		
50	enter the smaller of zero or line 36		18		0.
Pa	Tax Computation		1		-
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax		1		
70	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		40		
	, ,	-	41		
41	Proxy tax See instructions		42		
42	Alternative minimum tax (trusts only)		43		
43			44		• • • • • • • • • • • • • • • • • • • •
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	• • •	474		
	tV Tax and Payments		<u> </u>		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
С	Credit for prior year minimum tax (attach Form 8801 or 8827)		.1		
	Total credits Add lines 45a through 45d	Г	45e		
46	Subtract line 45e from line 44		46		-
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche		47		
48	Total tax Add lines 46 and 47 (see instructions)	• • •	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	• • •	49		
	Payments A 2017 overpayment credited to 2018		,		
	2018 estimated tax payments				
	Tax deposited with Form 8868		- 1		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
9	Other credits, adjustments, and payments Form 2439 ATCH 1				
	Form 4136 X Other 9,969 Total 50g 9,	969.			
51	Total payments. Add lines 50a through 50g	ا ــــــر ا	51		9,969.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	▸╚	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	احٍز⋅	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	4	54		9,969.
55	Enter the amount of line 54 you want	ed 🔭	55		9,969.
Pa	Statements Regarding Certain Activities and Other Information (see instr	uctions	s) [
56	At any time during the 2018 calendar year, did the organization have an interest in or a signat				'es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	ion ma	y have	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	f the	foreign c	ountry	
	here >				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a forei	gn trust?.	[Х
	If "Yes," see instructions for other forms the organization may have to file				ļ
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				[
	Under penalties of penury I declare that / have examined this return including accompanying schedules and statements and true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		est of my k	nowledge and	belief, it i
Siç	in \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		v the IRS	discuss th	nis return
He		with	h the pre	ep <u>arer</u> show	
	Signature of officer , Date Title	(500	instructions)	? Yes	X No
D-	Print/Type preparer's name Preparer's signature Date	Check	, 🔲 ir	PTIN	
Pa		self-e	mployed		
	e Only	Firm's	EIN ▶		
	e Only Firm's address ▶ , ,	Phone	no		

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Schedule A - Cost of Go	oods Sold. En	ter method	of invento	ory va	aluation 🕨	<u> </u>			<u> </u>		
1 Inventory at beginning of y				6	Inventory a	at end of yea	ar	6			
2 Purchases	2			7	Cost of	goods so	ld. Subtract line				
3 Cost of labor	3				6 from li	ne 5 En	ter here and in	} }			
4a Additional section 263A co	osts			:	Part I, line 2	2		7			
(attach schedule)	4a						section 263A (w		spect to	Yes	No
b Other costs (attach schedu					property	produced *	or acquired for	resal	e) apply		
5 Total Add lines 1 through							<u> </u>				x
Schedule C - Rent Income	(From Real P	roperty ar	nd Person	nal P	roperty	Leased V	Vith Real Proper	ty)			
(see instructions)	•						•	•			
1 Description of property											
(1)											
(2)										_	
(3)	· · - _ ·		· · · · · · · · · · · · · · · · · · ·								
(4)	 .										
	2 Rent recei	ved or accrue	ed								
(a) From personal property (if the	nercentage of rent	(b) 5	rom real and	i nerso	nal property (of the	3(a) Deductions di	rectly co	nnected with i	the inco	ome
for personal property is more than 50%)	an 10% but not	percenta	age of rent fo	or perso	onal property	exceeds	in columns 2(J.11.C
(1)		-				···-					
(2)											
(3)											
(4)			-					-			
Total		Total					<u> </u>				
(c) Total income Add totals of c	olumns 2(a) and 2						(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6							Part I, line 6, colui				
Schedule E - Unrelated D			e instructi	tions)			<u> </u>		<u>-</u>		
		(4)			ne from or	3 [Deductions directly co			le to	
1 Description of del	bt-financed property				t-financed	/-> C+	debt-finance				<u>_</u>
			P	propert	y	(a) Straig	nt line depreciation ach schedule)	(b) Other dedu(attach sched		
(1)											
(5)											
(3)				-							
(4)											
4 Amount of average	5 Average adju			Colun					Allocable dec		
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			4 divide			income reportable		mn 6 x total (
property (attach schedule)	(attach sch) by	colum	n 5	(Colum	n 2 x column 6)	-	3(a) and 3((p))	
(1)					%						
(2)					%						
(3)					%	_					
(4)			<u> </u>		%			-			
						Enter he	re and on page 1,	Ente	r here and c	on pag	e 1,
					İ	Part I, fii	ne 7, column (A)	Par	t I, line 7, col	lumn (B)
Totals											
Total dividends received deduc-	tione included in a	olumn 0									

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Page 4

THE LONG ISLAND HOME

Schedule F—Interest, Annu			ot Controlled						
Name of controlled organization	2 Employer identification number	1	unrelated incon		of specifi ents made	ed included	5 Part of column 4 that included in the controlli organization's gross inco		6 Deductions directly connected with income in column 5
1)									
2)									
(3)									
4)									
Nonexempt Controlled Organiz	ations		-		1				
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9 Total of sp payments		incl	Part of column uded in the cor nization's gross	ntrolling		. Deductions directly nected with income in column 10
(1)							_		
(2)					<u> </u>		_		
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
Totals	ncome of a Sec	 tion 501(c)(7), (9), or		Pa	er here and on it I, line 8, colur	mn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income	direct	Deductions ly connected ch schedule)			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)			ļ						····
(4)	Enter here and Part I, line 9, co				<u>j</u>		· · · · · · · · ·		Enter here and on page Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Exe	empt Activity In	come. Oth	er Than Ad	vertising	Income	(see instru	ictions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business inc	es from u or bus 2 min of If a g	income (loss) inrelated trade siness (column us column 3) ain, compute 5 through 7	5 G from	5 Gross income from activity that		enses able to nn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	 		<u> </u>						
(2)	-		-		 		 		
(3)									
							1		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,		. L				Enter here and on page 1, Part II, line 26
Totals			l						
Schedule J-Advertising I	 			l Dania					
Part I Income From Per	riodicals Repor	ted on a Co	onsolidated	Basis					
1 Name of periodical	2 Gross advertising income	3 Direc advertising	ct gain costs 2 mi	Advertising or (loss) (col nus col 3) If ain, compute 5 through 7	5	5 Circulation 6 Reader income costs			7 Excess readership costs (column 6 minus column 5, bu not more than column 4)
(1)									
(2)	1								
(3)							1		_
(4)							1		
			-						
Totals (carry to Part II, line (5))				 -					Form 990-T (201

	. (20,0)												
Part II	Income From Per	riodicals Repor	ted on a	Separate	Basis	(For	each	periodical	listed	ın Part	II, fil	Lin	columns
<u> </u>	2 through 7 on a												
		1											

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	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)						
(2)						
(3)						
(4)				/		
Totals from Part I						
,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)				•		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	<u> </u>
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14			

Form 990-T (2018)

11-2837244 ATTACHMENT 1

FORM 990T - LINE 50G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

TAX PAID WITH ORIGINALLY FILED FORM 990-T

9,969.

TOTAL LINE 50G - OTHER CREDITS AND PAYMENTS

9,969.