๊ R๊eturn 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.

Open to Public

Department of the Treasury

| <u> </u> | | | - 0047 | | and government of the tractions a | | Officiation. | | inspection |
|---|------------------------|-----------|------------------|---|---|---|---------------------------------------|----------------------|---|
| 0107 | 4 F | or tn | e 2017 | calendar year, or tax year beginning | , 2017, | and ending | D. E | , 20 | |
| ٦ ₁ | 3 c | heck if a | pplicable | C Name of organization | | | D Employer ide | | Der |
| • | | _ | | NORTHWELL HEALTH FOUL | NUATION | | 11-296 | 35/5 | |
| 4 | <u></u> | Addre | | Doing business as | | · | | | |
| 2 | L | Name | change | Number and street (or P O box if mail is | , i | Room/suite | E Telephone nu | mber | |
| 2 | _ | Initia | return | 972 BRUSH HOLLOW ROAL | O, 5TH FL | | (516) 32 | 1-6058 | |
| | Г | | return/ nated | City or town, state or province, country, | and ZIP or foreign postal code | | | | |
| COUNTRY DATE | | Amer | ided | WESTBURY, NY 11590 | | | G Gross receipts | \$ 151 | ,182,228. |
| ₹ | | | cation | F Name and address of principal officer | MICHAEL J. DOWLING | · | H(a) is this a gro | | Yes X No |
| <u> </u> | |] bein | "" " | 2000 MARCUS AVE NEW I | HYDE PARK, NY 11042 | $\langle \overline{\zeta} \overline{\zeta} \overline{\zeta} \overline{\zeta} \overline{\zeta} \overline{\zeta} \overline{\zeta} \overline{\zeta}$ | Subordinates H(b) Are all subord | | Yes No |
| 2 - | | Tax-ex | empt sta | tus X 501(c)(3) 501(c) (|) ◀ (insert no) 4947(a)(1) | or 1527 | | tach a list (see ins | |
| 3 - | | | | WWW.NORTHWELL.EDU | , (meantine) 4041 (a)(1) | 1 | H(c) Group exem | | • |
| ထ | | | | zation X Corporation Trust | Association Other | L Year of for | rmation 1988 M | <u> </u> | |
| Si | | irt l | | nmary | Association Other | L Tear Of Ion | IIIIation 2300 III | State of legal di | Difficile 141 |
| | Г с | | | describe the organization's mission of | FOUND | ATTONIS MI | TESTON TS TO | SOLICI | |
| CO CO | | 1 | | describe the organization's mission of CIVE AND ADMINISTER FUN | | | | J SOLICI | <u>, </u> |
| 83 | ctivities & Governance | | | | | | | | |
| 田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田 | Ē | | | OTHER HEALTH CARE RELA | | | | | |
| 叿 | Š | 2 | | | discontinued its operations or dispose | | | 1 1 | |
| Q | ŏ | 3 | | er of voting members of the governing | | | | 3 | 146. |
| 빌 | 8 | 4 | Numbe | er of independent voting members of | the governing body (Part VI, line 1b). | | | 4 | 131. |
| Ź | <u>`</u> ≘¦ | 5 | Total r | umber of individuals employed in cal- | endar year 2017 (Part V, line 2a) | | | 5 | 101. |
| ৰ্ | یڅٍر | 6 | Total r | umber of volunteers (estimate if neces | sary)、 | | | 6 | |
| SCANNED | × | 7a | Total u | inrelated business revenue from Part \ | /III, column (C), line 12 | | | 7a | 0. |
| W | F1 | b | Net un | related business taxable income from | Form 990 T. line 34 | | . <i></i> | 7b | |
| - | | | | | 1 RECEIVED | _ ! | Prior Year | Cur | rent Year |
| | | 8 | Contril | outions and grants (Part VIII, line 1h). | | | 96,465,80 | 9. 104, | ,128,656. |
| | ΞĮ | 9 | | m service revenue (Part VIII, line 2g) . | | | | 0. | 0. |
| | Revenue | 10 | _ | ment income (Part VIII, column (A), lin | I T I MIN DO COLO | 182 | 1,688,14 | 17. 3 | ,417,498. |
| | ž | 11 | | revenue (Part VIII, column (A), lines 5 | 11441 | ⊢ ⊢ | -1,637,66 | | ,783,965. |
| | - 1 | 12 | Total | evenue - add lines 8 through 11 (mus | equal Part VID admin ANine 12 | | 96,516,29 | | ,762,189. |
| - | | 13 | Cronto | and similar amounts paid (Part IX, col | ump (A) lines 1 2) | | 45,183,18 | | ,025,846. |
| | | 14 | | | | | | 0. | 0 |
| | J | | | ts paid to or for members (Part IX, colu | | 15,233,32 | | ,832,362. | |
| | ses | 15 | | es, other compensation, employee ben | | - · · · · · - - | 10/200/02 | 0. | 0. |
| | Ë | 16 a | Profes | sional fundraising fees (Part IX, columi | n (A), line 11e) | · · · · · · | | | |
| | Expenses | | | undraising expenses (Part IX, column (| | | 7,085,33 | Ω 11 | ,144,650. |
| | - | | | expenses (Part IX, column (A), lines 1 | | | | | ,002,858. |
| | | 18 | | xpenses Add lines 13-17 (must equa | | · · · · · · | 67,501,84 | | |
| - | | 19 | Reven | ue less expenses Subtract line 18 from | m line 12 | | 29,014,45 | | ,759,331. |
| | Assets or Balances | | | | | B | eginning of Current | | of Year |
| | alar | 20 | Total a | ssets (Part X, line 16) | | | 262,408,62 | | 438,650. |
| | | 21 | Total I | abilities (Part X, line 26) | | | 9,801,99 | | ,753,552. |
| : | Fund | 22 | Net as | sets or fund balances Subtract line 2 | 1 from line 20 | | 252,606,63 | 1. 286, | ,685,098. |
| | | rt II | | nature Block | | | | | |
| • | | | | perjury, I declare that I have examined th | | | | my knowledge | and belief, it is |
| - | true | , corre | ct, and o | complete Declaration of preparer (other tha | n officer) is based on all information of whi | ch preparer has ar | ny knowledge | | |
| | | | | | | | 11/0 | 1/2018 | |
| • | Sig | n | 🕨 🥫 | Signature of officer | | | Date | | |
| | der | | I N | MICHELE L. CUSACK | SVP & 0 | CFO | | | |
| | | | _ | Type or print name and title | 571 @ | | | | |
| - | | | | ype preparer's name | Preparer's signature | Date | | PTIN | |
| , | Paid | |]' '"''' | 14c brobatch a maine | , roparer a signature | 1 50.0 | Check | " | f* |
| | | arer | | | <u> </u> | | self-employe | su | <u>(.</u> |
| | | Only | Firm's | name 🕨 | | | Firm's EIN | | |
| _ | | | Firm's | address > | | | Phone no | | |
| 1 | Иay | the | IRS di | scuss this return with the prepare | r shown above? (see instructions) | <u></u> | · · · · · · · · · · · · · · · · · · · | | es X No |
| Ĭ | - | Dane | nuork (| Poduction Act Notice, see the senses | to instructions | _ | | For | m 990 (2017) |

JSA 7E1010 1 000 MU5821 392H

V 17-7.2F

FOUNDATION

NORTHWELL HEALTH FOUNDATION

| 700 | m 990 (20 | 17) | | | Page 4 |
|---------|-------------|--|--|---------------------------------------|--|
| Pa | art III | Statement of Program Service | | III | |
| 1 | Briefly | lescribe the organization's mission | response or note to any line in this Part | <u> </u> | |
| • | • | CHMENT 1 | • | | |
| | | | | | |
| | | | | | |
| _ | | | | | |
| 2 | | | ficant program services during the year | | |
| | | rm 990 or 990-EZ? describe these new services on S | | | Yes X No |
| 3 | Did the | organization cease conducting | , or make significant changes in h | ow it conducts, any prog | |
| | | | | | Yes X No |
| | | describe these changes on Scheo | | - Ab 1A | |
| 4 | | | rvice accomplishments for each of it (4) organizations are required to repo | | |
| | | l expenses, and revenue, if any, for | | or the amount of grants a | nd allocations to others, |
| | | | | | |
| 4a | (Code |) (Expenses \$ 54, | 025,846. including grants of \$ | o.) (Revenue \$ | 104,128,656.) |
| | | OUNDATION RAISES FUNDS | FOR THE EXPANSION, MODERN | IZATION, AND | |
| | | | ATED HEALTH CARE ORGANIZAT | IONS WITHIN | |
| | NORTH | WELL HEALTH. | | <u> </u> | |
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| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
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| <u></u> | Others | rogram corugas (Dosseiha in Cala | dulo O) | | |
| 40 | (Expens | rogram services (Describe in Sche es \$ including gra | | \$ | |
| | | ogram service expenses > | 54,025,846. | <u> </u> | |
| JSA | 10(a) pi | Talent Collins Capping P | . , , , , , , , , , , , , , , , , , , , | | Form 990 (2017) |

| Part | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | <u> </u> | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | ļ | v |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _ <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | v |
| _ | complete Schedule D, Part III | 8 | | _ <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | ĺ | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | х |
| 4.0 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | x | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | ļ | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 444 | x | |
| L | complete Schedule D, Part VI | 11a | | |
| D | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| _ | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | 110 | | - |
| C | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| 4 | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 110 | | <u> </u> |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | х | |
| | 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 | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | x | |
| h | 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 | x | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | | 1 | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ſ | Х |
| 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 | | Х |
| 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 | _ | _ X |
| 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 | | X |
| 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 | Х | |
| 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 | | X |
| | | Earm | 990 / | 2017 |

Page 4

| Part | Checklist of Required Schedules (continued) | | | |
|------|--|-----|----------|-------------|
| | | | Yes | No X |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | <u> </u> | _^ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 1 | x | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | _ ^ | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | X |
| 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 | 1 | х | 1 |
| | employees? If "Yes," complete Schedule J | 23 | _^ | L |
| 24 a | 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 | | | х |
| | through 24d and complete Schedule K If "No," go to line 25a | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | } | ļ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | , | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | } | х |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| 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? | 25b | | х |
| 20 | If "Yes," complete Schedule L, Part I | 230 | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | · ' | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| 27 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | - | |
| -0 | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| ~ | Schedule L, Part IV. | 28b | X | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | - | | |
| _ | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 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 | | X |
| 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 | | X |
| 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 | X | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | |
| 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 | | _ X |
| 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, | _ | | 17 |
| | Part VI., | 37 | | _ X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | v | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

| _ | 990 (2017) | | ı | Page |
|-----|--|-----------|-----|----------|
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | Yes | No |
| 4. | Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable. | i | 108 | NO |
| ı a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | _ |] | ļ |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| · | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | ··• | | |
| La | Statements, filed for the calendar year ending with or within the year covered by this return 2a 101 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | _=== | _ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i> | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | T - | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | ١. | | ł |
| | account)? | 4a | | Х |
| 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) | : | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | 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 | | X |
| 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). | | | |
| а | 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 | X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | _7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | ., |
| | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | _7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | <u>7g</u> | | X |
| 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 | | | X |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | _^ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | <u> </u> |
| | Did the sponsoring organization make any taxable distributions under section 4966? | _9a | | X |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | _9b | | |
| 0 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12 | | | l |
| | This does not be a second to the second to t | 1 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| | Ologo modine members of characteristics of the control of the cont | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | ĺ |
| | <u> </u> | 12a | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | |
| | | 1 | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| L | Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which | 1 | | |
| O | the organization is licensed to issue qualified health plans | | | |
| _ | | 1 | | ١. |
| | Enter the amount of reserves on hand | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | |
| ISA | in too, had a modern contract to report ands payments. In the, provide an explanation in deficial of the contract of | | | |

| . Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule | - | | |
|------------|---|------------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Sect | tion A. Governing Body and Management | | | <u> </u> |
| 000 | non A. Ooverning Body and management | | Yes | No |
| 4 | Enter the number of voting members of the governing body at the end of the tax year | 146 | 1 | |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year 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 | | 1 | 1 |
| . | committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b | 131 | | |
| 2 | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | any other officer, director, trustee, or key employee? | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the dire | | † | i |
| 3 | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 1 - | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | • | t | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | • - | | X |
| 6 | Did the organization have members or stockholders? | | †—— | Х |
| 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? | | Х | |
| b | | | | |
| _ | stockholders, or persons other than the governing body? | 1 | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| _ | the year by the following | " ₋ | | } |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | . 9 | | Х |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Reven | Je Cod€ | <u>)</u> | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapter | s, | 1 | İ |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 1401 | <u> </u> | <u> </u> |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | <u> </u> |
| | 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 | 12a | Х | ļ |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | 'e | | |
| | rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes | ة." | ., | |
| | describe in Schedule O how this was done | 12c | X | - |
| 13 | Did the organization have a written whistleblower policy? | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | X | , |
| 15 | Did the process for determining compensation of the following persons include a review and approval to | | l | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | الا |
| а | The organization's CEO, Executive Director, or top management official | | X | |
| b | Other officers or key employees of the organization | 15b | <u> </u> | , |
| | 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 | مه ا | · | <u>-</u> _i |
| | with a taxable entity during the year? | | | - |
| b | | | | |
| | 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? | | | |
| Secti | ion C. Disclosure | 100 | L | L |
| .— | List the states with which a copy of this Form 990 is required to be filed ▶ CT, FL, MA, NJ, NY, PA, RI, | | | |
| 17 | Section 6104 requires an exemptation to make the Forms 1003 (or 1004 to anniversal 200 and 200 Trices | IOD E01/ | | ادرامه |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99 | וועס ווטו | U)(J)S | only) |
| | Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 40 | | Interes* | nalia | , ~~~ |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year | mile est | policy | , and |
| 20 | | ords 🕨 | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and rec NORTHWELL HEALTH, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 516-321-6058 | | | |
| ISA | | | 990 | |

JSA 7E1042 1 000 Form **990** (2017)

Bart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

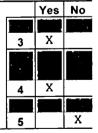
| Check this box if neither the organization no | r any related | orga | nıza | tion | cor | npen | sate | d any current offic | er, director, or trus | tee |
|---|---|----------------|-----------------------|---|--------------|------------------------------|----------|---|---|--|
| (A) Name and Title | (B) Average hours per week (list any hours for | box, office | not ch unles | and a director/trustee) compensation compensation related | | | | Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | |
| | related organizations below dotted line) | 1 24 25 | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| (1)MICHAEL J DOWLING | 0. | | | | | | | | | 54 040 |
| PRESIDENT & CEO | 50.00 | Х | | Х | | | | 0. | 4,041,927. | 54,840. |
| (2)RALPH NAPPI | 50.00 | 1 | | | | | | | | 40.040 |
| TRUSTEE | 0. | X | | | | | | 995,438. | 0. | 48,848. |
| (3)RICHARD D GOLDSTEIN | 0. | | | | | | | | | 0. |
| SR VICE CHAIRMAN | 2.00 | Х | | X | | | | 0. | 0. | |
| (4)WILLIAM L MACK | 0. | ļ | | | | | | _ | | 0. |
| CO-CHAIRMAN | 3.00 | Х | | Х | | | _ | 0. | 0. | |
| (5)ALAN I GREENE | 0. | | | | | | | | | 0. |
| TREASURER | 2.00 | X | _ | Х | _ | ļ | 1 | 0. | 0. | |
| (6)DONALD ZUCKER | 0. | ١ | | | | | | | , | 0. |
| SR VICE CHAIRMAN | 2.00 | X | | Х | | | | 0. | 0. | |
| (7)ROBERT D ROSENTHAL | 0. | | | | | | | | | 0. |
| VICE CHAIRMAN | 2.00 | X | | Х | | | _ | 0. | 0. | |
| (8)ROGER A BLUMENCRANZ | 0. | <u> </u> | | | | | | | | 0. |
| SECRETARY | 2.00 | X | | Х | | <u> </u> | ļ | 0. | 0. | |
| (9)ROY J ZUCKERBERG | 0. | ļ | | | | 1 | | | _ | 0. |
| SR VICE CHAIRMAN | 2.00 | X | | Х | | ļ | ļ | 0. | 0. | |
| (10)LLOYD M GOLDMAN | 0. | ļ | | | | | İ | | | 0. |
| VICE CHAIRMAN | 2.00 | X | | Х | _ | | <u> </u> | 0. | 0. | |
| (11)BARRY RUBENSTEIN | 0. | | | | ļ | | | | | _ |
| VICE CHAIRMAN | 2.00 | X | $oxed{oxed}$ | Х | L_ | | ┡ | 0. | 0. | 0. |
| (12)NON-COMPENSATED TRUSTEES | 0. | 1 | | | | | | | | _ |
| SEE SCHEDULE O | 2.00 | X | <u> </u> | <u> </u> | | | _ | 0. | 0. | 0. |
| (13)SAUL KATZ | 0. | _ | | | | | | | | _ |
| SR VICE CHAIRMAN | 2.00 | X | _ | Х | <u> </u> | ļ | <u> </u> | 0. | 0. | 0. |
| (14)MARK CLASTER | 0. | 1 | | l | ! | | | | | |
| CO-CHAIRMAN | 3.00 | X | | Х | | <u> </u> | | 0. | 0. | 0. |

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| Part VII Section A. Officers, Directors, Tr | (B) | | | (C | | | | (D) | (E) | (F) |
|--|---|-----------------------------------|---------------------------|--------------------------------|------------------------------|------------------------------|-------------|---|--|---|
| Name and title | Average hours per week (list any hours for | box, office | not ch unles er and | Posi eck i s per a di | tion more son irect | than cost both | an ee) | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation from the |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| 5) ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER | 0. 50.00 | | | x | | | | 0. | 1,649,071. | 48,848 |
| 6) HARRY GINDI ASSISTANT SECRETARY | 50.00 | | | х | | | | 0. | 356,152. | 48,821 |
| 7) LAURA PEABODY SVP, CHIEF LEGAL COUNSEL | 50.00 | | | х | | | | 0. | 1,058,897. | 222,944 |
| 8) BRIAN LALLY SVP, CHF DEVELOPMENT OFFICER | 50.00 | | | х | | | | 871,631. | 0. | 248,897 |
| 9) MICHELE CUSACK SVP & CFO | 50.00 | | | х | | | | 0. | 1,071,679. | 149,487 |
| 20) LAURENCE KRAEMER SVP, INTERIM CHF LGL OF | 50.00 | | | х | | | | 0. | 879,404. | 58,123 |
| 21) MARK GLOADE SVP DEPUTY GENERAL COUNSEL | 50.00 | | | х | | | | 0. | 576,726. | 58,123 |
| 22) ROBERT CASTANO VP DEVELOPMENT | 50.00 | | | - | | х | | 356,755. | 0. | 58,123 |
| 23) ROBERT LANE VP, PRINCIPAL GIFTS | 50.00 | | | | | x | | 406,739. | 0. | 39,574 |
| 24) ANDREA DOWD VP DEVELOPMENT | 50.00 | 4 | | | | х | | 349,097. | 0. | 48,848 |
| 25) SOUZAN HANNA VP, FOUNDATION OPS | 50.00 | | | | | x | | 341,155. | 0. | 58,123 |
| 1b Sub-total | · · · · · · · | | • • • | | | | > | 995,438. 2,967,039. | | 103,688 1,103,629 1,207,317 |



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 |
|-------------------------------|-----------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 18



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FOUNDATION

- 0

| art VII Section A. Officers, Directors, Tru | ıstees, Ke | y Em | plo | yee | es, a | and F | ligl | nest Compensat | | |
|--|---|--|-----------------------|-------------|--------------------|------------------------------|------------------|--|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for | Average do not of the control of the | | | rson | is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | other compensation |
| | related organizations below dotted tine) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC | organization and related organizations |
|) ANASTASIOS KOZAITIS VP, DEVELOPMENT | 50.00 | | | | | х | | 420,965. | (| 58,123 |
|) CECELIA FULLAM FORMER SR PHILANTHROPIC ADV | 0. | | | | | | х | 220,697. | | 5,595 |
| | | | | | | | | | | |
| | | | | | | _ | | | | |
| | | _ | | | | | | | | |
| | | | | | | | | | | |
| | | | _ | | | | | | | |
| b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not | limited to t | <u></u> | Iiste | · · | | | o re | eceived more than | \$100,000 of | |
| Did the organization list any former office employee on line 1a? If "Yes," complete Sched | cer, directo | or, or | trı | uste ual | e, | key e | emp | oloyee, or highes | t compensated | Yes N |
| For any individual listed on line 1a, is the organization and related organizations grandvidual | eater than | \$15 | 50,0 | 00? |) If | "Yes | s," • • | complete Schedu | ıle J for such | 4 ^ |
| Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors | accrue co 'es," comple | mpen te Scl | isati hedu | on ile J | fron <i>for</i> | n any such | un <i>per</i> | related organizati | on or individual | 5 |
| Complete this table for your five highest comcompensation from the organization Report of year | npensated i compensati | ndepe on fo | ende r the | ent e ca | con | tracto dar ye | ear e | that received more ending with or wit | e than \$100,000 hin the organiza | of tion's tax |
| (A) Name and business ad | dress | | | | | | - | (B) Description of se | ervices | (C) Compensation |
| | | | | | | | + | | | |
| Total number of independent contractors (i | | | | | | | | | | |

| Form | 990 (20 | 017) NORTHWELL HEALTH | FOUN. | DATION | | 11-2965 | 0/5 Page 9 |
|--|-------------------------|--|-------------------------------|---|--|---|--|
| Par | tċVIII | | | | | | |
| | , | Check if Schedule O contains a response or no | ete to any | y line in this Part V (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Giffs, Grants and Other Similar Amounts | 1a b c d e | Related organizations | 62,062. 66,594. 75,787. | | | | |
| | g h | Noncash contributions included in lines 1a-1f \$ | | 104,128,656. | | | |
| Program Service Revenue | 2a b c d | Busines | ss Code | | | | |
| log | f | All other program service revenue | | 0. | | | <u> </u> |
| | g | Total. Add lines 2a-2f | | | | | T . |
| | 3 4 5 | and other similar amounts). ATTACHMENT 3 Income from investment of tax-exempt bond proceed Royalties | s . 🕨 | -901,656. 0. 0. | | | -901,656 |
| | 6a b c d 7a | Gross amount from sales of | Dother | 0. | - | | |
| Other Revenue | | Less cost or other basis and sales expenses | | 4,319,154. | | | |
| | b c | Less direct expenses | .71,889. .55,929. | -1,784,040. | | - | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | b c | Less direct expenses b Net income or (loss) from gaming activities | ▶ | | | · | |
| | 10a | Gross sales of inventory, less returns and allowances | | | | | |
| | b c | Less cost of goods sold b Net income or (loss) from sales of inventory | ▶ | 0. | | 4 - | |
| | | | 55 OUUB | 75. | 75. | | |
| | 11a | OTHER INCOME | | ,3. | 73. | | |
| | b | | | | | | |
| | d | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | ▶ | 75. | | | |

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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) (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 54,025,846 54,025,846 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 410,468. 1,456,601. 1,867,069 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,515,488. 2,399,652. 10,915,140. 7 Other salaries and wages Pension plan accruals and contributions (include 206,451. 732,618. 939,069 section 401(k) and 403(b) employer contributions) 1,094,880. 1,403,415 308,535. 9 Other employee benefits 155,578. 552,091. 707,669. Fees for services (non-employees) 127,987. 36,067 164,054 a Management 0 0 c Accounting 0. 0 e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 108,852. 139,526 30,674. (A) amount, list line 11g expenses on Schedule O). 17,610. 62,491. 80,101 1 12 Advertising and promotion 275,614. 978,055. 1,253,669 13 Office expenses 0 14 Information technology 0. 15 333,012. 93,842. 426,854 42,253. 149,942. 192,195 Payments of travel or entertainment expenses Ω for any federal, state, or local public officials 1,408,314. 396,861. 1,805,175 Conferences, conventions, and meetings 19 0 20 n Payments to affiliates. 147,839. 147,839 22 Depreciation, depletion, and amortization 0. 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) 73,284 260,060. 333,344. aDUES & SUBCRIPTIONS 4,756,653. 4,756,653. hOTHER PURCHASED SERVICES 894,034. cCENTRALIZED ADMIN EXP 894,034. 209,119 742,087. 951,206. dOTHER EXPENSES e All other expenses 54,025,846. 5,697,881. 21,279,131. 81,002,858. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) . . 0

Form 990 (2017)

Part X Balance Sheet

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| Рa | rt X | | | | | | |
|-----------------------------|------|--|---------------|--|--------------------------|-----|--------------------|
| | | Check if Schedule O contains a response or | note | to any line in this Pa | art X | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 0. | 1 | 0 |
| | 2 | Savings and temporary cash investments | 34,718,927. | 2 | 42,191,703 | | |
| | 3 | Pledges and grants receivable, net | | | 131,285,583. | 3 | 180,843,769 |
| | 4 | Accounts receivable, net | | | 0. | 4 | 0 |
| | 5 | Loans and other receivables from current and for | ormei | officers, directors, | | | |
| | | trustees, key employees, and highest cor | mpen | sated employees | - North order | | |
| | G | Complete Part II of Schedule L Loans and other receivables from other disqualified perso 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volun organizations (see instructions) Complete Part II of Sched | and contary e | defined under section ontributing employers employees' beneficiary | Ö. | 5 | 0 |
| ets | 7 | Notes and loans receivable, net | | | 0. | 7 | 0 |
| Assets | 8 | Inventories for sale or use | | | 0. | 8 | 0. |
| 1 | 9 | Prepaid expenses and deferred charges | | | 547,081. | 9 | 828,221. |
| | 10 a | Land, buildings, and equipment cost or | | | | | une. |
| | | other basis. Complete Part VI of Schedule D | 10a | 2,109,916. | | | |
| | b | Less accumulated depreciation | 10b | 965,089. | 1,168,500. | 10c | 1,144,827 |
| | 11 | Investments - publicly traded securities | | ATCH 6 | 83,517,596. | 11 | 102,984,875 |
| | 12 | Investments - other securities See Part IV, line 11. | | | Ô. | 12 | 0. |
| | 13 | Investments - program-related See Part IV, line 11 | | | 0. | . • | 0. |
| | 14 | Intangible assets | | l l | 0. | 14 | 0. |
| | 15 | Other assets See Part IV, line 11 | | | 11,170,939. | 15 | 445,255. |
| | 16 | Total assets. Add lines 1 through 15 (must equal li | | | 262,408,626. | 16 | 328, 438, 650 |
| | 17 | Accounts payable and accrued expenses | 2,664,100. | 17 | 18,789,233. | | |
| | 18 | Grants payable | | 18 | 0. | | |
| | 19 | Deferred revenue | | | | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | | | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability Complete Par | t IV o | f Schedule D | 0. | 21 | 0. |
| es | 22 | Loans and other payables to current and for | mer | officers, directors, | | | |
| Ě | | trustees, key employees, highest compens | | | | _ | |
| Liabilities | | disqualified persons Complete Part II of Schedule L | | | 0. | 22 | 0. |
| _ | 23 | Secured mortgages and notes payable to unrelated | | | | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated th | ard pa | arties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, p | - | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 7,137,895. | 25 | 22,964,319. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 9,801,995. | 26 | 41,753,552. |
| ses | | Organizations that follow SFAS 117 (ASC 958), c complete lines 27 through 29, and lines 33 and 3 | heck 4. | here ► X and | | | |
| and | 27 | Unrestricted net assets | | | $\frac{35,257}{1}$ | 27 | -153,483. |
| Bal | 28 | Temporarily restricted net assets | | | 171,163,436. | | 193,557,872. |
| P | 29 | Permanently restricted net assets | 81,407,938. | 29 | 93,280,709. | | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34. | checi | here and | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equip | omen | t fund | | 31 | |
| t A | 32 | Retained earnings, endowment, accumulated incor | me, c | r other funds | | 32 | |
| é | 33 | Total net assets or fund balances | | [| 252,606,631. | 33 | 286,685,098. |
| _ | | Total liabilities and net assets/fund balances | | | 262,408,626. | | 328,438,650. |

Form 990 (2017) Page **12** Part XI **Reconciliation of Net Assets** X Check if Schedule O contains a response or note to any line in this Part XI..... 105,762,189. 1 81,002,858. 2 24,759,331. 3 3 252,606,631. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 7,072,446. 5 5 0. 6 6 Ō. 7 7 Investment expenses 0. 8 8 $2,\overline{246},69\overline{0}.$ 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 286,685,098. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Accounting method used to prepare the Form 990 | Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a 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 Consolidated basis Both consolidated and separate basis Separate basis 2b Х 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 X Consolidated basis Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c 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 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a

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

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

st. OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORTHWELL HEALTH FOUNDATION

Employer identification number

| | | MDDD HDINDIN LOOKDIII | 1011 | | | | 11 25000 | | | |
|-------------|----------|---|-----------------------|---|----------------------|-----------------------|--|--|--|--|
| Рa | rt I | Reason for Public Cha | rity Status (All c | organizations must o | omplet | e this pa | art) See instructions | | | |
| The | orga | anization is not a private fou | ndation because it | is (For lines 1 through | gh 12, ch | neck only | one box) | | | |
| 1 | | A church, convention of chi | urches, or associa | tion of churches desc | ribed in s | section 1 | 70(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 | H | 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 | | a college or universit | v owne | d or one | erated by a governme | ental unit described in | | |
| • | ш | section 170(b)(1)(A)(iv). (C | | a conege of amireran | ., 011110 | u 0, 0p0 | rated by a governme | mai ami accombca m | | |
| 6 | | A federal, state, or local go | | rnmantal unit describe | d in eact | tion 170/ | h\(4\(A\(\v) | | | |
| 7 | X | An organization that normal | _ | | | | | om the general nublic | | |
| • | <u></u> | _ | - | • | ipport ii | oni a go | verninental unit of in | om the general public | | |
| | | described in section 170(b) | | • | Dod II \ | | | | | |
| 8 | - | A community trust describe | · | | | | lun nonuunation uuth o | land arout collage | | |
| 9 | Ш | An agricultural research org | - | | | - | • | • | | |
| | | or university or a non-land- | grant college of ag | inculture (see instruct | ions) E | nter the | name, city, and state o | r the college of | | |
| | | university | | | | | | | | |
| 10 | Ш | An organization that norma receipts from activities rela | ted to its exempt f | ore than 331/3 % of its functions - subject to (| support certain e | xception | ntributions, membersi is, and (2) no more tha | nip rees, and gross in 331/3 % of its | | |
| | | support from gross investm | nent income and u | nrelated business tax | able inco | ome (les: | s section 511 tax) from | businesses | | |
| | | acquired by the organization | | | | | | | | |
| 11 | \vdash | An organization organized | • | • | - | | | | | |
| 12 | | An organization organized | • | • | | | | • • • • | | |
| | | of one or more publicly su | | | | | | | | |
| | _ | Check the box in lines 12a t | _ | • • | | | | - | | |
| а | L | Type I A supporting orga | anization operated | , supervised, or contr | olled by | its supp | orted organization(s), | typically by giving | | |
| | | the supported organization | on(s) the power to | regularly appoint or e | lect a m | ajority of | f the directors or truste | es of the | | |
| | _ | _ supporting organization ` | • | - | | | | | | |
| b | L | Type II A supporting org | anization supervise | ed or controlled in co | nnection | n with its | supported organizati | on(s), by having | | |
| | | control or management of | of the supporting o | rganization vested in | the sam | e persor | ns that control or mar | age the supported | | |
| | _ | organization(s) You must | complete Part IV | , Sections A and C. | | | | | | |
| C | | $oldsymbol{\bot}$ Type III functionally integ | grated. A supporti | ng organization opera | ated in c | onnectio | n with, and functiona | lly integrated with, | | |
| | _ | _ its supported organization | n(s) (see instruction | s) You must comple | te Part I | V, Section | ons A, D, and E. | | | |
| d | | Type III non-functionally | integrated. A sup | porting organization o | perated | in conne | ection with its suppor | ted organization(s) | | |
| | | that is not functionally into | egrated The organ | nization generally mus | st satisfy | a distrib | oution requirement and | d an attentiveness | | |
| | | _ requirement (see instruct | ions) You must co | omplete Part IV, Sect | ions A a | nd D, an | d Part V. | | | |
| е | | Check this box if the orga | inization received | a written determinatio | n from t | he IRS th | nat it is a Type I, Type ! | I, Type III | | |
| | | functionally integrated, or | Type III non-funct | ionally integrated sup | porting o | organizat | cion | | | |
| f | En | ter the number of supported | organizations | | | | | | | |
| g | Pro | ovide the following information | on about the suppo | orted organization(s) | | | | <u> </u> | | |
| | (i) N | ame of supported organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of | | |
| | | | | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see instructions) | | |
| | | | | <u> </u> | Yes | No | · | | | |
| (A) | | | | | | | | | | |
| <u>~,</u> | | | <u> </u> | | | | | | | |
| (B) | | | | | | | | | | |
| | | | | | _ | | | | | |
| (C) | | | | | ľ | i i | | | | |
| | | | | | | | | | | |
| (D) | | | ! | | | | | | | |
| | | | | | ļ | | | | | |
| (E) | | | | | ĺ | <u> </u> | | | | |
| ·-/ | | | | | ļ | | | | | |
| Tota | al | | | | | | | | | |
| | | | | | i | | | i | | |

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

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FOUNDATION

Schedule A (Form 990 or 990-EZ) 2017

• Schedule A (Form 990 or 990-EZ) 2017

Page 2

| Pai | Complete only if you checked Part III. If the organization fair | ed the box on I | ine 5, 7, or 8 d | of Part I or if th | ne organizatio | n failed to qua | |
|----------|--|---------------------|------------------|--------------------|------------------|------------------------------|--------------------|
| Sec | tion A. Public Support | | | | | 1 | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 62,765,761. | 66,507,341. | 51,931,394. | 96,465,809. | 104,128,656. | 381,798,961. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | 1 | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | ····· | | 0. |
| 4 | Total. Add lines 1 through 3 | 62,765,761. | 66,507,341. | 51,931,394. | 96,465,809. | 104,128,656. | 381,798,961. |
| 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 | | | , | | | |
| c | shown on line 11, column (f) Public support. Subtract line 5 from line 4 | | | | | | 60,819,247. |
| 500 | tion B. Total Support | | | | | <u> </u> | 320,979,714. |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 62,765,761. | 66,507,341. | 51,931,394. | 96, 465, 809. | 104,128,656. | 381,798,961. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,315,457. | 2,628,737. | 1,290,884. | 1,787,289. | 3,417,498. | 12,439,865. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | 75. | 75. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 394,238,901. |
| 12 | Gross receipts from related activities, etc. (s | · · | | | | 12 | -8,602,002. |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup | . <u> </u> | <u> </u> | | | | |
| | Public support percentage for 2017 (li | | | 11 solumn (f) | | 44 | 81.42% |
| 14 15 | Public support percentage for 2017 (iii Public support percentage from 2016 | | • | | | | 87.11% |
| | 331/3% support test - 2017. If the org | | | | | | <u></u> |
| | box and stop here . The organization q | | | | | | 1 301 |
| b | 33 1/3 % support test - 2016. If the org | | | | | | |
| | this box and stop here. The organization | | | | | | 1 1 |
| 17a | 10%-facts-and-circumstances test - 2 | 2017. If the org | anization did no | t check a box | on line 13, 16a | a, or 16b, and li | ne 14 is |
| | 10% or more, and if the organization | meets the "fac | cts-and-circumst | ances" test, ch | eck this box ar | nd <mark>stop here.</mark> E | xplain in . |
| | Part VI how the organization meets t | he "facts-and-c | ircumstances" te | st The organiz | zation qualifies | as a publicly st | upported |
| | organization | | | | | | ▶ 🔲 |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the orga | | | | | | |
| | Explain in Part VI how the organizati | | | | | • | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | · · · · · · · · · · | | · · · · · · · · | | - | |
| | | | | | S | chedule A (Form 9 | 90 or 990-EZ) 2017 |

· Schedule A (Form 990 or 990-EZ) 2017

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| Га | (Complete only if you checked if the organization fails to quant | ed the box or | n line 10 of Pa | rt I or if the org | | | ider Part II. |
|------|--|------------------|-----------------------|-------------------------|---------------------------------------|---------------------------------------|---------------|
| Sec | tion A. Public Support | | | | | · · · · · · · · · · · · · · · · · · · | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Totál |
| 1 | Gifts, grants, contributions, and membership fees | | | ļ | | | |
| | 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 | | <u> </u> | | | | |
| 3 | Gross receipts from activities that are not an | | | | J | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | • | | | | 1 | |
| | 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 | | | | | ļ | |
| | organization without charge | | | | | | <u> </u> |
| 6 | Total. Add lines 1 through 5 | | | | ! | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| þ | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | · | | j | | |
| | or 1% of the amount on line 13 for the year | _ | / | | | | _ |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | [· · · · | , | |
| | line 6.) | | . / | | , , , , , , , , , , , , , , , , , , , | * 41 | |
| ec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | • | | | | |
| ь | Unrelated business taxable income (less | / | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| • • | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | 1 | | 1 | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | ļ | | | J | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | : | |
| | and 12) | | <u> </u> | <u> </u> | l | L | |
| 14 | First five years. If the Form 990 is fo | • | | | • | | |
| | organization, check this box and stop here. | | | | | · · · · · · · · · | > |
| - | tion C. Computation of Public Supp | | | | | | |
| 15 | Public support percentage for 2017 (line 8, | | | | | 15 | % |
| 6 | Public support percentage from 2016 Scheo | | | · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 16 | % |
| ec. | tion D. Computation of Investment | | | · | | | |
| 17 | Investment income percentage for 2017 (lin- | e 10c, column (| (f) divided by line 1 | 3, column (f)) | | 17 | % |
| 8 | Investment income percentage from 2016 S | | | | | | % |
| 9 a | 33 1/3 % support tests - 2017. If the orga | anization did n | ot check the box | on line 14, and | d line 15 is more | e than 331/3%, | and line |
| | 17 is not more than 331/3%, check this | | - | | | - | |
| b | 331/3% support tests - 2016. If the organ | iization did not | check a box on | line 14 or line 19 | a, and line 16 is | more than 331 | 3 %, and |
| | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization d | id not chack | a how on line | 14 10a or 10h | chack this ha | v and see inst | ructions |

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Par | <u>t V)</u> | | |
|--------------|---|--------------|---------|----|
| <u>Secti</u> | on A. All Supporting Organizations | | | , |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 | 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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | · • - • | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 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)? If "Yes," describe in Part VI when and how the organization made the determination | 3b | - | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | | - |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | - 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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 | 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)? 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 | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? 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) | 5a | | |
| b c | 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? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5b 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? If "Yes," provide detail in Part VI . | - 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | _ ~ | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 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))? If "Yes," provide detail in Part VI . | 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? If "Yes," provide detail in Part VI . | - 9b | | |
| С | 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? If "Yes," provide detail in Part VI . | 9с | - | |
| 10 a | 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 | | _ | |

JSA

Schedule A (Form 990 or 990-EZ) 2017

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying | | | ın ın Part VI) See |
|---|----------------|-----------------------------|-----------------------------|
| instructions. All other Type III non-functionally integrated supporting organization | zations n | nust complete Sectio | ns 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 | 6 | | |
| maintenance of property held for production of income (see instructions) | 7 | | |
| 7 Other expenses (see instructions) | 8 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| 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 | | <u> </u> |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI) | J, | | |
| 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 Check here if the current year is the organization's first as a non-functional instructions) | ly integra | ated Type III supportin | g organization (see |

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017

| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | tions (continued) | | | | | | | |
|------------|---|-----------------------------|--|---|--|--|--|--|--|--|
| | ion D - Distributions | | | Current Year | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | | | | | | | | |
| | Amounts paid to perform activity that directly furthers exer | mpt purposes of support | ed | | | | | | | |
| | organizations, in excess of income from activity | | | | | | | | | |
| 3 | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | | | | | |
| 4 | | | | | | | | | | |
| 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 | | <u> </u> | | | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | | | | | |
| | (provide details in Part VI) See instructions | | | | | | | | | |
| 9 | Distributable amount for 2017 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-2017 | (iii) Distributable Amount for 2017 | | | | | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | | | | | | | |
| | (reasonable cause required-explain in Part VI) See | | | | | | | | | |
| | instructions | | | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | | | | | |
| а | | | | | | | | | | |
| b_ | From 2013 | | | | | | | | | |
| С | From 2014 | | | | | | | | | |
| d | From 2015 | | | | | | | | | |
| е | From 2016 | | | | | | | | | |
| <u>f</u> _ | Total of lines 3a through e | | | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | | | |
| <u>h</u> | Applied to 2017 distributable amount | | | <u> </u> | | | | | | |
| i | Carryover from 2012 not applied (see instructions) | | | | | | | | | |
| <u> </u> | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | | | | | | | |
| 4 | Distributions for 2017 from | | | ' | | | | | | |
| | Section D, line 7 \$ | | | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | | | |
| b | Applied to 2017 distributable amount | | | | | | | | | |
| <u>c</u> | Remainder Subtract lines 4a and 4b from 4 | | | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | , | | | | | | |
| | any Subtract lines 3g and 4a from line 2 For result | | | | | | | | | |
| | greater than zero, explain in Part VI See instructions | | _ | | | | | | | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h | | | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | | | | | | | |
| | Excess distributions carryover to 2018 Add lines 3 | | | | | | | | | |
| 7 | and 4c | | | | | | | | | |
| 8 | Breakdown of line 7 | | | | | | | | | |
| a | Excess from 2013 | | | | | | | | | |
| a b | Excess from 2014 | | | | | | | | | |
| | Excess from 2015 | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| d | Excess from 2016 | | | | | | | | | |
| e | Excess from 2017 | | | | | | | | | |
| • | | 1 | | , | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017

FOUNDATION

· Schedufe A (Form 990 or 990-EZ) 2017

Page 8

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)

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization NORTHWELL HEALTH FOUNDATION 11-2965575 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register.............. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 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 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 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

| Sche | dule D (Form 990) 2017 | | | | | | | Page 2 |
|--------|---|------------------------------|----------------|--------------|---------------|--------------|---------------------------------------|---------------------------------------|
| Par | t III Organizations Maintaini | ng Collections of | Art, Hist | torical T | reasures, | or Oth | er Similar Asse | ts (continued) |
| 3 | Using the organization's acquisition | n, accession, and o | other recor | ds, check | any of th | e follow | ing that are a sigi | nificant use of its |
| | collection items (check all that app | ly) | , | - | | | | |
| а | Public exhibition | | d | Loan c | or exchange | progran | ns | |
| b | Scholarly research | | e | _ Other | | | | |
| С | Preservation for future gene | | | | | | | |
| 4 | Provide a description of the organ | nization's collections | and expla | ain how t | hey further | the org | janization's exemp | t purpose in Part |
| | XIII | | | | | | | |
| 5 | During the year, did the organization | | | | | | _ | |
| | assets to be sold to raise funds rath | | ained as pa | irt of the c | organization | 's collec | tion? | Yes No |
| Par | t IV Escrow and Custodial Ar | | | - 000 D | | ^ | | |
| | Complete if the organizat | ion answered "Yes | s" on Forn | n 990, Pa | aπ IV, line | 9, or re | ported an amoun | t on Form |
| | 990, Part X, line 21 | | | | | | | |
| 1 a | Is the organization an agent, truste | | | - | | | - | ¬ |
| | included on Form 990, Part X? | | | | | | [| Yes No |
| D | If "Yes," explain the arrangement is | n Part XIII and comp | plete the fol | llowing tab | oie | Т | A | |
| _ | Danisan halasan | | | | <u> </u> | } | Amount | |
| C | Beginning balance | | | | | | | |
| d | Additions during the year | | | | | | | |
| e f | Distributions during the year | | | | | | | |
| - | Ending balance | | | | | istodial i | account liability? | Yes No |
| | If "Yes," explain the arrangement is | | | | | | | |
| Par | | TI att XIII Oneck he | 31 C 11 111C C | Apianation | nas been p | TOVIGEG | on all All | · · · · · · · · · · · · · · · · · · · |
| ı aı | Complete if the organizat | ion answered "Yes | on Form | n 990. Pa | art IV. line | 10. | | |
| | Complete ii the organizati | (a) Current year | (b) Prio | | (c) Two yea | | (d) Three years back | (e) Four years back |
| 4. | Reginning of year balance | 80,858,499. | | 7,735. | 50,810 | | 49,249,717. | 40,197,836 |
| 1a | Beginning of year balance Contributions | 11,261,900. | | 0,813. | | | 744,037. | 4,995,030 |
| b | Net investment earnings, gains, | | | | | | · · · · · · · · · · · · · · · · · · · | |
| · | and losses | 9,181,340. | 3,41 | 4,485. | -290 | ,522. | 1,515,078. | 4,709,654 |
| А | Grants or scholarships | | | | | | | |
| e | Other expenditures for facilities | | | | | | | |
| · | and programs | 1,242,701. | 1,05 | 4,534. | 731 | ,205. | 698,311. | 652,803 |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 100,059,038. | 80,85 | 8,499. | 62,217 | ,735. | 50,810,521. | 49,249,717 |
| 2 | Provide the estimated percentage | of the current year e | end balance | e (line 1a. | column (a) | held as | | |
| а | Board designated or quasi-endown | | | , 5, | ` '' | | | |
| b | Permanent endowment ▶ 100.0 | | | | | | | |
| С | Temporarily restricted endowment | ▶% | | | | | | |
| | The percentages on lines 2a, 2b, a | ind 2c should equal 1 | 00% | | | | | |
| 3 a | Are there endowment funds not in | the possession of th | e organiza | ition that | are held an | d admın | stered for the | [|
| | organization by | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) X |
| | (ii) related organizations | | | | | | | 3a(ii) X |
| b | If "Yes" on line 3a(ii), are the relate | • | • | | | | • • • • • • • • • • | 3b |
| 4_ | Describe in Part XIII the intended u | | tion's endo | wment fun | nds | | | |
| Par | Land, Buildings, and Equi Complete if the organiza | ipment. tion answered "Ye | s" on Forr | n 990. P | art IV. line | 11a Se | ee Form 990. Par | t X. line 10 |
| | Description of property | (a) Cost or | other basis | (b) Cost o | r other basis | (c) Acci | umulated (c |) Book value |
| 1a | Land | (invest | ment) | | 89,619. | depre | eciation | 89,619. |
| b | Buildings | | | | 12,896. | 3: | 21,877 | 391,019. |
| C | Leasehold improvements | · · · · · | _ - | | 9,695. | | 2,424 | 7,271. |
| d | Equipment | | | 1.2 | 57,731. | 61 | 30,332 | 627,399. |
| - | Other | | | • | 39,975. | | 10,456 | 29,519. |
| | I. Add lines 1a through 1e (Column | | 1990 Part | | | | D | 1,144,827. |

Schedule D (Form 990) 2017 .

| Schedule D (Form 990) 2017 | | | Page |
|--|---------------------|--|--|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valual Cost or end-of-year mark | |
| (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. | <u> </u> | <u></u> | |
| Complete if the organization answered | d "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 valua Cost or end-of-year mark | ition |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | · |
| (7) | | | |
| | | • | |
| (9) | | | <u> </u> |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | <u> </u> | |
| Part IX Other Assets. Complete if the organization answered | d "Yes" on Form 990 |). Part IV. line 11d See Form 990 | , Part X, line 15 |
| *************************************** | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | - |
| (4) | | | |
| (5) | | | |
| (6) | | | <u></u> |
| | | | |
| (8) | . .——- | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) | line 15) | <u></u> | <u> </u> |
| Part X Other Liabilities. Complete if the organization answered line 25 | d "Yes" on Form 990 |), Part IV, line 11e or 11f See Foi | rm 990, Part X, |
| 1. (a) Description of liability | (b) Book val | ue | |
| (1) Federal income taxes | | | |
| (2) INSURANCE CLAIMS PAYABLE | | 361. | |
| (3) OTHER LIABILITIES | 22,940, | 958. | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

22,964,319. Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) ▶ 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

Schedule D (Form 990) 2017

JSA 7E1270 1 000

(8)

| | le D (Form 990) 2017 | | Page 4 |
|--------|---|----------|-------------------------|
| 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 | ٦. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 119,166,902 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 13,404,713. |
| 3 | Subtract line 2e from line 1 | 3 | 105,762,189. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | , | |
| С | Add lines 4a and 4b | _4c | |
| _ 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 105,762,189. |
| Part | | rn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 84,938,556. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | 1 | |
| d | Other (Describe in Part XIII) | | 4 005 533 |
| е | Add lines 2a through 2d | 2e | 4,085,577. |
| 3 | Subtract line 2e from line 1 | _3 | 80,852,979. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | 1 | 140 070 |
| | Add lines 4a and 4b | 4c | 149,879. 81,002,858. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | _ 5 | 61,002,636. |
| Provid | XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa | rt V/ li | ne 4 Part X line |
| 2, Par | t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | ation | 110 4, 1 41177, 11110 |
| SEE | PAGE 5 | | |
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Schedule D (Form 990) 2017

Part,XIII Supplemental Information (continued)

PART V, LINE 4 - INTENDED USE OF ENDOWMENTS

THERE ARE VARIOUS COMPONENTS THAT ENCOMPASS THE ENDOWMENT FUND. IN GENERAL, THEIR INTENDED USE IS FOR TEACHING, RESEARCH AND TRAINING, MAJOR MODERNIZATION, AND PURCHASES OF EQUIPMENT.

PART X, LINE 2 - FIN 48

CERTAIN ENTITIES INCLUDED IN NORTHWELL'S CONSOLIDATED FINANCIAL

STATEMENTS ARE TAXABLE ENTITIES UNDER FEDERAL OR STATE LAWS. U.S.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THAT THE ASSET AND

LIABILITY METHOD OF ACCOUNTING FOR INCOME TAXES BE UTILIZED BY THESE

ORGANIZATIONS AND FOR UNRELATED BUSINESS ACTIVITIES FOR THE TAX-EXEMPT

ENTITIES. UNDER THE ASSET AND LIABILITY METHOD, DEFERRED INCOME TAXES ARE

RECOGNIZED FOR THE TAX CONSEQUENCES OF TEMPORARY DIFFERENCES BY APPLYING

ENACTED STATUTORY TAX RATES APPLICABLE TO FUTURE YEARS TO DIFFERENCES

BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASIS OF

EXISTING ASSETS AND LIABILITIES.

THE EFFECT ON DEFERRED TAXES OF A CHANGE IN TAX RATES IS RECOGNIZED IN INCOME IN THE PERIOD OF ENACTMENT. AT DECEMBER 31, 2017 AND 2016, NORTHWELL HAS A DEFERRED INCOME TAX ASSET OF APPROXIMATELY \$123,000,000 AND \$142,000,000, RESPECTIVELY, BOTH OF WHICH HAVE BEEN FULLY OFFSET BY A RELATED VALUATION ALLOWANCE. A VALUATION ALLOWANCE IS PROVIDED WHEN IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF THE DEFERRED TAX ASSET WILL NOT BE REALIZED. SIGNIFICANT COMPONENTS OF THE DEFERRED TAX ASSET RELATE TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND NET OPERATING LOSS CARRYFORWARDS. CERTAIN ENTITIES HAVE NET OPERATING LOSS CARRYFORWARDS AGGREGATING APPROXIMATELY \$573,000,000, WHICH EXPIRE IN VARYING AMOUNTS

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

THROUGH 2037, AND ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME.

PART XI, LINE 2D - REVENUE RECONCILIATION

AMOUNTS ON BOOK NOT ON RETURN

SPECIAL EVENTS EXPENSE RECLASSED 3,255,929

INTERCOMPANY REVENUE 3,140,563

NET ASSETS RELEASED (64, 225)

6,332,267 TOTAL

PART XII, LINE 2D - EXPENSE RECONCILIATION

AMOUNTS ON BOOK NOT ON RETURN

SPECIAL EVENTS EXPENSE RECLASSED 3,255,929

INTERCOMPANY EXPENSE 829,648

TOTAL 4,085,577

AMOUNTS ON RETURN NOT ON BOOK

ADDITIONAL MINIMUM PENSION LIABILITY

149,879

MU5821 392H

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ

Open to Public

► Go to www.irs.gov/Form990 for the latest instructions. Inspection **Employer Identification number** Name of the organization 11-2965575 NORTHWELL HEALTH FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations а Internet and email solicitations f Solicitation of government grants b Special fundraising events Phone solicitations C In-person solicitations d 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? 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 (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) (ii) Activity custody or control of from activity fundraiser listed in or entity (fundraiser) organization contributions? col (i) Yes No 1 2 5 10 Total 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

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

Schedule G (Form 990 or 990-EZ) 2017

Page 2

| | - (· · · · · · · · · · · · · · · · · · |
|---------|--|
| 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 |

| | | | (a) Event #1 CONCERT | (b) Event #2 GALA | (c) Other events | (d) Total events (add col (a) through |
|-----------------|----------|---|----------------------------|---|-------------------------|--|
| | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 | Gross receipts | 2,253,839. | 2,717,104. | 3,573,682. | 8,544,625 |
| æ | | Less Contributions | 1,951,559. | 2,387,590. | 2,733,587. | 7,072,736 |
| | 3 | Gross income (line 1 minus line 2) | 302,280. | 329,514. | 840,095. | 1,471,889 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | · | |
| nses | 6 | Rent/facility costs | 23,500. | 3,410. | 71,450. | 98,360 |
| Direct Expenses | 7 | Food and beverages | 198,000. | 198,612. | 397,117. | 793,729 |
| Direc | 8 | Entertainment | 640,000. | 161,500. | 25,448. | 826,948 |
| | 9 | Other direct expenses | 422,722. | 367,606. | 746,564. | 1,536,892 |
| | 10 11 | Direct expense summary Add lines 4 Net income summary Subtract line 1 | | | | 3,255,929 -1,784,040 |
| Pa | rt | | anization answered "Y | es" on Form 990, Par | rt IV, line 19, or repo | orted more |
| Revenue | ! | man y rejous on term see | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Reve | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| rect Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| _ | 5 | Other direct expenses | | } | | |
| | | Volunteer labor | Yes% | Yes% No | Yes% | |
| | 7 | Direct expense summary Add lines 2 | 2 through 5 in column (d |) | | |
| | 8 | Net gaming income summary Subtra | act line 7 from line 1, co | lumn (d) | | |

| | the organization licensed to conduct gaming activities in each of these states? | Yes | |
|-------|--|-----|-------|
| U 11 | "No," explain | | _] No |
| | | | |
| 10a W | ere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | Yes | No |
| | "Yes," explain | | |

Schedule G (Form 990 or 990-EZ) 2017

| | ule G (Form 990 or 990-EZ) 2017 | | | Page 3 |
|------|--|--------------|----------------|-----------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | _ | Yes _ | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit | | | |
| | formed to administer charitable gaming? | _. | Yes _ | No |
| 13 | Indicate the percentage of gaming activity conducted in | | | |
| а | The organization's facility | | | % |
| b | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events book records | s and | | |
| | Name ▶ | | . - | |
| | Address > | | . | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives of | amına | | |
| 10 4 | revenue? | | Yes | ¬ _{No} |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | | | |
| _ | amount of gaming revenue retained by the third party ▶ \$ | | | |
| С | If "Yes," enter name and address of the third party | | | |
| | , , , , , , , , , , , , , , , , , , , | | | |
| | Name ▶ | | - - | - |
| | Address ► | | | |
| 16 | Gaming manager information | | | |
| | Name ▶ | - | | - |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | . | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| ., | Is the organization required under state law to make charitable distributions from the gaming pro | ceeds to | | |
| - | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organized to the exempt of the control of the co | inizations | | |
| _ | or spent in the organization's own exempt activities during the tax year > \$ | | | |
| Par | | (III) and (V | /), and | - |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additio (see instructions) | | | |

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

| 2017 | Open to Publ |
|------|--------------|
| - | |

OMB No 1545-0047

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

Employer identification number 11-2965575

| | istar | |
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| i | Ass | |
| | and | I |
| | Grants | |
| | o | I |
| | General Information on Grants and Assis | |
| I | Info | I |
| | neral | |
| | Ger | |
| | art I | |
| | 7 | I |

NORTHWELL HEALTH FOUNDATION

Department of the Treasury Internal Revenue Service Name of the organization

- X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|--------------|---------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (1) LONG ISLAND JEWISH MEDICAL CENTER | | | | | - | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-2241326 | 501 (C) (3) | 5,931,166. | | | | GENERAL SUPPORT |
| (2) NORTH SHORE UNIVERSITY HOSPITAL | | | | | | | |
| 972 BRUSH HOLLOW ORD WESTBURY, NY 11590 | 11-1562701 | 501 (C) (3) | 6,507,376. | | | | GENERAL SUPPORT |
| (3) SOUTHSIDE HOSPITAL | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-1667761 | 501 (C) (3) | 13,359,390. | | | | GENERAL SUPPORT |
| (4) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-2673595 | 501 (C) (3) | 14,787,094. | | | | GENERAL SUPPORT |
| (5) GLEN COVE HOSPITAL | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-1633487 | 501 (C) (3) | 155,553. | | | | GENERAL SUPPORT |
| (6) LENOX HILL HOSPITAL | 1 | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 13-1624070 | 501 (C) (3) | 12,172,539. | | | | GENERAL SUPPORT |
| (7) NORTHWELL HEALTHCARE, INC. | | | | _ | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-2296824 | 501 (C) (3) | 970,000. | | | | GENERAL SUPPORT |
| (8) HUNTINGTON HOSPITAL | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-3241243 | 501 (C) (3) | 13,910. | | | | GENERAL SUPPORT |
| (9) NORTHWELL HEALTH STERN FAMILY CECR | | | | | | <u> </u> | : |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 23-7007485 | 501 (C) (3) | 43,844. | | | | GENERAL SUPPORT |
| (10) HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH CEN | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 11-3368503 | 501(C)(3) | 84,974. | | | | GENERAL SUPPORT |
| (11) | | | | | | | |
| | | | | | | | |
| (12) | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organ | Jovernment c | organizations lis | nizations listed in the line 1 table. | ole | | • | 10. |
| , , , , | | • | | | | | |

3 Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2017)

Schedule | (Form 990) (2017)

Part III

Page 2

Gránts and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance Supplemental information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV S ဖ

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

ON A MONTHLY BASIS THE FOUNDATION DISTRIBUTES THE COLLECTIONS OF SPECIAL

PURPOSY FUNDS ("SPF"), RESEARCH AND A BUDGETED AMOUNT OF SUPPORT FOR

RESEARCH OPERATIONS. THE SPF IS THEN ALLOCATED TO EACH GRANT AND SPENDING

OF THESE GRANTS WOULD BE BASED ON CHECK REQUESTS WITH PROPER APPROVAL.

ENDOWMENT COLLECTIONS ARE DISTRIBUTED TO THE APPROPRIATE SITE AS

COLLECTED AND THERE WOULD BE NO SPENDING OF THE PRINCIPAL. CAPITAL

DISTRIBUTIONS ARE BASED ON SPECIFIC REQUESTS AND ARE DISTRIBUTED AFTER

THE FUNDS HAVE BEEN SPENT.

V 17-7.2F

SCHEDULE J (Form 990)

Compensation Information

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. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORTHWELL HEALTH FOUNDATION

11-2965575

Employer identification number

| Part | 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 | 1 | | 1 |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | 1 |
| | First-class or charter travel Housing allowance or residence for personal use | | | l |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | l | | } |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | 1 | | |
| ь | 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 | | i |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | ١, | | |
| | 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 | İ | | |
| | X Compensation committee X Written employment contract | | | i |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | 1 | | 1 |
| 4 | | | | |
| 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 | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | X | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Х | |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | 1 |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | 1 |
| | compensation contingent on the revenues of | | | ليــ |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| _ | 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 | | | J |
| a | The organization? | 6a 6b | | $\frac{\Lambda}{X}$ |
| b | Any related organization? | 90 | | ^ |
| _ | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | 7 | x | |
| 8 | payments not described on lines 5 and 6? If "Yes," describe in Part III | | | |
| U | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | <u>ī</u> |
| - | Regulations section 53 4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2017

Page 2.

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

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

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

| 3 | | (B) Breakdown | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | Pag to accept to the | oldonotacid (O) | (E) Total of columns | action and (1) |
|---|------------|---------------|--|-----------------|-----------------------------|-----------------|----------------------|---|
| (A) Name and Title | | (i) Base | (ii) Bonus & incentive | (iii) Other | other deferred compensation | benefits | (B)(i)(D) | in column (B) reported as deferred on prior |
| | _ | compensation | Compensation | compensation | | | | Form 990 |
| MICHAEL J DOWLING | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0. |
| PRESIDENT & CEO | : € | 1,474,558 | 2,543,853. | 23,516. | 29,700. | 25,140. | 4,096,767. | 0 |
| RALPH NAPPI | € | 720,899 | 243,445. | 31,094. | 29, 700. | 19,148. | 1,044,286. | 0. |
| 2 TRUSTEE | € | 0 | 0 | 0 | 0. | . 0 | 0. | 0. |
| ROBERT S SHAPIRO | € | 0 | o | 0. | 0. | 0 | 0 | 0. |
| 3EVP, CHIEF FINANCIAL OFFICER | € | 1,171,054 | 421,415. | 56,602. | 29,700. | 19,148. | 1,697,919. | 0. |
| HARRY GINDI | € | 0 | 0 | 0 | 0 | 0 | 0. | 0 |
| ASSISTANT SECRETARY | Ξ | 304,506 | 47,201. | 4,445. | 29,700. | 19,121. | 404,973. | 0. |
| CECELIA FULLAM | € | 0 | 0 | 220,697. | 0 | 5,595. | 226,292. | 0. |
| 5 FORMER SR PHILANTHROPIC ADV | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0. |
| ROBERT CASTANO | Ξ | 286,799 | 47,820. | 22,136. | 29,700. | 28,423. | 414,878. | 0. |
| 6 VP DEVELOPMENT | € | 0 | 0 | 0 | 0 | 0 | 0. | 0. |
| ROBERT LANE | ε | 337,550 | 52,617. | 16,572. | 29,700. | 9,874. | 446,313. | 0. |
| 7VP, PRINCIPAL GIFTS | € | 0 | 0 | 0 | 0 | 0. | 0 | 0 |
| ANDREA DOWD | ε | 297,998 | 47,820. | 3,279. | 29,700. | 19,148. | 397,945. | 0. |
| 8 VP DEVELOPMENT | (E) | 0 | 0 | 0 | 0. | 0 | 0 | 0. |
| LAURA PEABODY | ε | 0 | 0 | 0 | 0. | 0 | 0 . | 0. |
| 9SVP, CHIEF LEGAL COUNSEL | € | 707,941 | 282,134. | 68,822. | 203, 936. | 19,008. | 1,281,841, | 0. |
| SOUZAN HANNA | € | 246,443 | 42,982. | 51,730. | 29,700. | 28,423. | 399,278 | 0 |
| 10 VP, FOUNDATION OPS | <u> </u> | 0 | o | 0 | 0 | 0. | • 0 | 0 |
| BRIAN LALLY | ε | 665,733 | 174,101. | 31,797. | 229,776. | 19,121. | 1,120,528, | 0. |
| 11 SVP, CHF DEVELOPMENT OFFICER | € | 0 | .0 | 0 | 0. | 0. | 0 | 0. |
| MICHELE CUSACK | € | 0 | .0 | 0 | 0 | 0. | 0 | 0 |
| 12 SVP & CFO | € | 775,211 | . 284,418. | 12,050. | 121,106. | 28,381. | 1,221,166. | 0. |
| LAURENCE KRAEMER | € | 0 | .0 | 0 | 0. | 0. | 0. | 0. |
| 13 SVP, INTERIM CHF LGL OF | € | 632,884 | . 204,756. | 41,764. | 29,700. | 28,423. | 937,527. | 0. |
| MARK GLOADE | € | 0 | .0 | 0 | 0 | 0. | 0 | • 0 |
| 14 SVP DEPUTY GENERAL COUNSEL | € | 469,518 | . 67,744. | 39,464. | .007,62 | 28,423. | 634,849. | 0. |
| ANASTASIOS KOZAITIS | € | 361,299 | . 58,034. | 1,632. | 29,700. | 28,423. | 479,088. | 0 |
| 15 VP, DEVELOPMENT | Ξ | 0 | .0 | 0 | .0 | 0. | 0 | 0. |
| | (:) | | | | | | | |
| 16 | <u>(i)</u> | | | | | | | |
| | | | | | | | Sch | Schedule J (Form 990) 2017 |

Schedule J (Form 990) 2017

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

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

CERTAIN INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT

PLAN ("SERP") WHICH IS SUBJECT TO SUBSTANTIAL RISK OF COMPLETE

FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE

UNVESTED BENEFIT AMOUNT AND THE AMOUNTS OUTLINED HEREIN WERE PROPERLY NOT

REPORTED IN EACH INDIVIDUAL'S FORM W-2, BOX 5. THESE AMOUNTS ARE INCLUDED

BRIAN LALLY (\$200,076), MICHELE CUSACK IN SCHEDULE J, COLUMN C FOR

(\$91,406) AND LAURA PEABODY (\$174,236).

PART I, LINE 7 - BONUS AND INCENTIVE COMPENSATION

N FORM 990, PART VII, SECTION A, LINE 1A, THE ORGANIZATION MAY PROVIDE

NON-FIXED PAYMENTS, NOT DESCRIBED ON LINES 5 AND 6, TO CERTAIN LISTED

THE ORGANIZATION BASES SUCH PAYMENTS ON MANY PERFORMANCE BASED PERSONS.

PAYMENTS OF THIS TYPE APPEAR ON SCHEDULE J, PART I, B (II) FACTORS.

PART II, COLUMN (F) - SERP PAYOUT

THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDES SERP

PART AMOUNTS WHICH WERE PREVIOUSLY REPORTED ON FORM 990, SCHEDULE J,

IN ACCORDANCE WITH THE IRS INSTRUCTIONS, IN PRIOR YEARS. <u>ပ</u> COLUMN

V 17-7.2F

Schedule J (Form 990) 2017

#1 #

Schedule J (Form 990) 2017

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

THESE AMOUNTS WERE ORIGINALLY REPORTED WHEN CONTRIBUTIONS WERE MADE TO

THE SERP PLAN AND ARE NOW BEING REPORTED FOR A SECOND TIME UPON RECEIPT

OF DISTRIBUTION FROM THE SERP PLAN.

V 17-7.2F

Schedule J (Form 990) 2017

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

orm 990-EZ, Part V, line 38a or 40b.

Open To Public

Open To Public

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

Inspection

11-2965575

NORTHWELL HEALTH FOUNDATION

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

| | | (b) Relationship between disqualified person and | | (d) C | Соптестью |
|-----|-------------------------------------|--|--------------------------------|-------|--------------------|
| 1 | (a) Name of disqualified person | organization | (c) Description of transaction | Yes | s No |
| (1) | | | | | $oldsymbol{\perp}$ |
| (2) | | | | | \perp |
| (3) | | | | | $oldsymbol{\perp}$ |
| (4) | | | | | <u> </u> |
| (5) | | | | | $oldsymbol{\perp}$ |
| (6) | | | | | 丄 |
| | | by the organization managers or disqualified per | | | |
| 3 | Enter the amount of tax, if any, or | 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 | fron | an to or the zation? | (e) Original principal amount | (f) Balance due | (g) In c | | | | | ritten ment? |
|-------------------------------|------------------------------------|---------------------|------|----------------------------|-------------------------------|-----------------|----------|----------|-----|----------|----------|-----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | L | <u> </u> |
| (1) (2) | | | | | | | ļ | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | <u> </u> |
| (5) | | | | | | | | | _ | | | |
| (6) | | | | | | | ļ | 1 | | | | ļ |
| (7) | _ | | | | | | _ | | Ļ | | | |
| (8) | | | | | | | ļ | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | <u> </u> | | <u> </u> | igsquare | |
| 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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | <u> </u> | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017

Page 2

| (a) Name of interested person | (b) Relationship between interested person and the organization | interested person and the transaction | | (e) Sharing organization revenues? | |
|-------------------------------|---|---------------------------------------|----------|------------------------------------|----|
| | | | | Yes | No |
| (1) ROBIN ROSS | FAMILY MEMBER: JACK ROSS | 211,497. | EMPLOYEE | | х |
| (2) CREST HOLLOW COUNTRY CLUB | MEMBER: RICHARD MONTI | 67,760. | CATERING | | х |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | } |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |

Part V **Supplemental Information**

(10)

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

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

NORTHWELL HEALTH FOUNDATION

Inspection Employer identification number

11-2965575

| Par | Types of Property | | <u> </u> | | | | | |
|-------|--------------------------------------|-------------------------------|--|---|------------------------|------|------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash cont | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| 3 | goods | ļ | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | • | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | 27. | 2,552,510. | MMV DATE | OF C | SIFT | |
| 10 | Securities - Publicity traded | | | - | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| • • • | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | _ | |
| 13 | Qualified conservation | | | | | | | |
| 13 | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| 1-4 | 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 | E . | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | I . | | | | | | |
| 25 | Other ►() | I . | | | | | | |
| 26 | Other ►() | | | | | | | |
| 27 | Other ►() | | | | | | | |
| 28 | Other ►() | | | | | | | |
| 29 | Number of Forms 8283 received | by the org | anization during the tax y | ear for contributions for | | | | |
| | which the organization completed | | | | 29 | | | |
| | Willow the enganization completes | | • | | | | Yes | No |
| 30a | During the year, did the organiza | tion receive | by contribution any prope | erty reported in Part I, line | s 1 through | | | |
| | 28, that it must hold for at least t | hree years | from the date of the initial | contribution, and which is | sn't required | | | |
| | to be used for exempt purposes for | the entire h | olding period? | | | 30a | | _X |
| b | If "Yes," describe the arrangement | | • | | | | | |
| 31 | Does the organization have a | | tance policy that require | es the review of any | nonstandard | | | |
| • | contributions? | | | | | 31 | Х | _ |
| 32a | Does the organization hire or us | e third part | ies or related organization | ns to solicit, process, or | sell noncash | | | |
| | contributions? | | | | | 32a | Х | |
| h | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization didn't report an | amount in o | column (c) for a type of pro | perty for which column (a |) is checked, | | | |
| | describe in Part II | | | <u> </u> | | | | |

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Page 2

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 Part II

STOCK SALES

BROKEREAGE FIRMS ARE USED TO SELL STOCKS THAT ARE DONATED

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number 11-2965575

NORTHWELL HEALTH FOUNDATION

PART VI, SECTION A - GOVERNING BODY, LINE 2

ALL TRANSACTIONS WITH NORTHWELL HEALTH ENTITIES ARE AS FOLLOWS: (1)

NEGOTIATED AT ARM'S LENGTH; (2) ALL PURCHASES ARE AT FAIR MARKET VALUE;

AND (3) ALL PRODUCTS OR SERVICES ARE RENDERED ON AN "AS NEEDED" BASIS.

WILLIAM ACHENBAUM HAS A BUSINESS RELATIONSHIP WITH ELISE BLOOM AND ERIC AND ROGER BLUMENCRANZ.

JOHN ALEXANDER HAS A BUSINESS RELATIONSHIP WITH LAURA LAURIA AND FRANK PATAFIO.

MICHAEL ASHNER HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

FRANK BESIGNANO HAS A BUSINESS RELATIONSHIP WITH LAURA LAURIA.

ELISE BLOOM HAS A BUSINESS RELATIONSHIP WITH WILLIAM ACHENBAUM, LEONARD FEINSTEIN AND LEWIS RANIERI.

ERIC BLUMENCRANZ HAS AS A FAMILY RELATIONSHIP WITH ROGER BLUMENCRANZ. HE
HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ, WILLIAM ACHENBAUM,
ARLENE FISHER, RICHARD D. GOLDSTEIN, ALAN GREENE, STANLEY GREY, RICHARD
HOROWITZ, JEFFREY JURICK, DAVID KATZ, MICHAEL KATZ, SAUL KATZ, ARTHUR
LEVINE, STUART LEVINE, DAVID MACK, PETER MARSH, CHARLES MERINOFF, RALPH
NAPPI, DENNIS RIESE, MICHAEL SLADE, MARK SOLAZZO, BARBARA HRBEK ZUCKER

Employer Identification number 11-2965575

AND DONALD ZUCKER.

ROGER BLUMENCRANZ HAS A FAMILY RELATIONSHIP WITH ERIC BLUMENCRANZ. HE
HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ, WILLIAM ACHENBAUM,
ARLENE FISHER, RICHARD D. GOLDSTEIN, ALAN GREENE, STANLEY GREY, RICHARD
HOROWITZ, JEFFREY JURICK, DAVID KATZ, MICHAEL KATZ, SAUL KATZ, ARTHUR
LEVINE, STUART LEVINE, DAVID MACK, PETER MARSH, RALPH NAPPI, DENNIS
RIESE, MICHAEL SLADE, MARK SOLAZZO, BARBARA HRBEK ZUCKER AND DONALD
ZUCKER.

DAVID BLUMENFELD HAS A FAMILY RELATIONSHIP WITH EDWARD BLUMENFELD. HE HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

EDWARD BLUMENFELD HAS A FAMILY RELATIONSHIP WITH DAVID BLUMENFELD. HE HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

STEVE BRAUN HAS A FAMILY RELATIONSHIP WITH RICHARD SIMS.

MARK CLASTER HAS A BUSINESS RELATIONSHIP WITH ROBERT ROSENTHAL AND MICHAEL SAHN.

LEONARD FEINSTEIN HAS A BUSINESS RELATIONSHIP WITH ELISE BLOOM AND WILLIAM MACK.

ARELENE FISHER HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number 11-2965575

ROGER BLUMENCRANZ.

LLOYD GOLDMAN HAS A BUSINESS RELATIONSHIP WITH RICHARD GOLDSTEIN AND WILLIAM MACK.

RICHARD D. GOLDSTEIN HAS A BUSINESS RELATIONSHIP WITH ROGER BLUMENCRANZ, ERIC BLUMENCRANZ, LLOYD GOLDMAN AND BARRY RUBENSTEIN.

JOAQUIN GONZALEZ HAS A BUSINESS RELATIONSHIP WITH JOHN SHALL.

ALAN I. GREENE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

STANLEY GREY HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

RICHARD HOROWITZ HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

JEFFREY JURICK HAS A BUSINESS RELATIONSHIP WITH ERIC AND ROGER BLUMENCRANZ.

DAVID KATZ HAS A FAMILY RELATIONSHIP WITH SAUL KATZ AND MICHAEL KATZ. HE
HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ, ROGER BLUMENCRANZ,
MICHAEL KATZ, SAUL KATZ, SETH LIPSAY AND ROBERT ROSENTHAL.

Employer identification number 11-2965575

MICHAEL KATZ HAS A FAMILY RELATIONSHIP WITH SAUL KATZ AND DAVID KATZ.

HE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ, ROGER BLUMENCRANZ,

DAVID KATZ, SAUL KATZ, SETH LIPSAY, ROBERT ROSENTHAL AND MICHAEL SLADE.

SAUL KATZ HAS A FAMILY RELATIONSHIP WITH MICHAEL KATZ AND DAVID KATZ. HE
HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ, ROGER BLUMENCRANZ,
DAVID KATZ, MICHAEL KATZ, SETH LIPSAY, F.J. MCCARTHY, ROBERT ROSENTHAL
AND MICHAEL SLADE.

JEFFREY LANE HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

LAURA LAURIA HAS A BUSINESS RELATIONSHIP WITH JOHN ALEXANDER AND FRANK BESIGNANO.

ARTHUR LEVINE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

STUART LEVINE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

SETH LIPSAY HAS A BUSINESS RELATIONSHIP WITH DAVID KATZ, MICHAEL KATZ, SAUL KATZ AND ROBERT ROSENTHAL.

DAVID MACK HAS A FAMILY RELATIONSHIP WITH WILLIAM MACK. HE HAS A

Employer identification number 11-2965575

BUSINESS RELATIONSHIP WITH WILLIAM MACK, ROGER BLUMENCRANZ AND ERIC BLUMENCRANZ.

WILLIAM MACK HAS A FAMILY RELATIONSHIP WITH DAVID MACK. HE HAS BUSINESS RELATIONSHIPS WITH DAVID MACK, MICHAEL ASHNER, ERIC BLUMENCRANZ, EDWARD BLUMENFELD, DAVID BLUMENFELD, LEONARD FEINSTEIN, LLOYD GOLDMAN, JEFFREY LANE, BARRY RUBENSTEIN AND ROY ZUCKERBERG.

BRADLEY MARSH HAS A FAMILY RELATIONSHIP WITH JACK ROSS.

PETER MARSH HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

F.J. MCCARTHY HAS A BUSINESS RELATIONSHIP WITH SAUL KATZ, ROBERT ROSENTHAL AND EMMETT WALKER.

PATRICK MCDERMOTT HAS A BUSINESS RELATIONSHIP WITH JOHN SHALL.

CHARLES MERINOFF HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ.

RALPH NAPPI HAS A FAMILY RELATIONSHIP WITH THOMAS NAPPI. HE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ, ROGER BLUMENCRANZ AND MICHAEL SAHN.

THOMAS NAPPI HAS A FAMILY RELATIONSHIP WITH RALPH NAPPI. HE HAS A

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

BUSINESS RELATIONSHIP WITH FRANK PATAFIO.

FRANK PATAFIO HAS A BUSINESS RELATIONSHIP WITH JOHN ALEXANDER AND THOMAS NAPPI.

LEWIS RANIERI HAS A BUSINESS RELATIONSHIP WITH ELISE BLOOM.

DENNIS RIESE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

ROBERT ROSENTHAL HAS A BUSINESS RELATIONSHIP WITH MARK CLASTER, DAVID KATZ, MICHAEL KATZ, SAUL KATZ, SETH LIPSAY, F.J. MCCARTHY AND NANCY WALDBAUM.

JACK ROSS HAS A FAMILY RELATIONSHIP WITH BRADLEY MARSH.

BARRY RUBENSTEIN HAS A BUSINESS RELATIONSHIP WITH RICHARD GOLDSTEIN AND WILLIAM MACK.

MICHAEL SAHN HAS A BUSINESS RELATIONSHIP WITH MARK CLASTER AND RALPH NAPPI.

JOHN SHALL HAS A BUSINESS RELATIONSHIP WITH PATRICK MCDERMOTT, JOHN ALEXANDER, AND JOAQUIN GONZALEZ.

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer Identification number 11-2965575

RICHARD SIMS HAS A FAMILY RELATIONSHIP WITH STEVE BRAUN.

MICHAEL SLADE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ, SAUL KATZ AND MICHAEL KATZ.

MARK SOLAZZO HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

NANCY WALDBAUM HAS A BUSINESS RELATIONSHIP WITH ROBERT ROSENTHAL.

EMMETT WALKER HAS A BUSINESS RELATIONSHIP WITH F.J. MCCARTHY.

BARBARA HRBEK ZUCKER HAS A FAMILY RELATIONSHIP WITH DONALD ZUCKER. SHE HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

DONALD ZUCKER HAS A FAMILY RELATIONSHIP WITH BARBARA HRBEK ZUCKER. HE
HAS A BUSINESS RELATIONSHIP WITH ERIC BLUMENCRANZ AND ROGER BLUMENCRANZ.

ROY ZUCKERBERG HAS A BUSINESS RELATIONSHIP WITH WILLIAM MACK.

PART VI, SECTION A - GOVERNING BODY, LINE 7

THIS ORGNAIZTION IS A MEMBER OF NORTHWELL HEALTH, INC. ("NORTHWELL").

NORTHWELL IS THE SOLE CORPORATE MEMBER OF THIS ORGANIZATION. NORTHWELL

HAS THE RIGHT TO ELECT OR APPOINT MEMBERS OF THE ORGANIZATION'S GOVERNING

BODY AND HAS THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS.

PART VI, SECTION B - POLICIES, LINE 11

THE ANNUAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR NORTHWELL HEALTH, INC. AND AFFILIATED ENTITIES ARE PREPARED WITH INPUT FROM VARIOUS DEPARTMENTS INCLUDING CORPORATE COMPLIANCE, FINANCE, HUMAN RESOURCES, AND LEGAL. BEFORE FILING THE RETURNS, THE DOCUMENTS ARE ELECTRONICALLY MADE AVAILABLE TO ALL TRUSTEES THROUGH A SECURE ONLINE PORTAL. MEMBERS OF THE EXECUTIVE COMMITTEE ARE THEN INFORMED THE RETURNS

ARE READY FOR REVIEW. THE EXECUTIVE COMMITTEE, WHICH IS A COMMITTEE MADE

AUTHORITY OF THE BOARD OF TRUSTEES EXCEPT AS SUCH AUTHORITY IS LIMITED BY

UP OF MEMBERS FROM THE BOARD OF TRUSTEES, MAY EXERCISE ALL OF THE

APPLICABLE LAW AND EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY

BY ANY RESOLUTION TO SUCH EFFECT ADOPTED BY THE BOARD OF TRUSTEES.

WOULD BE INCONSISTENT WITH ANY PROVISION OF THESE BY-LAWS OR IS LIMITED

PART VI, SECTION B - POLICIES, LINE 12C

NORTHWELL HEALTH, INC. ("NORTHWELL") HAS SEVERAL CONTROL MECHANISMS TO

MITIGATE CONFLICTS OF INTEREST. NORTHWELL'S CODE OF ETHICAL CONDUCT

CONTAINS A DETAILED SECTION EDUCATING INDIVIDUALS ABOUT HOW TO AVOID

POTENTIAL CONFLICTS OF INTEREST. SPECIFICALLY, OUR CODE OF ETHICAL

CONDUCT REQUIRES INDIVIDUALS TO CONDUCT NORTHWELL BUSINESS IN A MANNER

THAT PLACES THE INTERESTS OF NORTHWELL AHEAD OF THEIR PERSONAL INTERESTS.

IN ADDITION, NORTHWELL HAS A CONFLICTS OF INTEREST POLICY STATEMENT

FURTHER ELABORATING UPON INDIVIDUALS' DISCLOSURE AND RECUSAL OBLIGATIONS.

INDIVIDUALS THAT ARE IN A POSITION TO INFLUENCE THE BUSINESS OR OTHER

DECISIONS OF NORTHWELL ARE REQUIRED TO FILL OUT A CONFLICTS OF INTEREST

DISCLOSURE FORM ON A REGULAR BASIS.

THE CORPORATE COMPLIANCE OFFICE REVIEWS ALL DISCLOSURES OF POSSIBLE CONFLICTS, INCLUDING MATTERS DISCLOSED IN ANY CONFLICTS OF INTEREST DISCLOSURE REPORT AND TAKES ANY ACTIONS DEEMED REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. IN APPROPRIATE CASES THESE DISCLOSURES AND RESPONSIVE ACTIONS WILL BE REPORTED TO NORTHWELL'S AUDIT AND CORPORATE COMPLIANCE COMMITTEE AND OTHER APPLICABLE COMMITTEES. IN ADDITION, NORTHWELL PROVIDES TRAINING TO INDIVIDUALS ON AN ANNUAL BASIS REGARDING CONFLICTS OF INTEREST AND OTHER COMPLIANCE RELATED TOPICS. IF AN INDIVIDUAL VIOLATES THE CODE OF ETHICAL CONDUCT OR ANY RELATED POLICY SUCH AS THE CONFLICTS OF INTEREST POLICY STATEMENT, APPROPRIATE DISCIPLINARY ACTION IS TAKEN BASED UPON THE FACTS AND CIRCUMSTANCES OF THE SITUATION.

PART VI, SECTION B - POLICIES, LINE 15 THE BY-LAWS OF NORTHWELL HEALTH, INC. ("NORTHWELL") CREATE A COMMITTEE OF THE BOARD WITH FULL POWERS OF THE BOARD TO REVIEW AND APPROVE THE COMPENSATION OF OFFICERS AND OTHER KEY EMPLOYEES. THE COMMITTEE CONSISTS OF APPROXIMATELY 6 TRUSTEES WHO HAVE NO CONNECTION TO NORTHWELL EXCEPT AS TRUSTEES AND THEY HAVE NO CONFLICTS AS TO MATTERS THEY CONSIDER. THE COMMITTEE MEETS SEVERAL TIMES A YEAR AS NEEDED BUT ALWAYS MEETS IN NOVEMBER/DECEMBER TO REVIEW AND DETERMINE OFFICER AND KEY EMPLOYEE COMPENSATION FOR THE FOLLOWING YEAR. FOR PURPOSES OF THEIR REVIEW THE COMMITTEE CONSIDERS THE RECOMMENDATIONS OF THE CEO FOR ALL PERSONS OTHER THAN THE CEO. FOR PURPOSES OF THE REVIEW EACH YEAR THE COMMITTEE RECEIVES INFORMATION FROM AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AS TO COMPENSATION FOR COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS AND

FOUNDATION

Employer Identification number 11-2965575

MAKES ITS DECISIONS ON THIS BASIS, WITH THE OVERALL OBJECTIVE OF PAYING BASE SALARY AT THE 50TH PERCENTILE. ANY CONTRACTS OR OTHER COMPENSATION FOR OFFICERS OR KEY EMPLOYEES ARE SEPARATELY CONSIDERED AND NORMALLY ONLY APPROVED AFTER RECEIPT OF A "FAIRNESS OPINION" FROM THE INDEPENDENT CONSULTANT. ALL THE WORK AND PROCESS OF THE COMMITTEE IS STRUCTURED TO FALL WITHIN THE APPLICABLE SAFE HARBOR REGULATIONS.

PART VI, SECTION C - DISCLOSURES, LINE 19

CURRENTLY THE ORGANIZATION PROVIDES GOVERNANCE DOCUMENTS, CONFLICTS OF

INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

PART VII, SECTION A - LINE 1A

| WILLIAM ACHENBAUM | JACQUELINE S. HARRIS | RICHARD V MUSTO, MD |
|----------------------|----------------------|-----------------------|
| MARC S. ALESSI | AUBREY HAWES | RALPH A. NAPPI |
| JOHN W. ALEXANDER | IRA HAZAN | THOMAS M. NAPPI |
| PHILIP S. ALTHEIM | LISA HEFFERNAN | RAFFIQ A. NATHOO |
| MARVIN L. APPEL | NORMA J. HENRIKSEN | MICHAEL I. NOLAN |
| PATRICIA ARMSTRONG | WILLIAM O. HILTZ | RICHARD B. NYE |
| MICHAEL L. ASHNER | RICHARD A. HOROWITZ | DAUN PARIS |
| MARY JANE BELT | SETH R. HOROWITZ | FRANK P. PATAFIO |
| FRANK J. BESIGNANO | J. GORDON HUSZAGH | SHARON PATTERSON |
| ELISE M. BLOOM | M. ALLAN HYMAN | ARNOLD S. PENNER |
| ERIC S. BLUMENCRANZ | RICHARD P. ISRAEL | JOHN V. RAGGIO |
| ROGER A. BLUMENCRANZ | MARK JACOBSON | LEWIS S. RANIERI |
| DAVID BLUMENFELD | JEFFREY JURICK | DENNIS RIESE |
| EDWARD BLUMENFELD | MICHAEL KAHN | TERRY P. RIFKIN, M.D. |

| Name of the organization | | | | | | | |
|--------------------------|--------|------------|--|--|--|--|--|
| NORTHWELL | HEALTH | FOUNDATION | | | | | |

Employer identification number 11-2965575

| E. STEVE BRAUN | NANCY KARCH | ROBERT F. ROSE |
|------------------------|---------------------|-------------------------|
| DAYTON T. BROWN, JR | DAVID M. KATZ | ROBERT A. ROSEN |
| MICHAEL CARIDI | MICHAEL KATZ | MARCIE ROSENBERG |
| ROBERT W. CHASANOFF | SAUL B. KATZ | ROBERT D. ROSENTHAL |
| MARK L. CLASTER | LISA A. KAUFMAN | BERNARD M. ROSOF, M.D. |
| GARY A. COHEN | ROMAYNE KOVACH-BERK | JACK J. ROSS |
| DIANA F. COLGATE | CARY KRAVET | BARRY RUBENSTEIN |
| MARGARET M. CROTTY | SETH KUPFERBERG | HERBERT RUBIN |
| DANIEL M. CROWN | JEFFREY B. LANE | MICHAEL H. SAHN |
| MICHAEL DEPALMA | CURT N. LAUNER | LOIS C. SCHLISSEL |
| THOMAS E. DOOLEY | LAURA LAURIA | MICHAEL I. SCHWARTZ |
| MICHAEL J. DOWLING | DAVID W. LEHR | JOHN M. SHALL |
| ROBERT N. DOWNEY | JONATHAN W. LEIGH | RICHARD SIMS |
| PATRICK R. EDWARDS | JOAN S. LEVAN | RICHARD J. SINNI |
| MICHAEL A. EPSTEIN | ARTHUR S. LEVINE | MICHAEL C. SLADE |
| LEONARD FEINSTEIN | STUART R. LEVINE | PHYLLIS HILL SLATER |
| MICHAEL E. FELDMAN | SETH LIPSAY | HON. ROBERT S. SPOLZINO |
| ARLENE LANE FISHER | DAVID S. MACK | HOWARD D. STAVE |
| CATHERINE C. FOSTER | WILLIAM L. MACK | REV GEORGE W. SUMMERS |
| WILLIAM H. FRAZIER | PHILIP MANCUSO | KENNETH TABER |
| L. KEITH FRIEDLANDER | LINDA MANFREDI | PETER TILLES |
| EUGENE B. FRIEDMAN, MD | RITA MARCUS | RICHARD S. TRETLER |
| WILLIAM J. FRITZ, PHD | BRADLEY MARSH, DPM | PAULA D TROPELLO, EDD |
| RAYMOND J. FUREY | PETER J. MARSH | SANDRA TYTEL |
| ROBERT J. GAFFNEY | KAREEM C. MASSOUD | LOUIS WACHTEL |

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer Identification number 11-2965575

SY GARFINKEL

JEFFREY S. MAURER

NANCY WALDBAUM

PETER GASLOW

RONALD J. MAZZUCCO

EMMETT F. WALKER, JR

LLOYD M. GOLDMAN

F.J. MCCARTHY

RICHARD L. WINSLOW, PHD

RICHARD D. GOLDSTEIN

PATRICK F. MCDERMOTT

PETER J. WORTH

J. JOAOUIN GONZALEZ

ANDREW S. MENDELSON

BRUCE YABLON

MICHAEL GOULD

DAVID MILLER, M.D.

STANLEY ZINBERG, M.D.

ALBERT L GRANGER, DDS

KENNETH J. MILLER

BARBARA HRBEK ZUCKER

ALAN I. GREENE

RICHARD D. MONTI

DONALD ZUCKER

STANLEY GREY

PATRICIA A MULHOLLAND ROY J. ZUCKERBERG

PAUL B. GUENTHER

RICHARD MURCOTT

PART VII, SECTION A - LINE 1A, COLUMN (B)

THIS ORGANIZATION IS AFFILIATED WITH NORTHWELL HEALTH, INC.

("NORTHWELL"). THE OFFICERS, DIRECTORS AND TRUSTEES LISTED ON SCHEDULE J HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES
OF NORTHWELL, AND THEY DO NOT SEPARATELY ALLOCATE THEIR TIME TO THIS
ORGANIZATION AND SUCH OTHER AFFILIATES. THE HOURS SHOWN FOR ALL SUCH
PERSONS REFLECT TIME DEVOTED TO NORTHWELL AND ITS AFFILIATES, INCLUDING
THIS ORGANIZATION. FOR DIRECTORS AND TRUSTEES, THE HOURS SHOWN REFLECT
THE ESTIMATED AVERAGE WEEKLY TIME. FOR OFFICERS, KEY EMPLOYEES AND
HIGHEST COMPENSATED EMPLOYEES, THE HOURS SHOWN REFLECT THE WEEKLY HOURS
USED WHEN DETERMINING COMPENSATION PAYMENTS FOR SERVICES RENDERED AND
ARE, GENERALLY, LESS THAN THE ACTUAL WEEKLY HOURS DEVOTED TO NORTHWELL
AND ITS AFFILIATES.

PART XI, LINE 9 - RECONCILIATION

AMOUNTS REPORTED SEPARATELY

2,310,915

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer Identification number 11-2965575

NET ASSETS RELEASE

(64, 225)

TOTAL CHANGES IN NET ASSETS

2,246,690

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NORTHWELL HEALTH FOUNDATION INC. IS DEDICATED TOWARD HELPING DONORS, PATIENTS, AND LEADERS LINK THEIR VISION AND PHILANTHROPIC SUPPORT TOWARD HELPING THE UNDERSERVED AND UNINSURED, ADVANCING THE LATEST FRONTIERS IN MEDICAL TECHNOLOGY AND RESEARCH, OR PROVIDING CRITICAL FINANCIAL SUPPORT FOR NEW FACILITIES AND PROGRAMS WITHIN NORTHWELL HEALTH.

| ATTACHMENT | 2 | |
|------------|---|--|
| | | |

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| MERKLE, INC. 7001 COLUMBIA GATEWAY DR COLUMBIA, MD 21046 | MARKETING | 2,154,094. |
| EASTCOAST ENTERTAINMENT, INC. 296 14TH ST NW ATLANTA, GA 30318 | EVENT PLANNING | 795,500. |
| SHADOWBOX DESIGN MANAGEMENT 1 D ENTERPRISE PLACE HICKSVILLE, NY 11801 | GRAPHIC DESIGNER | 581,295. |
| EVENTAGE EVENT PRODUCTION, INC. 18 SOUTH ORANGE AVE #3 SOUTH ORANGE, NJ 07079 | EVENT PLANNING | 335,628. |
| DIRECT POINT GROUP, INC. 700 DORVAL DR OAKVILLE ONTARIO CANADA L6K 3V3 | MARKTETING | 335,000. |

| Employer identification number | |
|--------------------------------|--|
| 11-2965575 | |
| ATTACHMENT 3 | |

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) (B) TOTAL RELATED OR REVENUE EXEMPT REVENU | (C) UNRELATED E BUSINESS REV. | (D) EXCLUDED REVENUE |
|------------------------|--|-------------------------------------|----------------------------|
| INVESTMENT INCOME/LOSS | -901,656. | | -901,656. |
| TOTALS | -901,656. | _ | -901,656. |

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| DESCRIPTION | AMOUNT |
|--------------|------------|
| CONCERT | 1,951,559. |
| GALA | 2,387,590. |
| OTHER EVENTS | 2,733,587. |
| TOTAL | 7,072,736. |

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|--------------|-----------------|--------------------|---------------|
| CONCERT | 302,280. | 1,284,222. | -981,942. |
| GALA | 329,514. | 731,128. | -401,614. |
| OTHER EVENTS | 840,095. | 1,240,579. | -400,484. |
| TOTALS | <u> </u> | 3,255,929. | |

ATTACHMENT 6

| Schedule | \sim | /Form | gan or | 990-F71 | 2017 |
|----------|--------|-------|--------|---------|------|
| | | | | | |

Page 2 Name of the organization Employer identification number 11-2965575 NORTHWELL HEALTH FOUNDATION ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | ENDING BOOK VALUE | COST OR FMV |
|-------------------------------|----------------------|----------------|
| CORPORATE STOCK | 23,231,079. | FMV |
| US GOVERNMENT OBLIGATIONS | 2,910,968. | FMV |
| OTHER ST INVESTMENTS | 11,736,098. | FMV |
| CORPORATE & OTHER BONDS | 2,012,955. | FMV |
| HEDGE FUNDS | 12,017,694. | FMV |
| OTHER FUNDS | 17,763,421. | FMV |
| MUTUAL FUNDS | 27,044,793. | FMV |
| OTHER ALTERNATIVE INVESTMENTS | 6,267,867. | FMV |
| TOTALS | 102,984,875. | |

OMB No 1545-0047

NORTHWELL HEALTH FOUNDATION

SCHEDULE R (Form 990)

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.

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Open to Public Inspection

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11-2965575

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Partl

NORTHWELL HEALTH FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

| (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) | | | | | • |
| (2) | | : | | | |
| | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| | | | | | |
| (9) | | | | | |
| | | | | | |

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 Part II

| חום חווחם ומשוכת ומי-כא | סווכ כן וווסוב וכומוכם ומע-כעכווולו כו ממווידמויסוו ממוויום מ | ic tay year | | | | | | |
|--|---|------------------|---|---------------------|--|------------------------------|---|------------------------|
| (a) | | (q) | (9) | (p) | (e) | | 6) |) |
| Name, address, and EIN of related organization | lated organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | section 512(b)(13) controlled entity? | اردارو) Siled Sy |
| | | | | | | | Yes | No |
| (1) NORTHWELL HEALTH | 11-3418133 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I | N/A | | × |
| (2) NORTHWELL HEALTHCARE, INC. | 11-2965586 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I | NORTHWELL | | × |
| (3) NORTH SHORE UNIVERSITY HOSPITAL | 11-1562701 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOSPITAL | NY | 501(C)(3) | 3 | нсі | | × |
| (4) LONG ISLAND JEWISH MEDICAL CENTER | 11-2241326 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOSPITAL | NY | 501(C)(3) | 3 | HCI | | × |
| (5) GLEN COVE HOSPITAL | 11-1633487 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOSPITAL | NY | 501(C)(3) | 3 | HCI | | × |
| (6) PLAINVIEW HOSPITAL | 11-3241243 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOSPITAL | NY | 501(C)(3) | 3 | HCI | | × |
| (7) SOUTHSIDE HOSPITAL | 11-1667761 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOSPITAL | NY | 501(C)(3) | 3 | нсі | | × |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

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.

| OMB No 1545-0047 | 2017 | Open to Public | Inspection |
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► Go to www.irs.gov/Form990 for instructions and the latest information.

11-2965575

Employer identification number

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 NORTHWELL HEALTH FOUNDATION

(f) Direct controlling entity (e) End-of-year assets (d) Total income (c)
Legal domicite (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (9) £ (2) <u>ල</u> 4 (5)

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. Part II

| (e) | | (q) | (c) | (p) | (ə) | (4) | (B) | |
|--|--------------------|------------------|---|---------------------|--|------------------------------|---|-----------------------|
| Name, address, and EIN of related organization | ated organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | Section 512(b)(13) controlled entity? | 2(b)(13) lled ? |
| | | | | | | | Yes | Š |
| (1) NORTHWELL HEALTH LABORATORIES | 11-3412370 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I | NORTHWELL | | × |
| (2) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH | EARCH 11-2673595 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | RESEARCH | NY | 501(C)(3) | 4 | NORTHWELL | | × |
| (3) NORTHWELL STERN FAMILY CECR | 23-7007485 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | NURSING HOME | NY | 501(C)(3) | 6 | нсі | | × |
| (4) LIJ MEDICAL CENTER AT HOME PHARMACY | 11-3251128 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I NORTHWELL | NORTHWELL | | × |
| (5) LIJ FOUNDATION | 11-2661239 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I | NORTHWELL | | × |
| (6) NORTH SHORE-LIJ MEDICAL CARE CENTERS | is 11-3473923 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I NORTHWELL | NORTHWELL | | × |
| (7) SSH, INC. | 11-2774102 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | SUPPORT | NY | 501(C)(3) | 12, TYPE I SOUTHSIDE | SOUTHSIDE | | × |

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FOUNDATION

Schedule R (Form 990) 2017

SCHEDULE R (Form 990)

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.

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OMB No 1545-0047

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Employer identification number

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

NORTHWELL HEALTH FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

| (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) | | | | | |
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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 Part II

| Olle Of Illore Telated tax-exempt of gaintz attoring an ing | יבוויף כווקשיוובמווסוום מחווום וו | וכ ומי אכמו | | | | | | |
|---|-----------------------------------|-------------------------|------------------------------|----------------------------|------------------------|-----------|---|------------------|
| (a) Name, address, and EIN of related organization | ated organization | (b) Primary activity | (c) Legal domicile (state | (d) Exempt Code section | | olling | (g) Section 512(b)(13) controlled | 2(b)(13) lled |
| | | | or toreign country) | | (it section 501(c)(3)) | entity | entity | C |
| | | | | | | | Yes | No |
| (1) NORTH SHORE COMMUNITY SERVICES, INC. | . 23-7273200 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOUSING | NY | 501(C)(2) | N/A | NORTHWELL | | × |
| (2) NORTH SHORE UNIVERSITY HOSPITAL HOUSING | SING 11-2171903 | | | | | | | |
| 972 ВRUSH НОLLOW RD | WESTBURY, NY 11590 | HOUSING | NY | 501(C)(2) | N/A | NORTHWELL | | × |
| (3) NSUH AT GLEN COVE HOUSING | 23-7010468 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOUSING | NY | 501(C)(2) | N/A | NORTHWELL | | × |
| (4) HILLSIDE HOSPITAL HOUSES | 11-2113949 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOUSING | NY | 501(C)(2) | N/A | NORTHWELL | | × |
| (5) SIUH SYSTEMS, INC. | 06-1074604 | | | | | | | |
| 475 SEAVIEW AVE | STATEN ISLAND, NY 10305 | FUNDRAISING | NX | 501(C)(3) | 7 | HCI | | × |
| (6) STATEN ISLAND UNIVERSITY HOSPITAL | 11-2868878 | | | | | | | |
| 475 SEAVIEW AVE | STATEN ISLAND, NY 10305 | HOSPITAL | NY | 501(C)(3) | 3 | HCI | | × |
| (7) STATEN ISLAND UNIVERSITY HOSPITAL FDN | Nd. 87-0765787 | | | | | | | |
| 360 SEAVIEW AVE | STATEN ISLAND, NY 10305 | FUNDRAISING | NY | 501(C)(3) | 7 | SIUH | | × |

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FOUNDATION

Schedule R (Form 990) 2017

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OMB No 1545-0047

SCHEDULE R (Form 990)

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.

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Open to Public Employer identification number Inspection

11-2965575

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 Part

NORTHWELL HEALTH FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

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|--|------------------|---|--------------|--------------------|---------------------------|
| (a) | æ | <u> </u> | Ē | (e) | ε |
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
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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. Part

| (e) | | (g) | 9 | (p) | (e) | (b) | (6) | _ |
|--|-------------------------|------------------|---|---------------------|--|------------------------------|---|---------------------------|
| Name, address, and EIN of related organization | of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | Section 512(b)(13) controlled entity? | 12(b)(13) olled ty? |
| | | | | | | | Yes | No |
| (1) THE HEART INSTITUTE | 31-1757254 | | | | | | | |
| 475 SEAVIEW AVE | STATEN ISLAND, NY 10305 | INACTIVE | NY | 501(C)(3) | 12, TYPE I N/A | N/A | | × |
| (2) HOSPICE CARE NETWORK | 11-2925757 | | | | | | | |
| 99 SUNNYSIDE BLVD | WOODBURY, NY 11797 | HOSPICE | NY | 501(C)(3) | 6 | NORTHWELL | | × |
| (3) HUNTINGTON HOSPITAL | 11-1630914 | | | | | | | |
| 270 PARK AVENUE | HUNTINGTON, NY 11743 | HOSPITAL | NY | 501(C)(3) | 3 | HCI | | × |
| (4) HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH | (неалтн 11-3368503 | | | | | | | |
| 284 PARK AVENUE | GREENLAWN, NY 11740 | HEALTH CARE | NY | 501(C)(3) | 3 | HUNTINGTON | | × |
| (5) PHYSICIANS OF UNIVERSITY HOSPITAL PC | AL PC 20-0096809 | | | | | | | |
| 1 EDGEWATER PLAZA, 6TH FL | STATEN ISLAND, NY 10305 | HEALTH CARE | NY | 501(C)(3) | 12, TYPE I N/A | N/A | | × |
| (6) LENOX HILL HOSPITAL | 13-1624070 | | | | | | | |
| 100 EAST 77TH ST | NEW YORK, NY 10021 | HEALTH CARE | NY | 501(C)(3) | 3 | HCI | | × |
| (7) LHH CORPORATION | 13-3272016 | | | | | | | |
| 100 EAST 77TH ST | NEW YORK, NY 10021 | SUPPORT | NY | 501(C)(3) | 501(C)(3) 12, TYPE I NORTHWELL | NORTHWELL | | × |

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Schedule R (Form 990) 2017

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SCHEDULE R (Form 990)

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. | in many Common of the contractions and the latest information |
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11-2965575

Employer Identification number

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

NORTHWELL HEALTH FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

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|--|-------------------------|---|---------------------|---------------------------|-------------------------------|
| (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 |
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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. Part II

| (a) | | (b) | (3) | (p) | (9) | € | (6) | |
|--|----------------------|------------------|---|---------------------|---|---------------------------|---|----------------------|
| Name, address, and EIN of related organization | ated organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | Section 512(b)(13) controlled entity? | 2(b)(13) led ? |
| | | | | | | | Yes | No |
| (1) THE ELMEZZI GRADUATE SCHOOL OF MOLECULAR | CULAR 11-3284934 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | GRADUATE SCHO NY | NY | 501(C)(3) | 2 | RESEARCH | | × |
| (2) SPORTS PHYSICAL THERAPY AND REHAB SVCS | vcs 06-1655704 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HEALTH CARE | NY | 501(C)(3) | 6 | LIJ | | × |
| (3) NORTH SHORE-LIJ ALLIANCE | 26-3727582 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HEALTH CARE | NY | 501(C)(3) | 3 | NORTHWELL | | × |
| (4) THE LONG ISLAND HOME | 11-2837244 | | | | | | | |
| 400 SUNRISE HIGHWAY | AMITYVILLE, NY 11701 | HEALTH CARE | NY | 501(C)(3) | 3 | LHH CORP | | × |
| (5) CLNY ALLIANCE, INC. | 46-3146870 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | LABORATORY | NY | 501(C)(3) | 3 | LABS | | × |
| (6) NS-LIJ CARDIOVASCULAR MEDICINE, PC | 27-5078717 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | NSUH | | × |
| (7) NS-LIJ CARDIOLOGY AT DEER PARK, PC | 27-5078531 | | | | | | | |
| 972 вкизн ноглом кр | WESTBURY, NY 11590 | MEDICAL SVCS NY | NY | 501(C)(3) | 501(C)(3) 12, TYPE I NSUH | NSUH | | × |

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Schedule R (Form 990) 2017

11-2965575

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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11-2965575

Employer identification number

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 NORTHWELL HEALTH FOUNDATION

| | | | • | | |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------|
| (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 |
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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 Part II

| (e) | | (a) | (3) | (p) | (9) | € | 5 | |
|---|----------------------------|------------------|---|---------------------|--|------------------------------|---|---------------------------|
| Name, address, and EIN of related organization | ited organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | us Direct controlling entity | Section 512(b)(13) controlled entity? | 12(b)(13) olled ty? |
| | | | | | | | Yes | ٩ |
| (1) NS-LIJ HEART SURGERY, PC | 27-5078838 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | I NSUH | | × |
| (2) NS-LIJ INTERNAL MEDICINE, PC | 27-5078631 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | HOSN | | × |
| (3) NS-LIJ MED GROUP URGENT MEDICAL CARE, PC | 27-5078426 | | | | : | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | HOSN | | × |
| (4) NORTH SHORE-LIJ MEDICAL, PC | 45-3023019 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | HOSN 1 | | × |
| (5) NORTH SHORE-LIJ HEALTH PLAN INC. | 46-1617516 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | INSURANCE | NY | 501(C)(3) | <u>ი</u> | HPLAN HOLD | | × |
| (6) ADVOCATE COMMUNITY PROVIDERS | 47-2528627 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | DSRIP | NY | 501(C)(3) | 7 | N/A | | × |
| (7) NS-LIJ HEALTH PLANS HOLDING COMPANY | 46-2478147 | | | | | | | |
| 972 BRUSH HOLLOW RD | WESTBURY, NY 11590 | HOLDING COMP | NY | 501(C)(3) | 12, TYPE I | I HCI | | × |
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FOUNDATION

SCHEDULE R (Form 990)

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.

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OMB No 1545-0047

Open to Public

Employer Identification number Inspection

11-2965575

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

NORTHWELL HEALTH FOUNDATION

Partl

Department of the Treasury Internal Revenue Service Name of the organization

| (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 |
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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 Part II

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|--|-------------------------|---|----------------------------|---|-------------------------------------|--|-------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public chanty status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | 2(b)(13) siled y |
| | | | | | | Yes | δ. |
| (1) PHELPS MEMORIAL HOSPITAL ASSOCIATION 13-1725076 | | | | | | | |
| 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 | HOSPITAL | NY | 501(C)(3) | 3 | нсі | | × |
| (2) PHELPS MEDICAL SERVICES, PC 27-4416017 | | | | | | | |
| 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 | MEDICAL SVCS | NY | 501(C)(3) | 501(C)(3) 12, TYPE I PHELPS | PHELPS | | × |
| (3) NORTHERN WESTCHESTER HOSPITAL ASSOC 13-1740118 | | | | | | | |
| 400 EAST MAIN ST MOUNT KISCO, NY 10549 | HOSPITAL | NY | 501(C)(3) | 3 | HCI | | × |
| (4) NORTHERN WESTCHESTER HOSPITAL FOUNDATION 13-4067064 | | | | | | | |
| 400 EAST MAIN ST MOUNT KISCO, NY 10549 | FOUNDATION | NY | 501 (C) (3) | 6 | NWHA | | × |
| (5) NORCORP, INC. 13-3366748 | | | | | | | |
| 400 EAST MAIN ST MOUNT KISCO, NY 10549 | SUPPORT ORG | NY | 501(C)(3) | 12, TYPE I | NWHA | | × |
| (6) NORTHERN WESTCHESTER REALTY HOLDING COMP 91-2134215 | | | | | | | |
| 400 EAST MAIN ST MOUNT KISCO, NY 10549 | HOLDING COMP | NY | 501(C)(2) | N/A | NWHA | | × |
| (7) CENTRAL SUFFOLK HOSPITAL ASSOCIATION 11-1661359 | 6 | | | | | | |
| 1300 ROANOKE AVE RIVERHEAD, NY 11901 | HEALTH CARE | NY | 501(C)(3) | 3 | HCI | | × |

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FOUNDATION

Schedule R (Form 990) 2017

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

NORTHWELL HEALTH FOUNDATION Name of the organization

Partl

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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Employer identification number Open to Public

11-2965575

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 | (d) Total income | (e) End-of-year assets | (f) Direct controlling |
|--|---|------------------------------|---------------------|---------------------------|------------------------|
| | | or foreign country) | | | entity |
| (1) | | | | | |
| | | | | | • |
| (2) | | | | | |
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| (3) | | | - | | |
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| (4) | | | | | |
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| (5) | | | | | |
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| (9) | | | | | |
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| Homeletines of Boloton Tay Example 14 14 | Complete if the organization answered "Ves" on Form 000 Bart IV line 34 heralise it had | "Yered "Yes" on Eo | I'm GOO Dart IV | Jane 34 haraite | had to |

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. Part II

| (a) | | (q) | (၁) | (p) | (e) | € | (6) | |
|--|---------------------|------------------|---|---------------------|---|---------------------------|---|--------------------------|
| Name, address, and EIN of related organization | organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | Section 512(b)(13) controlled entrly? | 12(b)(13) biled y? |
| | | | | | | | Yes | No |
| (1) STATEN ISLAND PERFORMING PROVIDER SYSTEM | M 47-2544659 | | | | | : : | | |
| 972 BRUSH HOLLOW RD WE | WESTBURY, NY 11590 | DSRIP | NX | APPLIED FOR | • | N/A | | × |
| (2) VISITING NURSE OF HUDSON VALLEY, INC. | 13-1739952 | | | | | | | |
| 540 WHITE PLAINS RD TA | TARRYTOWN, NY 10591 | HOME HEALTH C NY | NX | 501(C)(3) | 10 | NW HEALTHCAR | | × |
| (3) HOSPICE CARE IN WESTCHESTER AND PUTNAM, | 13-3882602 | | | | | | | |
| 540 WHITE PLAINS RD TA | TARRYTOWN, NY 10591 | HOSPICE CARE | NY | 501(C)(3) | 10 | VNA HUDSON | | × |
| (4) VNA HOME HEALTH SERVICES, INC. | 13-3690105 | | | | | | | |
| 540 WHITE PLAINS RD TA | TARRYTOWN, NY 10591 | HOME HEALTH C NY | NY | 501(C)(3) | 10 | VNA HUDSON | | × |
| (5) MARCUS EMERGENCY MEDICINE, PC | 47-4377679 | | | | | | | |
| 972 BRUSH HOLLOW ROAD WE | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | NSUH | | × |
| (6) NORTH SHORE-LIJ RADIOLOGY SERVICES, PC | 22-3970667 | | | | | | | |
| 972 BRUSH HOLLOW ROAD WE | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | NSUH | | × |
| (7) NORTH SHORE-LIJ ANESTHESIOLOGY, PC | 46-1617561 | | | | | 1 | | |
| 972 BRUSH HOLLOW ROAD WE | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 501(C)(3) 12, TYPE I | SSIDE | | × |
| | | | | | | | | |

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FOUNDATION

Schedule R (Form 990) 2017

V 17-7.2F

7E1307 1 000 MU5821 392H

SCHEDULE R (Form 990)

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

Open to Public

Employer Identification number

11-2965575

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

NORTHWELL HEALTH FOUNDATION

Part I

Name of the organization Department of the Treasury Internal Revenue Service

| (a) | (Q) | (c) | 1 | (e) | (|
|--|------------------|---|--------------|--------------------|------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| (1) | | | | | |
| | | | | | |
| (2) | | | , | | |
| | | | | | |
| (3) | | | | | |
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| (4) | | | | 1 | |
| | | | | | |
| (5) | | | | 1 | |
| | | | | | |
| (9) | | | | | |
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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 Part II

| olie ol illore reaced tay exempt organizations dailing | | ic tax year | | | | | | |
|--|--------------------|------------------|---|---------------------|--|------------------------------|---|------------------------|
| (a) | | (q) | (c) | (p) | (e) | () | (6) | |
| Name, address, and EIN of related organization | ited organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity | Section 512(b) controlled entity? | 2(b)(13) ed - |
| | | | | | | | Yes | No |
| (1) NORTH SHORE-LIJ OB-GYN, PC | 46-1382916 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I LIJMC | LIJMC | | × |
| (2) CARNEGIE CARDIOVASCULAR, PC | 47-4377825 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I LENOX HILL | LENOX HILL | | × |
| (3) WESTCHESTER HEALTH MEDICAL, PC | 47-4539584 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | NSUH | _ | × |
| (4) PECONIC CARDIOLOGY, PC | 81-3149464 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I NSUH | NSUH | | × |
| (5) NORTH SHORE-LIJ OB-GYN AT GARDEN CITY, P | ry, P 46-2886776 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I NSUH | NSUH | | × |
| (6) NORTH SHORE-LIJ MEDICAL GROUP AT HUNTING | NTING 27-4384049 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 12, TYPE I | NSUH | | × |
| (7) NORTH SHORE-LIJ PEDIATRICS OF SUFFOLK CO | гк со 46-5746956 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501 (C) (3) | 501(C)(3) 12, TYPE I NSUH | NSUH | | × |

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

7E1307 1 000 MU5821 392H

Schedule R (Form 990) 2017

SCHEDULE R (Form 990)

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. | | |
|---|-----------------------|---|
| ► Go to www.irs.gov/F | ► Attach to Form 990. | orm990 for instructions and the latest information. |
| ► Go to w | | ww.irs.gov/F |
| | | ► Go to ww |

OMB No 1545-0047

Open to Public

11-2965575

Employer identification number

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

NORTHWELL HEALTH FOUNDATION

Part

Name of the organization Department of the Treasury Internal Revenue Service

(f) Direct controlling entity 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 (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Part II Ξ 3 3 <u>₹</u> (5) 9

| (a) Name, address, and EIN of related organization | 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? |) 12(b)(13) olled iy? |
|--|-------------------------|-------------------------|---|----------------------------|--|-------------------------------------|--|--------------------------------|
| | | | | | | | Yes | No |
| (1) BROOKLYN AMBULATORY CARE, PC | 47-4447289 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS | NY | 501(C)(3) | 501(C)(3) 12, TYPE I NSUH | NSUH | | × |
| (2) LAKEVILLE SURGERY, PC | 47-4377760 | | | | | | | |
| 972 BRUSH HOLLOW ROAD | WESTBURY, NY 11590 | MEDICAL SVCS NY | NY | 501(C)(3) | 501(C)(3) 12, TYPE I LENOX HILL | LENOX HILL | | × |
| (3) | | | | | | | | |
| | | | | | | | | |
| (4) | | | | | | | | |
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| (5) | | | | | | | | |
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| (9) | | | | | | | | |
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| (7) | | | | | | | | |
| | | | | | | | | |

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

7E1307 1 000 MU5821 392H

Schedule R (Form 990) 2017

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 Part III

| Decause it had one or more related organizations treated as a partitle ship during the tax year | nore related orga | เกเรลแบก | s llealed as a pa | artifership during the | lax year | | | | | |
|---|-------------------|-------------------|--------------------|--------------------------------|----------------|------------------|------------------|------------------|------------|------------|
| (a) | (q) | (0) | (0) | (e) | € | (<u>6</u> | ε | 8 | 9 | £ |
| Name, address, and EIN of | Primary activity | Legal | Direct controlling | Predominant | Share of total | Share of end-of- | Disproportionata | | General or | Percentage |
| related organization | | domicile | entity | income (related, unrelated, | income | year assets | aflocations? | amount in box 20 | managing | ownership |
| | | (state or foreign | | excluded from tax under | | | | (Form 1065) | panner | |
| | | country) | | sections 512 - 514) | | | | | | |
| | | ,, | | | | | Yes No | | Yes No | |
| (1) KRASNOFF CONSULTATIVE SERVICES | | | | | | | | | | • |
| 972 BRUSH HOLLOW RD WESTBURY, C | CONSULTING | NY | СМG | | | | | | | |
| (2) ENDOSCOPY CENTER OF LONG ISLAN | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | NS-LIJ VENTURES | | | | | | | • |
| (3) TRUE NORTH URGENT CARE, LLC 46 | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, N | MEDICAL SVCS | ŊĬ | NSLIJ URGENT CA | | | | | | | |
| (4) TRUE NORTH DC, LLC 46-4601950 | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | RENAL VENTURES | | | | - | | | |
| (5) SYNERGY HEALTH TRUE NORTH, LLC | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | NSLIJ CENT STER | | | | | | | |
| (6) NS-LIJ MEDICAL AIR TRANSPORT, | | | | | | | | | | |
| _ | AIR TRANSPORT | NY | NSUH | | | | | | | |
| (7) NORTH SHORE-LIJ CONTRACT RESEA | | | | | | | | - | | |
| 972 BRUSH HOLLOW RD WESTBURY, | RESEARCH | NY | нсі | | | | | | | |

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 Part IV

| (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) (h) Share of Percentage Section end-of-year assets ownership controlled eniny? | (h) (i) Percentage Section ownership controlled enity? | (i) Section (12(b)(13) controlled entity? |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|--|---|
| | | | | | | | | Yes No |
| (1) NORTH SHORE HEALTH SYSTEM ENTERPRISES 11-3316922 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | HOLDING COMPA | NY | NORTHWELL | υ | | | | × |
| (2) REGIONCARE, INC. 11-3052191 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | HOMECARE | NY | NSHS ENT | υ | | | | × |
| (3) NORTH SHORE HEALTH ENTERPRISES | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | HOLDING COMPA | NY | NSHS ENT | U | | | | × |
| (4) CARE MANAGEMENT GROUP OF GREATER NY 11-3336381 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | BUSINESS SERV | NY | NSH ENT | υ | | | | × |
| (5) REGIONAL INSURANCE COMPANY LTD 00-0000000 | | | | - | | | | |
| C/O CEDAR HOUSE, 41 CEDAR AVE HAMILTON, BERMUDA BD HM 12 | INSURANCE | BD | нсі | υ | | | | × |
| (6) NORTHWELL HEALTH REGIONAL ALLIANCE, INC. 26-3651575 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | SUPPORT SERVI | NY | NORTHWELL | υ | | | | × |
| (7) NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 | | | | | | | - | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | HEALTH CARE | NY | LIJ | ၁ | | | | × |
| , ASL | | | | | | Schedule R (Form 990) 2017 | R (Form 99 | 0) 2017 |

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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 Part III

| מבכמת כל יום חופים וווסוב ובומונים חופים המשנים של שני ווכונים ווים מיווים יווסוט יכומונים סומנ | | י של של של של של של של | | י ומי) כמו | | | | | |
|--|----------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--|---|------------------------------|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | 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 alboations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (k) Percentage ownership |
| | | (Kinings) | | , | | | Yes No | | Yes No | |
| (1) NASSAU QUEENS PERFORMING PROVI | | | | | | | | | | • |
| 972 BRUSH HOLLOW RD WESTBURY, | DSRIP | NY | NSUH | | | | | | | |
| (2) ENDO GROUP, LLC 20-0248148 | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | VENTURES GCSC | | | | | | | |
| (3) HOSPITAL CITY, LLC 47-4091780 | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | INACTIVE | DE | NORTHWELL | | | | | | | |
| (4) NORTHWELL GENOMIC ALLIANCE, LL | | | | | | | | | _ | |
| 972 BRUSH HOLLOW RD WESTBURY, | INACTIVE | NY | NORTHWELL LABS | | | | | | | |
| (5) HEALTH CONNECT TECHNOLOGIES, L | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | INACTIVE | NY | NEWPORT HEALTH | | | | | | | |
| (6) PHELPS PROFESSIONAL BUILDING C | | | | | | | | | | |
| 777 NORTH BROADWAY SLEEPY HOLL REAL ESTATE | REAL ESTATE | NY | PHELPS | | | | | | | |
| (7) OPTUM 360, LLC 46-3328307 | | | | | | | _ | | | |
| 11000 OPTUM CIRCLE EDEN PRAIRI BILLING | BILLING | NW | OPTUM | | | | | | | |

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

| (a) Name address and EIN of related organization | | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Type of entity | (f) Share of total | (g) Share of | (h) Percentage | (i) Section |
|--|------------|-------------------------|----------------------------|---------------------------|----------------------------|-----------------------|--|----------------------------|-----------------------------------|
| | | | (state or foreign country) | entity | (C corp, S corp, or trust) | псоте | end-of-year assets ownership 512(b)(13) controlled entity? | ownership 5 | 12(b)(13) ontrolled entrty? |
| | | | | | | | | χ. | Yes No |
| (1) NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 | 11-3533670 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | HEALTH CARE | NX | LIJ | c | | | | × |
| (2) NORTH SHORE IPA 5 | 11-3383468 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | BUSINESS SERV | NY | нсі | U | | | | × |
| (3) NORTH SHORE-LIJ NETWORK, INC. | 32-0257193 | | | | | | | | _ |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | SUPPORT | NY | NORTHWELL | C | | | | × |
| (4) SIUH PERINATOLOGY, PC | 13-4107082 | | | | | | | | |
| 475 SEAVIEW AVE STATEN ISLAND, NY 10305 | | MEDICAL SERVI | NY | SIUH | υ | | | | × |
| (5) UNITED MEDICAL SURGICAL, PC | 13-4038780 | | | | | | | | |
| 256 MASON AVE STATEN ISLAND, NY 10305 | | MEDICAL SERVI | NX | SIUH | υ | | | | × |
| (6) NS-LLJ MEDICAL GROUP AT SYOSSET PC | 27-3957752 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | Ü | | | | × |
| (7) NS-LIJ MEDICAL GROUP PC | 27-4384249 | | | | • | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | c | | | | × |
| JSA , | | | | | | | Schedule | Schedule R (Form 990) 2017 |) 2017 |

JSA 7E1308 1 000

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 Part III

| מפרסמים ור וומס טווכ כן וווטופ ובומנכת טופמוודמניטווא ווכמנכת מא מאווינים וווים מווויוץ מיווין מיוכי אינים אכמי | מינים מינים מינים | | י ויכמונים מי מי עי | מונוכוסוווא ממוווא מונר | יומא לכמו | | | | | |
|---|----------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------|---|---------|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (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 | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | l≘⊊ãc L | (k) Percentage ownership |
| | | | | | | | Yes No | | Yes No | |
| (1) BROOKLYN AMBULATORY SERVICES, | | | | | | | | | | • |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | NORTHWELL | | | | | | | |
| (2) SOUTH SHORE SURGERY CENTER, LL | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | MULTISPECIALTY | | | | | | | |
| (3) FORMATIV HEALTH, LLC 81-312123 | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | HODLING CO | DE | MAGNITUDE HOLD | | | | | | | |
| (4) FORMATIV HEALTH INTERMEDIATE, | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | HOLDING CO | DE | FORMATIV HOLD | | | | | | | |
| (5) SUFFOLK SURGERY CENTER 20-0080 | | | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, | MEDICAL SVCS | NY | MULITSPECIALTY | | | | | | | |
| (6) ANESTHESIA MANAGEMENT SERVICES | | | | | | | | • | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | NEA, PC | | | | | | ! | |
| (7) NORTHWELL HEALTH SLEEP LAB, LL | | | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | SLEEP HLGS | | | | | | | |

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

| (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 | Percentage Section 512(b)(13) connership controlled entity? | (i) Section 312(b)(13) controlled entity? |
|--|------------|-------------------------|--|-------------------------------|---|---------------------------------|---------------------------------------|---|---|
| | | | | | | | | , | Yes No |
| (1) NS-LIJ MEDICAL GROUP AT NORTH NASSAU PC | 27-4384146 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | C | | | | × |
| (2) NORTH SHORE-LIJ PHYSICIANS GROUP PC | 27-4384326 | | | | | | | | _ |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | င | | | | × |
| (3) LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY | 20-8784395 | | | | | | | | |
| 186 EAST 76TH ST, 2ND FL NEW YORK, NY 10021 | | MEDICAL SERVI | NY | LENOX | ၁ | | | | × |
| (4) LENOX HILL PATHOLOGY PC | 13-3644370 | | | | | | | | |
| 100 EAST 77TH ST NEW YORK, NY 10021 | | MEDICAL SERVI | NY | LENOX | ٥ | | | | × |
| (5) VIVOHEALTH INC | 26-4118016 | | | | | | | - | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSH ENTERPRISES C | U | | | | × |
| (6) AUTOIMMUNE RESEARCH THERAPEUTICS | 27-0701489 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | : | MEDICAL SERVI | NY | RESEARCH | C | | | | × |
| (7) NS-LIJ INTERNAL MEDICINE AT LYNBROOK, PC | 46-3475908 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SVC | NY | NSUH | c | | | | × |
| , #SI | | | | | | | Schedule R (Form 990) 2017 | 3 (Form 99) | 0) 2017 |

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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 Part III

| הככממים ורומת סווכ סו וווסום וכומוכת סופתוו במווסום וורמוכת מוליציו של מיווים מווים מיוים | | | | | DO (VD) | | | | | |
|---|----------------------|---|-------------------------------|---|---------------------------------|--|----------------------------------|---|---|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax und eff sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproperdorate 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 | |
| (1) TECHNOPATH NORTHWELL HEALTH NO | | | | | | | | | | • |
| 972 BRUSH HOLLOW ROAD WESTBURY LAB SVCS | LAB SVCS | NY | TECHNOPATH USA | | | | | | | |
| (2) RICHMOND ASC, LLC 47-2882195 | | | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | CHAPMAN | | | | | | | |
| (3) SURGICAL SPECIALTY CENTER OF W | | | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | N/A | | | | | | | |
| (4) TRUE NORTH DC HOLDING, LLC 00- | | | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | RENAL VENTURES | | | | | | | |
| (5) TRUE NORTH II DC, LLC 00-00000 | | | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | DC HOLDING | | | | | | | |
| (6) MELVILLE SC, LLC 20-3487522 | | | | | - | | | - | • | |
| 1895 WALT WHITMAN ROAD MELVILL MEDICAL SVCS | MEDICAL SVCS | Ϋ́N | MELVILLE ASC | | | | | | | |
| (7) TRUE NORTH IV DC, LLC 61-18169 | | | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | DC HOLDING | | | | | | | |

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

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicale (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (b) (t) (t) (t) Share of Percentage Section end-of-year assets ownership controlled controlled | (h) Percentage ownership | (i) Section 512(b)(13) controlled |
|--|------------|-------------------------|--------------------------------------|-------------------------------------|---|---------------------------------|--|--------------------------------|--|
| | | | | | | | | | Yes No |
| (1) NSLIJ INTERNAL MEDICINE AT NEW HYDE PARK | 46-2822879 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SVC | NY | NSUH | c | | | | × |
| (2) CARECONNECT INSURANCE COMPANY | 46-2270382 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INSURANCE | NY | GROUP HOLDING | C | | | | × |
| (3) LENOX HILL HOSPITAL MEDICAL PC | 45-2661543 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | LENOX | ၁ | | | | × |
| (4) NS-LIJ OCCUPATIONAL MEDICINE PC | 45-1004103 | | - | | | • | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | c | | | | × |
| (5) NORTH SHORE MEDICAL ACCELERATOR, PC | 11-2945979 | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | S | | | | × |
| (6) TRUE NORTH HEALTH PHARMACY, INC. | 47-1020508 | | | | - | | | - | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | PHARMACY | NY | NSHS ENTERPRISE C | υ | | | | × |
| (7) NS-LIJ CARECONNECT INSURANCE AGENCY, INC | 47-1994548 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INSURANCE AGE | NY | GROUP HOLDING | c | | | | × |
| , ASL | | | | | | | Schedule R (Form 990) 2017 | R (Form 99 | 0) 2017 |

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Schedule R (Form 990) 2017

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) (b) (c) Name address and FIN of Primary activity legal | (b) | (c) | (d) | (e) Predominant | (f) Share of total | (g) Share of end-of- | (h) | (i) Code V - UBI | (i) General or | (k) Percentage |
|--|--------------|----------------------------------|------------|--|-----------------------|-------------------------|------------|--|----------------------|-------------------|
| related organization | | domicile (state or foreign | entity | income (related, unrelated, excluded from tax under | псоте | year assets | alboatons? | amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | ownership |
| | | country) | | (| | | Yes No | | Yes No | |
| (1) TRUE NORTH V DC, LLC 32-051881 | | | | | | | | | | • |
| 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS | MEDICAL SVCS | NY | DC HOLDING | | | | | | | |
| (2) | | | | | | | | | | |
| | | | | | | | | | | • |
| (3) | | | | | | | | | | |
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| (4) | | | | | | | , | | | |
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| (5) | <u>.</u> | | | | | | | | | |
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| (9) | | | | | | | | | | |
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| (2) | | | | | | | | | | |
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| | | | | | | | | | | |

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 Part IV

| mie 34, pecause it had one of more related organiza | | nons treated as a corporation of trast during the tax year | | או טו וו מפר ממוו | וווכ ומץ אכמו | | | | |
|---|------------|--|----------------------------|--------------------|----------------------------|----------------|---|------------|-------------------------------------|
| (a) | | (g) | (2) | (P) | (e) | € | (6) | (g) | Ξ |
| Name, address, and EIN of related organization | | Primary activity | Legal domicile | Direct controlling | Type of entity | Share of total | Share of | Percentage | Section |
| | | | (state or foreign country) | entity | (C corp, S corp, or trust) | псоте | end-of-year assets ownership 512(b)(13) controlled enity? | ownership | 512(b)(13) controlled entity? |
| | | | | | | | | | Yes No |
| (1) CARECONNECT GROUP HOLDING COMPANY, INC. | 47-2478692 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | HOLDING COMPA | NY | HPLAN HOLDING | ۲ | | | | × |
| (2) NORTH SHORE-LIJ URGENT CARE, PC | 47-1758444 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | c | | | | × |
| (3) WELLBRIDGE PSYCHIATRY, PC | 46-5495054 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | MEDICAL SERVI | NY | NSUH | 3 | | | | × |
| (4) NORTH SHORE-LIJ OPHTHALMOLOGY INSTITUTE | 30-0930851 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INACTIVE | NY | NSUH | င | | | | × |
| (5) PHELPS REALTY CORP | 13-3645135 | | | | | | | | |
| 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 | | REAL ESTATE | NY | PHELPS | c | | | | × |
| (6) NWHC HEALTH MANAGEMENT SERVICES INC | 13-3697510 | | | | | | | | |
| 400 EAST MAIN ST MOUNT KISCO, NY 10549 | | HEALTH MGMT | Ŋ | NORCORP | ပ | | | | × |
| (7) NORTHERN WESTCHESTER SURGICAL SERVICES | 27-4550915 | | | | | | | | |
| 400 EAST MAIN ST MOUNT KISCO, NY 10549 | | MEDICAL SVCS | NY | NWHA | ٥ | | | | × |
| , WSF | | | | | | | Schedule R (Form 990) 2017 | ₹ (Form 99 | 0) 2017 |

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Schedule R (Form 990) 2017

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. Part III

| | | • | | | ٠, | | | | | | , | | | | |
|---|--|--|---|--|---|--|---|--|--|--|--|---|--|--|--|
| (k) Percentage ownership | | | | | | | | | | | | | | | |
| (i) eral or naging tner? | No | | | | | | | | | | | | | | |
| Gen | Yes | | | | | | | | | | | | | | |
| (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | | | | | | | | | | | |
| | No | | | | | | | | | | | | | | |
| Disprop | Yes | | | | | | | | | | | | | | |
| (g) Share of end-of- year assets | | | | | | | | | | | | | | | |
| Share of total income | | | | | | | | | | | | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | | | | | | | | | | | | | | | |
| (d) Direct controlling entity | | | | | | | | | | | | | | | |
| (c) Legal domicile (state or foreign | , (man) | | | | | | | | | | | | | | |
| (b) Primary activity | | | | | | | | | | | | | | | |
| (a) Name, address, and EIN of related organization | | | | (1) | | (1 | | (1 | | | | | | 7) | |
| | (b) (c) (d) Primary activity Legal Direct controlling controlling activity Legal Direct controlling co | (b) (c) (d) (e) Primary activity Legal Direct controlling income (related, unrelated, state or country) country) (c) (d) (e) (f) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | (b) (c) (d) Primary activity Legal Direct controlling Income (related from foreign country) (c) (d) (e) (f) (g) (f) (g) (h) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | (a) (b) (c) (d) (e) (f) (f) (g) (f) (f) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | (a) (b) (c) (d) Predominant address, and EIN of Primary activity Legal Official Controlling related organization (state or country) country) A | Name, address, and EIN of Primary activity Legal Direct controlling related organization related organization related organization related organization (state or country) Country Co | (a) (b) (c) (d) Predominant Share of total Share of end-of-side organization related organization foreign country) Name, address, and EIN of Predominant related organization related organization (state or foreign foreign country) Sections 512 - 514) Name, address, and EIN of Predominant Share of total | Country Coun | Name, address, and EIN of Primary activity Legal Direct controlling Predominant related organization Country Count | Name, address, and ElN of Primary activity Country Name, address, and EIN of Primary activity Legal Direct controlling Predominant related organization Code V. UBI Cod | Name, address, and EIN of Primary actually Commonly actually (a) Commonly actually (b) Commonly actually (c) Commonly (c) Commonly actually (c) Commonly | Name, address, and EIN of Primary activity (dominical related organization related organization (strate or country) Country (strate or country) Predominant related organization (strate or country) Predominant (altered from income (related organization (strate or country) Predominant (altered from income (related organization (strate or country) Predominant (altered from income (related organization (strate or country) Predominant (altered from income (related organization (strate or country) Predominant (altered from income (related organization (strate or country) Predominant (altered from income (related organization (strate or country) Predominant in box 20 managing or country) Predominant in box 20 managing or country Predominant in | Name, address, and EliN of Primary actumy Logial Omnicial Country Continuo of Country Continuo of Country Co | Name, address, and ElN of primary activity Legal Direct controlling Predominant related organization Primary activity Legal Direct controlling Predominant related organization P |

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 Part IV

| line 34, because it had one of more related organizations treated as a corporation of it ust during the tax year | ıganızan | ons llealed as a | COLDOLAIR | or trust durin | ig ille lax year | | | | |
|--|------------|------------------|----------------------------|--------------------|----------------------------|----------------|----------------------------|---|------------------------------------|
| (a) | | (Q) | (0) | (p) | (e) | (4) | (6) | (r) | () |
| Name, address, and EIN of related organization | | Primary activity | Legal domicile | Direct controlling | Type of entity | Share of total | | Percentage | Section |
| | - | | (state or foreign country) | entity | (C corp, S corp, or trust) | псоте | end-of-year assets | ownership 512(b)(13) controlled entity? | ontrolled controlled entity? |
| | | | | | | | | | Yes No |
| (1) NS-LLJ OB-GYN AT NEW HYDE PARK, PC 47-37; | 47-3722278 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | ı | MEDICAL SVCS | NY | NSUH | c | | | | × |
| (2) COMMUNITY DRIVE SURGERY, PC 82-16 | 82-1672429 | | | | | ! | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 1 | MEDICAL SVCS | NY | NSUH | c | | | | |
| (3) MARCUS AVENUE MEDICAL, PC 30-09 | 30-0930577 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | , | MEDICAL SVCS | NY | NSUH | C | | | | × |
| (4) CARECONNECT ADMINISTRATIVE SERVICES, INC 47-51 | 47-5182974 | | | | | | | | _ |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | 1 | ADMIN | NY | GROUP HOLDING | c | | | | × |
| (5) NORTHWELL FLEXSTAFF, INC. 81-08 | 81-0836815 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INACTIVE | NY | NSH ENTERPRISE | C | | | | × |
| (6) FEINSTEIN CENTER FOR BIOELECTRONIC MED 81-28 | 81-2885700 | | | | | | | _ | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INACTIVE | NY | FESINTEIN | U | | | | × |
| (7) TRUE NORTH HEALTH MANAGEMENT, INC. 81-34 | 81-3428274 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INACTIVE | NY | нсі | ၁ | | | | × |
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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 Part III

| General or Percentage managing ownership | Yes No | | | | | | | | | | |
|---|---------------------|---|-----|---|-----|-----|---|-----|-----|---|---|
| Code V - UBI Ge amount in box 20 m of Schedule K-1 p (Form 1065) | Ye | | | | | | | _ | | - | |
| (h) Disproportorate allocations? | Yes No | | | | | | | | | | _ |
| (9) Share of end-of- year assets | | | | | | | | | | | |
| (f) Share of total income | | | | | | | ! | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under | sections 512 - 514) | 1 | | | | | | | | | |
| (d) Direct controlling entity | | | | | | | | | | | |
| (c) Legal domicile (state or foreign | country) | | | | | | | | | | |
| (b) Primary activity | | | | _ | | | | | | | |
| (a) Name, address, and EIN of related organization | | | (2) | | (3) | (4) | | (5) | (9) | | |

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

| | | | | | } | | l | | |
|--|------------|-------------------------|-------------------------------|---------------------------|---------------------------|-----------------------|----------------------------|---|------------------------------------|
| (a) Name address and EIN of related organization | | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Type of entity | (f) Share of total | (g) Share of | (h) Percentage | (i) Section |
| | | | (state or foreign country) | entity | (C corp S corp, or trust) | псоте | sets | ownership 512(b)(13) controlled entity? | 12(b)(13) controlled entity? |
| | | | | | | | | | Yes No |
| (1) NARROWS IPA, INC. | 13-3978565 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | BUSINESS SVC | NY | NSUH | S | | | | × |
| (2) VIVOHEALTH PLANS, INC. | 46-1164689 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | INACTIVE | NY | нсі | ၁ | | | | × |
| (3) FORMATIV HEALTH MANAGEMENT, INC. | 81-3454243 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | HOLDING CO | DE | FORMATIV INTER C | C | | | | × |
| (4) FORMATIV HEALTH NEWCO, INC. | 81-3928889 | | | | | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | HODLING CO | DE | FORMATIV HOLD | C | | | | × |
| (5) FORMATIV HEALTH HOLDCO, INC. | 81-3928672 | | | | · | | | | |
| 972 BRUSH HOLLOW RD WESTBURY, NY 11590 | | HOLDING CO | DE | FORMATIV HEALTH C | ၁ | | | | × |
| (6) NORTHWELL QUALITY AND MEDICAL AFFAIRS, I | 82-4113233 | | | | • | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | INACTIVE | NY | NW HEALTHCARE | υ | | | | × |
| (7) MONTAUK RISK RETENTION GROUP, INC. | 82-2587942 | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | INSURANCE | NY | N/A | c | | | | × |
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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. Part III

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under | (f) Share of total income | (g) Share of end-of- year assets | (h) Dispropordorato alboatora? | (I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (i) General or 20 managing -1 partner? | | (k) Percentage ownership |
|--|-------------------------|--------------------------------------|-------------------------------|--|---------------------------------|--|--------------------------------------|---|--|----------------|--------------------------------|
| | | (coaumy) | | | | | Yes | No | Yes | N _o | |
| (1) | | | | | | | | | | | • |
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| (2) | | | | | | | | | | - | • |
| (3) | | | | | | | | | | + | |
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| (4) | | | | | | | | | | | |
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| (5) | | | | | | | | | | | |
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| (9) | | | | | | | | | | | |
| (2) | | | | | | | | | | | ! |
| | | | | | | | | | | - | |
| Part IV Identification of Related Organizations Taxable as a line 34 because it had one or more related organizations. | ated Organization | s Taxable | | Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, tions treated as a corporation or trust during the tax year | or trust during | nization answeithe tax vear | red "Y | es" on Form (| 990, Part | <u>,</u> | |
| | | 0 | | | | - | ! | | ľ | | ; |

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicite | offing | (e) Type of entity | (f) Share of total | (g) Share of | Percentage Section | Section Section |
|--|------------|-------------------------|----------------------------|---------------|---------------------------|-----------------------|----------------------------|--------------------|-----------------------|
| | _ | | (state or foreign country) | | (C corp, S corp or trust) | ıncome | end-of-year assets | ownership | controlled entity? |
| | | | | | | | | | Yes No |
| (1) TRUE NORTH FLEXSTAFF, INC. 82- | 82-1446568 | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | INACTIVE | NY | NW HEALTHCARE | ပ | | | | × |
| (2) NORTHWELL PROTON THERAPY, PC | 81-2766298 | | | | | | | | _ |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | INACTIVE | NY | NSUH | U | | | | × |
| (3) SUITE 130 PLASTIC SURGERY, PC 82- | 82-1772747 | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | MEDICAL SVCS | NY | LIJ | ပ | | | | × |
| (4) NORTHEASTERN ANESTHESIA OF NEW JERSEY, P 20- | 20-8709500 | | | | | | | | _ |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | MEDICAL SVCS | NJ | NSUH | U | | | | × |
| (5) BRIGHTWATERS GYNECOLOGY, PC 82- | 82-1883445 | | | | | | | | |
| 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | MEDICAL SVCS | NY | NSUH | υ | | | | × |
| (9) | | | | | | | | | |
| | | | | | | | | | |
| (7) | | | | | | | | | |
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

 $|\times|\times|\times|\times|$ Schedule R (Form 990) 2017 $|\times|\times|\times|\times$ $\times |\times |\times |\times |\times$ Method of determining Yes × 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 Ξ 1 **1**b 늦 q Reimbursement paid by related organization(s) for expenses Amount involved 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? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). Name of related organization Dividends from related organization(s). Ε c 0 ပ _ 7 ε (2) 3 € 9 9

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

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

| (a) (b) (b) Name, address, and EIN of entity (state of course. | (b) Primary activity | (c) Legal domicle (state or foreign country) | (c) (d) (e) (f) (d) domicile Predominant Are all partners Share of section income (related, section total income enu solity) unrielated, excluded 501(c)(3) | (e) Are all partners section 501(c)(3) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | Code V - UBI amount in box 20 of Schedule K-1 | General or managing partner? | (k) ownership |
|--|----------------------|--|---|--|---------------------------------|---------------------------------|-----------------------------------|---|------------------------------------|----------------------------|
| | | | sections 512-514) | Yes No | | | Yes No | т— | Yes No | 0 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | <u> </u> | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
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| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
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FOUNDATION

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions