

Form 990

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 20

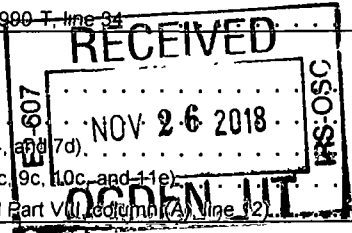
Form 990 header section containing organization name (NORTHWELL HEALTH FOUNDATION), EIN (11-2965575), address (972 BRUSH HOLLOW ROAD, 5TH FL, WESTBURY, NY 11590), and principal officer (MICHAEL J. DOWLING).

ENVELOPE POSTMARK DATE NOV 16 2018 SCANNED FEB 25 2018

Part I Summary

Table with 2 columns: Description and Amount. Rows include mission statement, number of members (3), employees (101), and revenue (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include revenue (8-12), expenses (13-19), and net assets (20-22).



Part II Signature Block

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

Signature block section with fields for officer signature (MICHELE L. CUSACK), date (11/01/2018), and preparer information.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 54,025,846. including grants of \$ 0.) (Revenue \$ 104,128,656.)
THE FOUNDATION RAISES FUNDS FOR THE EXPANSION, MODERNIZATION, AND
MEDICAL CARE FOR THE AFFILIATED HEALTH CARE ORGANIZATIONS WITHIN
NORTHWELL HEALTH.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 54,025,846.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their fulfillment status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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 employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of tax compliance questions, and Yes/No response columns. Includes entries for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (146), 1b (131), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, FL, MA, NJ, NY, PA, RI,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MICHAEL J DOWLING PRESIDENT & CEO	0. 50.00	X		X				0.	4,041,927.	54,840.
(2)RALPH NAPPI TRUSTEE	50.00 0.	X					995,438.	0.	48,848.	
(3)RICHARD D GOLDSTEIN SR VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(4)WILLIAM L MACK CO-CHAIRMAN	0. 3.00	X		X			0.	0.	0.	
(5)ALAN I GREENE TREASURER	0. 2.00	X		X			0.	0.	0.	
(6)DONALD ZUCKER SR VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(7)ROBERT D ROSENTHAL VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(8)ROGER A BLUMENCRAZ SECRETARY	0. 2.00	X		X			0.	0.	0.	
(9)ROY J ZUCKERBERG SR VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(10)LLOYD M GOLDMAN VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(11)BARRY RUBENSTEIN VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(12)NON-COMPENSATED TRUSTEES SEE SCHEDULE O	0. 2.00	X					0.	0.	0.	
(13)SAUL KATZ SR VICE CHAIRMAN	0. 2.00	X		X			0.	0.	0.	
(14)MARK CLASTER CO-CHAIRMAN	0. 3.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER	0. 50.00			X				0. 1,649,071.	48,848.	
16) HARRY GINDI ASSISTANT SECRETARY	0. 50.00			X				0. 356,152.	48,821.	
17) LAURA PEABODY SVP, CHIEF LEGAL COUNSEL	0. 50.00			X				0. 1,058,897.	222,944.	
18) BRIAN LALLY SVP, CHF DEVELOPMENT OFFICER	50.00 0.			X			871,631.	0.	248,897.	
19) MICHELE CUSACK SVP & CFO	0. 50.00			X				0. 1,071,679.	149,487.	
20) LAURENCE KRAEMER SVP, INTERIM CHF LGL OF	0. 50.00			X				0. 879,404.	58,123.	
21) MARK GLOADE SVP DEPUTY GENERAL COUNSEL	0. 50.00			X				0. 576,726.	58,123.	
22) ROBERT CASTANO VP DEVELOPMENT	50.00 0.					X	356,755.	0.	58,123.	
23) ROBERT LANE VP, PRINCIPAL GIFTS	50.00 0.					X	406,739.	0.	39,574.	
24) ANDREA DOWD VP DEVELOPMENT	50.00 0.					X	349,097.	0.	48,848.	
25) SOUZAN HANNA VP, FOUNDATION OPS	50.00 0.					X	341,155.	0.	58,123.	
1b Sub-total							995,438.	4,041,927.	103,688.	
c Total from continuation sheets to Part VII, Section A							2,967,039.	5,591,929.	1,103,629.	
d Total (add lines 1b and 1c)							3,962,477.	9,633,856.	1,207,317.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **34**

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

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		

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**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	7,462,062.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,666,594.			
	g	Noncash contributions included in lines 1a-1f \$		1,575,787.			
	h	Total. Add lines 1a-1f		104,128,656.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		-901,656.		-901,656.	
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				46,483,264.			
b	Less cost or other basis and sales expenses		42,164,110.				
c	Gain or (loss)		4,319,154.				
d	Net gain or (loss)		4,319,154.				
8a	Gross income from fundraising events (not including \$ 7,072,736. of contributions reported on line 1c) See Part IV, line 18	a	ATTCH 4	1,471,889.			
		b		3,255,929.			
		c	ATTCH 5		-1,784,040.		
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities			0.			
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		c			0.		
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		75.	75.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		75.				
12	Total revenue. See instructions		105,762,189.	75.		-901,656.	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A)		(B)	
		Beginning of year		End of year	
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	547,081.	9	828,221.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,109,916.		
	b	Less accumulated depreciation	10b 965,089.	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	0.	12	0.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	11,170,939.	15	445,255.
16	Total assets. Add lines 1 through 15 (must equal line 34)	262,408,626.	16	328,438,650.	
Liabilities	17	Accounts payable and accrued expenses	2,664,100.	17	18,789,233.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,137,895.	25	22,964,319.
	26	Total liabilities. Add lines 17 through 25	9,801,995.	26	41,753,552.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	35,257.	27	-153,483.
	28	Temporarily restricted net assets	171,163,436.	28	193,557,872.
	29	Permanently restricted net assets	81,407,938.	29	93,280,709.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	252,606,631.	33	286,685,098.	
34	Total liabilities and net assets/fund balances	262,408,626.	34	328,438,650.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,762,189.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,002,858.
3	Revenue less expenses Subtract line 2 from line 1	3	24,759,331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,606,631.
5	Net unrealized gains (losses) on investments	5	7,072,446.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,246,690.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	286,685,098.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated 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 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 the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

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

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

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

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

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

Section A. Public Support

Calendar 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						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 shown on line 11, column (f).						60,819,247.
6 Public support. Subtract line 5 from line 4						320,979,714.

Section B. Total Support

Calendar 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 (see instructions)					12	-8,602,002.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	81.42%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	87.11%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI); 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
c 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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 .		
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 .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.35	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-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j 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			
c 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			
7 Excess distributions carryover to 2018 Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: NORTHWELL HEALTH FOUNDATION; Employer identification number: 11-2965575

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for types of easements and a table for held at end of tax year.

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

Form with questions 1a, 1b, 2a, 2b regarding reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2017

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,858,499.	62,217,735.	50,810,521.	49,249,717.	40,197,836.
b Contributions	11,261,900.	16,280,813.	12,428,941.	744,037.	4,995,030.
c Net investment earnings, gains, and losses	9,181,340.	3,414,485.	-290,522.	1,515,078.	4,709,654.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,242,701.	1,054,534.	731,205.	698,311.	652,803.
f Administrative expenses					
g End of year balance	100,059,038.	80,858,499.	62,217,735.	50,810,521.	49,249,717.

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

- a Board designated or quasi-endowment _____%
- b Permanent endowment 100.0000 %
- c Temporarily restricted endowment _____%

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,619.		89,619.
b Buildings		712,896.	321,877.	391,019.
c Leasehold improvements		9,695.	2,424.	7,271.
d Equipment		1,257,731.	630,332.	627,399.
e Other		39,975.	10,456.	29,519.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,144,827.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE CLAIMS PAYABLE	23,361.
(3) OTHER LIABILITIES	22,940,958.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (D) line 25) ▶	22,964,319.

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

Part 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

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 RECLASSIFIED	3,255,929
INTERCOMPANY REVENUE	3,140,563
NET ASSETS RELEASED	(64,225)
TOTAL	6,332,267

PART XII, LINE 2D - EXPENSE RECONCILIATION

AMOUNTS ON BOOK NOT ON RETURN

SPECIAL EVENTS EXPENSE RECLASSIFIED	3,255,929
INTERCOMPANY EXPENSE	829,648
TOTAL	4,085,577

AMOUNTS ON RETURN NOT ON BOOK

ADDITIONAL MINIMUM PENSION LIABILITY	149,879
--------------------------------------	---------

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	(b) Event #2	(c) Other events	(d) Total events	
		CONCERT	GALA	14.	(add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,253,839.	2,717,104.	3,573,682.	8,544,625.
	2	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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	23,500.	3,410.	71,450.	98,360.
	7	Food and beverages	198,000.	198,612.	397,117.	793,729.
	8	Entertainment	640,000.	161,500.	25,448.	826,948.
	9	Other direct expenses	422,722.	367,606.	746,564.	1,536,892.
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				3,255,929.
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-1,784,040.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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	(b) 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 non-cash 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 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 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 organizations listed in the line 1 table **10.**
- 3** Enter total number of other organizations listed in the line 1 table **10.**

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

Schedule I (Form 990) (2017)

Part III Grants 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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

ON A MONTHLY BASIS THE FOUNDATION DISTRIBUTES THE COLLECTIONS OF SPECIAL PURPOSE 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 DISTRIBUED TO THE APPROPRIATE SITE AS COLLECTED AND THERE WOULD BE NO SPENDING OF THE PRINCIPAL. CAPITAL DISTRIBUTIONS ARE BASED ON SPECIFIC REQUESTS AND ARE DISTRIBUED AFTER THE FUNDS HAVE BEEN SPENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

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 IN SCHEDULE J, COLUMN C FOR BRIAN LALLY (\$200,076), MICHELE CUSACK (\$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 PERSONS. THE ORGANIZATION BASES SUCH PAYMENTS ON MANY PERFORMANCE BASED FACTORS. PAYMENTS OF THIS TYPE APPEAR ON SCHEDULE J, PART I, B (II).

PART II, COLUMN (F) - SERP PAYOUT
THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDES SERP AMOUNTS WHICH WERE PREVIOUSLY REPORTED ON FORM 990, SCHEDULE J, PART II, COLUMN (C) IN PRIOR YEARS. IN ACCORDANCE WITH THE IRS INSTRUCTIONS,

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.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
NORTHWELL HEALTH FOUNDATION

Employer identification number
11-2965575

Part I 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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
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)				
(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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROBIN ROSS	FAMILY MEMBER: JACK ROSS	211,497.	EMPLOYEE		X
(2) CREST HOLLOW COUNTRY CLUB	MEMBER: RICHARD MONTI	67,760.	CATERING		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	27.	2,552,510.	MMV DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

STOCK SALES

BROKERAGE FIRMS ARE USED TO SELL STOCKS THAT ARE DONATED

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NORTHWELL HEALTH FOUNDATION

11-2965575

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

Name of the organization NORTHWELL HEALTH FOUNDATION	Employer identification number 11-2965575
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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
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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.

Name of the organization NORTHWELL HEALTH FOUNDATION	Employer identification number 11-2965575
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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

Name of the organization

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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

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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
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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.

Name of the organization

NORTHWELL HEALTH FOUNDATION

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11-2965575

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 UP OF MEMBERS FROM THE BOARD OF TRUSTEES, MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF TRUSTEES EXCEPT AS SUCH AUTHORITY IS LIMITED BY APPLICABLE LAW AND EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY WOULD BE INCONSISTENT WITH ANY PROVISION OF THESE BY-LAWS OR IS LIMITED BY ANY RESOLUTION TO SUCH EFFECT ADOPTED BY THE BOARD OF TRUSTEES.

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.

Name of the organization NORTHWELL HEALTH FOUNDATION	Employer identification number 11-2965575
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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

Name of the organization

NORTHWELL HEALTH FOUNDATION

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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
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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. TRETTLER
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
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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. JOAQUIN 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

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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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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	MARKETING	335,000.

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ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME/LOSS	-901,656.			-901,656.
TOTALS	<u>-901,656.</u>			<u>-901,656.</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CONCERT	1,951,559.
GALA	2,387,590.
OTHER EVENTS	2,733,587.
TOTAL	<u>7,072,736.</u>

ATTACHMENT 5FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
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>1,471,889.</u>	<u>3,255,929.</u>	<u>-1,784,040.</u>

ATTACHMENT 6

Name of the organization

NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

ATTACHMENT 6 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
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	<u>102,984,875.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWELL HEALTH FOUNDATION

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Employer identification number

11-2965575

Open to Public
Inspection

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

(1)	(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)						
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NORTHWELL HEALTH 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3418133	SUPPORT	NY	501(C)(3)	12, TYPE I	N/A		X
(2)	NORTHWELL HEALTHCARE, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2965586	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		X
(3)	NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1562701	HOSPITAL	NY	501(C)(3)	3	HCI		X
(4)	LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-2241326	HOSPITAL	NY	501(C)(3)	3	HCI		X
(5)	GLEN COVE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1633487	HOSPITAL	NY	501(C)(3)	3	HCI		X
(6)	PLAINVIEW HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-3241243	HOSPITAL	NY	501(C)(3)	3	HCI		X
(7)	SOUTHSHORE HOSPITAL 972 BRUSH HOLLOW RD WESTBURY, NY 11590 11-1667761	HOSPITAL	NY	501(C)(3)	3	HCI		X

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Schedule R (Form 990) 2017

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(Form 990)**

Related Organizations and Unrelated Partnerships

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Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

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							Yes	No
(1)	NORTHWELL HEALTH LABORATORIES 11-3412370 WESTBURY, NY 11590	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		X
(2)	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 11-2673595 WESTBURY, NY 11590	RESEARCH	NY	501(C)(3)	4	NORTHWELL		X
(3)	NORTHWELL STERN FAMILY CECR 23-7007485 WESTBURY, NY 11590	NURSING HOME	NY	501(C)(3)	9	HCI		X
(4)	LIJ MEDICAL CENTER AT HOME PHARMACY 11-3251128 WESTBURY, NY 11590	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		X
(5)	LIJ FOUNDATION 11-2661239 WESTBURY, NY 11590	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		X
(6)	NORTH SHORE-LIJ MEDICAL CARE CENTERS 11-3473923 WESTBURY, NY 11590	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		X
(7)	SSH, INC. 11-2774102 WESTBURY, NY 11590	SUPPORT	NY	501(C)(3)	12, TYPE I	NORTHWELL		X
		SUPPORT	NY	501(C)(3)	12, TYPE I	SOUTHSIDE		X

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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							Yes	No
(1)	NORTH SHORE COMMUNITY SERVICES, INC. 23-7273200 WESTBURY, NY 11590	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		X
(2)	NORTH SHORE UNIVERSITY HOSPITAL HOUSING 11-2171903 WESTBURY, NY 11590	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		X
(3)	NSUH AT GLEN COVE HOUSING 23-7010468 WESTBURY, NY 11590	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		X
(4)	HILLSIDE HOSPITAL HOUSES 11-2113949 WESTBURY, NY 11590	HOUSING	NY	501(C)(2)	N/A	NORTHWELL		X
(5)	SIUH SYSTEMS, INC. 06-1074604 475 SEAVIEW AVE STATEN ISLAND, NY 10305	FUNDRAISING	NY	501(C)(3)	7	HCI		X
(6)	STATEN ISLAND UNIVERSITY HOSPITAL 11-2868878 475 SEAVIEW AVE STATEN ISLAND, NY 10305	HOSPITAL	NY	501(C)(3)	3	HCI		X
(7)	STATEN ISLAND UNIVERSITY HOSPITAL FDN 87-0765787 360 SEAVIEW AVE STATEN ISLAND, NY 10305	FUNDRAISING	NY	501(C)(3)	7	SIUH		X

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Internal Revenue Service

OMB No. 1545-0047

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							Yes	No
(1)	THE HEART INSTITUTE 475 SEAVIEW AVE STATEN ISLAND, NY 10305 31-1757254	INACTIVE	NY	501(C)(3)	12, TYPE I N/A			X
(2)	HOSPICE CARE NETWORK 99 SUNNYSIDE BLVD WOODBURY, NY 11797 11-2925757	HOSPICE	NY	501(C)(3)	9	NORTHWELL		X
(3)	HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY 11743 11-1630914	HOSPITAL	NY	501(C)(3)	3	HCI		X
(4)	HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PARK AVENUE GREENLAWN, NY 11740 11-3368503	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		X
(5)	PHYSICIANS OF UNIVERSITY HOSPITAL PC 1 EDGEWATER PLAZA, 6TH FL STATEN ISLAND, NY 10305 20-0096809	HEALTH CARE	NY	501(C)(3)	12, TYPE I N/A			X
(6)	LENOX HILL HOSPITAL 100 EAST 77TH ST NEW YORK, NY 10021 13-1624070	HEALTH CARE	NY	501(C)(3)	3	HCI		X
(7)	LHH CORPORATION 100 EAST 77TH ST NEW YORK, NY 10021 13-3272016	SUPPORT	NY	501(C)(3)	12, TYPE I NORTHWELL			X

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							Yes	No
(1)	THE ELMEZZI GRADUATE SCHOOL OF MOLECULAR WESTBURY, NY 11590 972 BRUSH HOLLOW ROAD	GRADUATE SCHO	NY	501(C)(3)	2	RESEARCH		X
(2)	SPORTS PHYSICAL THERAPY AND REHAB SVCS WESTBURY, NY 11590 972 BRUSH HOLLOW RD	HEALTH CARE	NY	501(C)(3)	9	LIJ		X
(3)	NORTH SHORE-LIJ ALLIANCE WESTBURY, NY 11590 972 BRUSH HOLLOW RD	HEALTH CARE	NY	501(C)(3)	3	NORTHWELL		X
(4)	THE LONG ISLAND HOME AMITYVILLE, NY 11701 400 SUNRISE HIGHWAY	HEALTH CARE	NY	501(C)(3)	3	LHH CORP		X
(5)	CLNY ALLIANCE, INC. WESTBURY, NY 11590 972 BRUSH HOLLOW RD	LABORATORY	NY	501(C)(3)	3	LABS		X
(6)	NS-LIJ CARDIOVASCULAR MEDICINE, PC WESTBURY, NY 11590 972 BRUSH HOLLOW RD	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(7)	NS-LIJ CARDIOLOGY AT DEER PARK, PC WESTBURY, NY 11590 972 BRUSH HOLLOW RD	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X

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Schedule R (Form 990) 2017

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							Yes	No
(1)	NS-LIJ HEART SURGERY, PC 27-5078838 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(2)	NS-LIJ INTERNAL MEDICINE, PC 27-5078631 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(3)	NS-LIJ MED GROUP URGENT MEDICAL CARE, PC 27-5078426 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(4)	NORTH SHORE-LIJ MEDICAL, PC 45-3023019 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(5)	NORTH SHORE-LIJ HEALTH PLAN INC. 46-1617516 WESTBURY, NY 11590	INSURANCE	NY	501(C)(3)	9	HPLAN HOLD		X
(6)	ADVOCATE COMMUNITY PROVIDERS 47-2528627 WESTBURY, NY 11590	DSRIP	NY	501(C)(3)	7	N/A		X
(7)	NS-LIJ HEALTH PLANS HOLDING COMPANY 46-2478147 WESTBURY, NY 11590	HOLDING COMP	NY	501(C)(3)	12, TYPE I	HCI		X

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							Yes	No
(1)	PHELPS MEMORIAL HOSPITAL ASSOCIATION 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-1725076	HOSPITAL	NY	501(C)(3)	3	HCI		X
(2)	PHELPS MEDICAL SERVICES, PC 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 27-4416017	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	PHELPS		X
(3)	NORTHERN WESTCHESTER HOSPITAL ASSOC 400 EAST MAIN ST MOUNT KISCO, NY 10549 13-1740118	HOSPITAL	NY	501(C)(3)	3	HCI		X
(4)	NORTHERN WESTCHESTER HOSPITAL FOUNDATION 400 EAST MAIN ST MOUNT KISCO, NY 10549 13-4067064	FOUNDATION	NY	501(C)(3)	9	NWHA		X
(5)	NORCORP, INC. 400 EAST MAIN ST MOUNT KISCO, NY 10549 13-3366748	SUPPORT ORG	NY	501(C)(3)	12, TYPE I	NWHA		X
(6)	NORTHERN WESTCHESTER REALTY HOLDING COMP 400 EAST MAIN ST MOUNT KISCO, NY 10549 91-2134215	HOLDING COMP	NY	501(C)(2)	N/A	NWHA		X
(7)	CENTRAL SUFFOLK HOSPITAL ASSOCIATION 1300 ROANOKE AVE RIVERHEAD, NY 11901 11-1661359	HEALTH CARE	NY	501(C)(3)	3	HCI		X

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							Yes	No
(1)	STATEN ISLAND PERFORMING PROVIDER SYSTEM 47-2544659 WESTBURY, NY 11590	DSRIP	NY	APPLIED FOR		N/A		X
(2)	VISITING NURSE OF HUDSON VALLEY, INC. 13-1739952 TARRYTOWN, NY 10591	HOME HEALTH C	NY	501(C)(3)	10	NW HEALTHCAR		X
(3)	HOSPICE CARE IN WESTCHESTER AND PUTNAM, 13-3882602 TARRYTOWN, NY 10591	HOSPICE CARE	NY	501(C)(3)	10	VNA HUDSON		X
(4)	VNA HOME HEALTH SERVICES, INC. 13-3690105 TARRYTOWN, NY 10591	HOME HEALTH C	NY	501(C)(3)	10	VNA HUDSON		X
(5)	MARCUS EMERGENCY MEDICINE, PC 47-4377679 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(6)	NORTH SHORE-LIJ RADIOLOGY SERVICES, PC 22-3970667 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(7)	NORTH SHORE-LIJ ANESTHESIOLOGY, PC 46-1617561 WESTBURY, NY 11590	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	SSIDE		X

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							Yes	No
(1)	NORTH SHORE-LIJ OB-GYN, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1382916	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LIJMC		X
(2)	CARNEGIE CARDIOVASCULAR, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377825	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LENOX HILL		X
(3)	WESTCHESTER HEALTH MEDICAL, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4539584	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(4)	PECONIC CARDIOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 81-3149464	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(5)	NORTH SHORE-LIJ OB-GYN AT GARDEN CITY, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-2886776	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(6)	NORTH SHORE-LIJ MEDICAL GROUP AT HUNTING 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-4384049	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(7)	NORTH SHORE-LIJ PEDIATRICS OF SUFFOLK CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-5746956	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2017

Open to Public
Inspection

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.

Name of the organization

NORTHWELL HEALTH FOUNDATION

Employer identification number

11-2965575

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

(1)	(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)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	BROOKLYN AMBULATORY CARE, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4447289	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(2)	LAKEVILLE SURGERY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377760	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	LENOX HILL		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KRASNOFF CONSULTATIVE SERVICES 972 BRUSH HOLLOW RD WESTBURY, CONSULTING		NY	CMG									
(2) ENDOSCOPY CENTER OF LONG ISLAND 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS		NY	NS-LIJ VENTURES									
(3) TRUE NORTH URGENT CARE, LLC 46 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS		NY	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, 972 BRUSH HOLLOW RD WESTBURY, AIR TRANSPORT		NY	NSUH									
(7) NORTH SHORE-LIJ CONTRACT RESEA 972 BRUSH HOLLOW RD WESTBURY, RESEARCH		NY	HCI									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
							Yes	No	
(1) NORTH SHORE HEALTH SYSTEM ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	NORTHWELL	C					X
(2) REGIONCARE, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTHCARE	NY	NSHS ENT	C					X
(3) NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	NSHS ENT	C					X
(4) CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW RD WESTBURY, NY 11590	BUSINESS SERV	NY	NSH ENT	C					X
(5) REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE, 41 CEDAR AVE HAMILTON, BERMUDA BD HM 12	INSURANCE	BD	HCI	C					X
(6) NORTHWELL HEALTH REGIONAL ALLIANCE, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT SERVI	NY	NORTHWELL	C					X
(7) NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	LIJ	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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		NY	PHELPS									
(7) OPTUM 360, LLC 46-3328307 11000 OPTUM CIRCLE EDEN PRAIRI BILLING		MN	OPTUM									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTH SHORE-LIJ HEALTH SYSTEM IPA #2 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HEALTH CARE	NY	LIJ	C					X
(2) NORTH SHORE IPA 5 972 BRUSH HOLLOW RD WESTBURY, NY 11590	BUSINESS SERV	NY	HCI	C					X
(3) NORTH SHORE-LIJ NETWORK, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	SUPPORT	NY	NORTHWELL	C					X
(4) SIUH PERINATOLOGY, PC 475 SEAVIEW AVE STATEN ISLAND, NY 10305	MEDICAL SERVI	NY	SIUH	C					X
(5) UNITED MEDICAL SURGICAL, PC 256 MASON AVE STATEN ISLAND, NY 10305	MEDICAL SERVI	NY	SIUH	C					X
(6) NS-LIJ MEDICAL GROUP AT SYOSSET PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(7) NS-LIJ MEDICAL GROUP PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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	MULTISPECIALTY									
(6) ANESTHESIA MANAGEMENT SERVICES 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS		NY	NEA, PC									
(7) NORTHWELL HEALTH SLEEP LAB, LL 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SVCS		NY	SLEEP HLGS									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NS-LIJ MEDICAL GROUP AT NORTH MASSAU PC 27-4384146 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(2) NORTH SHORE-LIJ PHYSICIANS GROUP PC 27-4384326 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(3) LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY 186 EAST 76TH ST, 2ND FL NEW YORK, NY 10021	MEDICAL SERVI	NY	LENOX	C					X
(4) LENOX HILL PATHOLOGY PC 100 EAST 77TH ST NEW YORK, NY 10021	MEDICAL SERVI	NY	LENOX	C					X
(5) VIVOHEALTH INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSH ENTERPRISES	C					X
(6) AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	RESEARCH	C					X
(7) NS-LIJ INTERNAL MEDICINE AT LYNBROOK, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVC	NY	NSUH	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TECHNOPATH NORTHWELL HEALTH NO 972 BRUSH HOLLOW ROAD WESTBURY	LAB SVCS	NY	TECHNOPATH USA									
(2) RICHMOND ASC, LLC 47-2882195 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	CHAPMAN									
(3) SURGICAL SPECIALTY CENTER OF W 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	N/A									
(4) TRUE NORTH DC HOLDING, LLC 00- 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	RENAL VENTURES									
(5) TRUE NORTH II DC, LLC 00-00000 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	DC HOLDING									
(6) MELVILLE SC, LLC 20-3487522 1895 WALT WHITMAN ROAD MELVILL	MEDICAL SVCS	NY	MELVILLE ASC									
(7) TRUE NORTH IV DC, LLC 61-18169 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	DC HOLDING									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NSLIJ INTERNAL MEDICINE AT NEW HYDE PARK 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVC	NY	NSUH	C					X
(2) CARECONNECT INSURANCE COMPANY 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INSURANCE	NY	GROUP HOLDING	C					X
(3) LENOX HILL HOSPITAL MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	LENOX	C					X
(4) NS-LIJ OCCUPATIONAL MEDICINE PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(5) NORTH SHORE MEDICAL ACCELERATOR, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	S					X
(6) TRUE NORTH HEALTH PHARMACY, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	PHARMACY	NY	NSHS ENTERPRISE C	C					X
(7) NS-LIJ CARECONNECT INSURANCE AGENCY, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INSURANCE AGE	NY	GROUP HOLDING	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TRUE NORTH V DC, LLC 32-051881 972 BRUSH HOLLOW ROAD WESTBURY	MEDICAL SVCS	NY	DC HOLDING									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CARECONNECT GROUP HOLDING COMPANY, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING COMPA	NY	HPLAN HOLDING	C					X
(2) NORTH SHORE-LIJ URGENT CARE, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(3) WELLBRIDGE PSYCHIATRY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(4) NORTH SHORE-LIJ OPHTHALMOLOGY INSTITUTE 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	NSUH	C					X
(5) PHELPS REALTY CORP 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	REAL ESTATE	NY	PHELPS	C					X
(6) NWHC HEALTH MANAGEMENT SERVICES INC 400 EAST MAIN ST MOUNT KISCO, NY 10549	HEALTH MGMT	NY	NORCORP	C					X
(7) NORTHERN WESTCHESTER SURGICAL SERVICES 400 EAST MAIN ST MOUNT KISCO, NY 10549	MEDICAL SVCS	NY	NWHA	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NS-LIJ OB-GYN AT NEW HYDE PARK, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(2) COMMUNITY DRIVE SURGERY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					
(3) MARCUS AVENUE MEDICAL, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(4) CARECONNECT ADMINISTRATIVE SERVICES, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	ADMIN	NY	GROUP HOLDING	C					X
(5) NORTHWELL FLEXSTAFF, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	NSH ENTERPRISE	C					X
(6) FEINSTEIN CENTER FOR BIOELECTRONIC MED 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	FESINTEIN	C					X
(7) TRUE NORTH HEALTH MANAGEMENT, INC. 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	HCI	C					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) TRUE NORTH FLEKSTAFF, INC. 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	INACTIVE	NY	NW HEALTHCARE	C					X
(2) NORTHWELL PROTON THERAPY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	INACTIVE	NY	NSUH	C					X
(3) SUITE 130 PLASTIC SURGERY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	LIJ	C					X
(4) NORTHEASTERN ANESTHESIA OF NEW JERSEY, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NJ	NSUH	C					X
(5) BRIGHTWATERS GYNECOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(6)									
(7)									

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

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

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

Table with columns 1a-1s and Yes/No. Rows include Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Dividends, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities, Lease of facilities, equipment, or other assets, Performance of services, Performance of services or membership, Sharing of facilities, equipment, mailing lists, or other assets, Reimbursement paid to related organization(s) for expenses, Reimbursement paid by related organization(s) for expenses, Other transfer of cash or property, Other transfer of cash or property from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Table with columns (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) are empty.

Part VI 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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