

990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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.

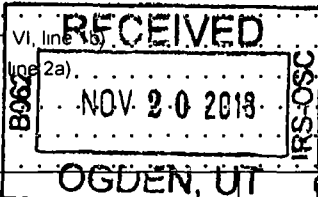
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Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (CLNY ALLIANCE, INC.), EIN (46-3146870), address (972 BRUSH HOLLOW RD, WESTBURY, NY 11590), and principal officer (MICHAEL J. DOWLING).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (7,629,814), expenses (7,629,739), and net assets (2,799,333).



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.

Signature block for Robert Stallone, PRES & CEO, including signature and date.

Preparer information section including name, signature, date, and firm details.

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. Form 990 (2017)

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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
CLNY ALLIANCE IS A COOPERATIVE FOR THE BENEFIT OF ITS TAX EXEMPT MEMBER HOSPITALS. BY OPERATING AS A COOPERATIVE THE MEMBERS WILL ACHEIVE SIGNIFICANT REDUCTIONS IN COSTS WHILE STILL BEING PROVIDED HIGH QUALITY LABORATORY SERVICES.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 7,191,921 including grants of \$ 0) (Revenue \$ 7,629,814)
 CLNY ALLIANCE IS A COOPERATIVE FOR THE BENEFIT OF ITS TAX EXEMPT MEMBER HOSPITALS. BY OPERATING AS A COOPERATIVE THE MEMBERS WILL ACHEIVE SIGNIFICANT REDUCTIONS IN COSTS WHILE STILL BEING PROVIDED HIGH QUALITY LABORATORY SERVICES.

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 **▶** 7,191,921.

AJRO

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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 questions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, gaming winnings, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and Form 720.

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

Section A. Governing Body and Management

Table with columns for line numbers (1a-9), Yes, and No. Contains questions about voting members, family relationships, and governance procedures.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

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

NORTHWELL HEALTH, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 516-321-6058

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) DAVID BATTINELLI, MD DIRECTOR/CHF MED OFF NORTHWELL	0. 50.00	X					0.	1,200,616.	177,851.	
(2) JAMES CRAWFORD, MD, PHD MEDICAL DIRECTOR/ CHAIR NW	0. 50.00	X		X			0.	992,764.	48,821.	
(3) DONNA DRUMMOND DIR/SVP, CONSOLIDATED SERVICES	0. 50.00	X					0.	951,732.	254,399.	
(4) HOWARD B GOLD DIR/EVP, CHF MGD CARE	0. 50.00	X					0.	1,779,494.	48,495.	
(5) LAURENCE KRAEMER SECRETARY, INTERIM CHF LGL OF	0. 50.00	X		X			0.	879,404.	58,123.	
(6) ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER	0. 50.00	X		X			0.	1,649,071.	48,848.	
(7) MERYL SIEGEL DIRECTOR/ EXEC DIR NORTHWELL	0. 50.00	X					0.	842,564.	591,861.	
(8) MARK J SOLAZZO CHAIRMAN/EVP, CHF OP OFFICER	0. 50.00	X		X			0.	2,473,309.	782,518.	
(9) ROBERT STALLONE PRES & CEO/ VP LAB NORTHWELL	0. 50.00	X		X			0.	622,758.	39,560.	
(10) EUGENE S. TANGNEY DIR/SVP, CHIEF ADMIN OFFICER	0. 50.00	X					0.	1,260,472.	300,149.	
(11) ANTONIO MARTIN VICE CHAIRPERSON	2.00 0.	X		X			0.	0.	0.	
(12) MICHELE CUSACK SVP & CFO	0. 50.00	X					0.	1,071,679.	149,487.	
(13) PAUL ALBERSTON DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) KENRA FORD DIRECTOR	2.00 0.	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) SALVATORE GUIDO DIRECTOR	2.00 0.	X					0.	0.	0.	
16) LAURA PEABODY SVP & CHIEF LEGAL OFFICER	0. 50.00			X			0.	1,058,897.	222,944.	
17) SALVATORE RUSSO ASST SECRETARY	2.00 0.			X			0.	0.	0.	
18) JOHN MCGOVERN ASST TREASURY/SVP	0. 50.00			X			0.	696,959.	30,300.	
19) PV ANANTHARAM TREASURER	2.00 0.			X			0.	0.	0.	
1b Sub-total							0.	13,723,863.	2,500,112.	
c Total from continuation sheets to Part VII, Section A							0.	1,755,856.	253,244.	
d Total (add lines 1b and 1c)							0.	15,479,719.	2,753,356.	

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 **0.**

	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

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 **0.**

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				
		1b	Membership dues			
		1c	Fundraising events			
		1d	Related organizations			
		1e	Government grants (contributions)			
		1f	All other contributions, gifts, grants, and similar amounts not included above			
		g	Noncash contributions included in lines 1a-1f \$	-		
		h	Total Add lines 1a-1f ▶	0		
Program Service Revenue	2a	MEMBER OUTREACH SERVICES	7,629,814	7,629,814		
		b				
		c				
		d				
		e				
		f	All other program service revenue			
		g	Total Add lines 2a-2f ▶	7,629,814		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶	0			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
			(i) Real	(ii) Personal		
	6a	Gross rents				
		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		
		b	Less cost or other basis and sales expenses			
		c	Gain or (loss)			
		d	Net gain or (loss) ▶	0		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
		b	Less direct expenses b			
		c	Net income or (loss) from fundraising events ▶	0		
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	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue				
	e	Total Add lines 11a-11d ▶	0			
	12	Total revenue See instructions ▶	7,629,814	7,629,814		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0.			
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	0.			
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	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	0.			
13 Office expenses	2,863,851.	2,863,851.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	103,907.	103,907.		
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	51,691.	51,691.		
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 PURCHASED SERVICES	3,579,113.	3,579,113.		
b CENTRALIZED ADMIN EXPENSE	437,818.		437,818.	
c BILLING & COLLECTION	287,249.	287,249.		
d OTHER EXPENSES	306,110.	306,110.		
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	7,629,739.	7,191,921.	437,818.	
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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,065,927.	4	2,799,333.
	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	0.	9	0.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	
	b	Less accumulated depreciation	0.	10b	0.
	11	Investments - publicly traded securities	0.	11	0.
	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	0.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,065,927.	16	2,799,333.	
Liabilities	17	Accounts payable and accrued expenses	0.	17	0.
	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	1,056,377.	25	2,789,708.
	26	Total liabilities. Add lines 17 through 25	1,056,377.	26	2,789,708.
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	9,550.	27	9,625.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets	0.	29	0.
	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	9,550.	33	9,625.	
34	Total liabilities and net assets/fund balances	1,065,927.	34	2,799,333.	

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	7,629,814.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,629,739.
3	Revenue less expenses Subtract line 2 from line 1	3	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,550.
5	Net unrealized gains (losses) on investments	5	0.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,625.

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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CLNY ALLIANCE, INC.

Employer identification number
46-3146870

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

03

Enter the number of supported organizations.

(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

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 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
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.
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.
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.
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.
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.

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; 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.

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; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support; 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 3 columns: Description, Value, 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 3 columns: Description, Value, 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)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding director powers and benefit of supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding majority of directors.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding notification, officers, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding integral part test, activities test, and parent of supported organizations.

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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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

- Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
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 %
c Temporarily restricted endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
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

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

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) DUE TO AFFILIATE	2,789,708.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	
	2,789,708.

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)

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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		

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 DAVID BATTINELLI, MD DIRECTOR/CHF MED OFF NORTHWELL	(i) 0. (ii) 894,718.	0. 232,134.	0. 73,764.	0. 159,630.	0. 18,221.	0. 1,378,467.	0. 0.
2 JAMES CRAWFORD, MD, PHD MEDICAL DIRECTOR/ CHAIR NW	(i) 0. (ii) 776,389.	0. 184,578.	0. 31,797.	0. 29,700.	0. 19,121.	0. 1,041,585.	0. 0.
3 DONNA DRUMMOND DIR/SVP, CONSOLIDATED SERVICES	(i) 0. (ii) 684,675.	0. 235,506.	0. 31,551.	0. 225,976.	0. 28,423.	0. 1,206,131.	0. 0.
4 HOWARD B GOLD DIR/EVP, CHF MGD CARE	(i) 0. (ii) 1,076,639.	0. 670,464.	0. 32,391.	0. 29,700.	0. 18,795.	0. 1,827,989.	0. 0.
5 LAURENCE KRAEMER SECRETARY, INTERIM CHF LGL OF	(i) 0. (ii) 632,884.	0. 204,756.	0. 41,764.	0. 29,700.	0. 28,423.	0. 937,527.	0. 0.
6 LAURA PEABODY SVP & CHIEF LEGAL OFFICER	(i) 0. (ii) 707,941.	0. 282,134.	0. 68,822.	0. 203,936.	0. 19,008.	0. 1,281,841.	0. 0.
7 ROBERT S SHAPIRO EVP, CHIEF FINANCIAL OFFICER	(i) 0. (ii) 1,171,054.	0. 421,415.	0. 56,602.	0. 29,700.	0. 19,148.	0. 1,697,919.	0. 0.
8 MERYL SIEGEL DIRECTOR/ EXEC DIR NORTHWELL	(i) 0. (ii) 637,275.	0. 173,092.	0. 32,197.	0. 563,438.	0. 28,423.	0. 1,434,425.	0. 0.
9 MARK J SOLAZZO CHAIRMAN/EVP, CHF OP OFFICER	(i) 0. (ii) 1,444,332.	0. 1,000,000.	0. 28,977.	0. 770,985.	0. 11,533.	0. 3,255,827.	0. 0.
10 ROBERT STALLONE PRES & CEO/ VP LAB NORTHWELL	(i) 0. (ii) 489,589.	0. 102,149.	0. 31,020.	0. 29,700.	0. 9,860.	0. 662,318.	0. 0.
11 EUGENE S. TANGNEY DIR/SVP, CHIEF ADMIN OFFICER	(i) 0. (ii) 997,983.	0. 251,479.	0. 11,010.	0. 271,726.	0. 28,423.	0. 1,560,621.	0. 0.
12 MICHELE CUSACK SVP & CFO	(i) 0. (ii) 775,211.	0. 284,418.	0. 12,050.	0. 121,106.	0. 28,381.	0. 1,221,166.	0. 0.
13 JOHN MCGOVERN ASST TREASURY/SVP	(i) 0. (ii) 539,983.	0. 135,412.	0. 21,564.	0. 29,700.	0. 600.	0. 727,259.	0. 0.
14	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
15	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
16	(i) 0. (ii) 0.	0. 0.	0. 0.	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

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 MARK SOLAZZO (\$741,285), LAURA PEABODY

(\$174,236), DONNA DRUMMOND (\$196,276), DAVID BATTINELLI (\$129,930),

EUGENE TANGNEY (\$242,026), MERRYL SIEGEL (\$533,738), AND MICHELE CUSACK

(\$91,406).

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

46-3146870

PART VI, SECTION A - GOVERNING BODY, LINE 7

THE FOLLOWING MEMBERS, GLEN COVE HOSPITAL, HUNTINGTON HOSPITAL, LENOX HILL HOSPITAL, LONG ISLAND HOME, LONG ISLAND JEWISH MEDICAL CENTER, NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, NORTH SHORE UNIVERSITY HOSPITAL, PLAINVIEW HOSPITAL, SOUTHSIDE HOSPITAL AND STATEN ISLAND UNIVERSITY HOSPITAL. THEY HAVE THE RIGHT TO ELECT OR APPOINT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY AND HAVE THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS. THESE ORGANIZATIONS ARE PART OF NORTHWELL HEALTH, INC., AN INTEGRATED HEALTH CARE DELIVERY SYSTEM.

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.

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

PART VI, SECTION B - POLICIES, LINE 12C

NORTHWELL HEALTH, INC. ("NORTHWELL") HAS SEVERAL CONTROL MECHANISMS TO MITIGATE CONFLICTS OF INTEREST. NORTHWELL'S CODE OF ETHICAL CONDUCT CONTAINS A DETAILED SECTION EDUCATING INDIVIDUALS ABOUT HOW TO AVOID POTENTIAL CONFLICTS OF INTEREST. SPECIFICALLY, OUR CODE OF ETHICAL CONDUCT REQUIRES INDIVIDUALS TO CONDUCT NORTHWELL BUSINESS IN A MANNER THAT PLACES THE INTERESTS OF NORTHWELL AHEAD OF THEIR PERSONAL INTERESTS.

IN ADDITION, NORTHWELL HAS A CONFLICTS OF INTEREST POLICY STATEMENT FURTHER ELABORATING UPON INDIVIDUALS' DISCLOSURE AND RECUSAL OBLIGATIONS.

INDIVIDUALS THAT ARE IN A POSITION TO INFLUENCE THE BUSINESS OR OTHER DECISIONS OF NORTHWELL ARE REQUIRED TO FILL OUT A CONFLICTS OF INTEREST DISCLOSURE FORM ON A REGULAR BASIS.

THE CORPORATE COMPLIANCE OFFICE REVIEWS ALL DISCLOSURES OF POSSIBLE CONFLICTS, INCLUDING MATTERS DISCLOSED IN ANY CONFLICTS OF INTEREST DISCLOSURE REPORT AND TAKES ANY ACTIONS DEEMED REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

IN APPROPRIATE CASES THESE DISCLOSURES AND RESPONSIVE ACTIONS WILL BE REPORTED TO NORTHWELL'S AUDIT AND CORPORATE COMPLIANCE COMMITTEE AND OTHER APPLICABLE COMMITTEES. IN ADDITION, NORTHWELL PROVIDES TRAINING TO INDIVIDUALS ON AN ANNUAL BASIS REGARDING CONFLICTS OF INTEREST AND OTHER COMPLIANCE RELATED TOPICS. IF AN INDIVIDUAL VIOLATES THE CODE OF ETHICAL CONDUCT OR ANY RELATED POLICY SUCH AS THE CONFLICTS OF INTEREST POLICY STATEMENT, APPROPRIATE DISCIPLINARY ACTION IS TAKEN BASED UPON THE FACTS

Name of the organization
CLNY ALLIANCE, INC.

Employer identification number
46-3146870

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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 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, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Name of the organization
CLNY ALLIANCE, INC.

Employer identification number
46-3146870

PART VI, 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.

INFORMATIONAL

A DIVIDEND WAS ISSUED IN DECEMBER OF 2017 IN THE AMOUNT OF \$9,550 TO HHC AS APPROVED IN THE DECEMBER 2017 BOARD MEETING.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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)	NORTH SHORE-LIJ HEALTH SYSTEM 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3418133	SUPPORTING OR	NY	501(C)(3)	12, TYPE I N/A	NW HEALTHCAR		X
(2)	NORTH SHORE-LIJ HEALTH CARE, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2965586	SUPPORTING OR	NY	501(C)(3)	12, TYPE I	NW HEALTHCAR		X
(3)	NORTH SHORE UNIVERSITY HOSPITAL 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-1562701	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(4)	LONG ISLAND JEWISH MEDICAL CENTER 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2241326	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(5)	GLEN COVE HOSPITAL 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-1633487	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(6)	PLAINVIEW HOSPITAL 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3241243	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(7)	SOUTHSIDE HOSPITAL 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-1667761	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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)	NORTH SHORE-LIJ HEALTH SYTEM LABORATORIE 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3412370	SUPPORTING OR	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(2)	FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2673595	RESEARCH	NY	501(C)(3)	4	NW HEALTH		X
(3)	NORTH SHORE-LIJ HEALTH SYTEM FOUNDATION 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2965575	FUNDRAISING	NY	501(C)(3)	7	NW HEALTH		X
(4)	NORTH SHORE-LIJ STERN FAMILY CECR 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 23-7007485	NURSING HOME	NY	501(C)(3)	9	NW HEALTHCAR		X
(5)	LONG ISLAND JEWISH MEDICAL CENTER AT HOM 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3251128	NW HEALTH		501(C)(3)	12, TYPE I	NLSLIJ HS		X
(6)	LIJ FOUNDATION 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-2661239	SUPPORTING OR	NY	501(C)(3)	12, TYPE I	NW HEALTH		X
(7)	NORTH SHORE-LIJ MEDICAL CARE CENTERS 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3473923	SUPPORTING OR	NY	501(C)(3)	12, TYPE I	NW HEALTH		X

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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)	SSH, INC 11-2774102 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	SUPPORTING OR	NY	501 (C) (3)	12, TYPE I	SOUTHSIDE		X
(2)	NORTH SHORE COMMUNITY SERVICES, INC 23-7273200 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOUSING COMP	NY	501 (C) (2)	N/A	NW HEALTH		X
(3)	NORTH SHORE UNIVERSITY HOSPITAL HOUSING 11-2171903 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOUSING COMP	NY	501 (C) (2)	N/A	NW HEALTH		X
(4)	NORTH SHORE UNIVERSITY HOSPITAL AT GLEN 23-7010468 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOUSING COMP	NY	501 (C) (2)	N/A	NW HEALTH		X
(5)	HILLSIDE HOSPITAL HOUSES, INC 11-2113949 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOUSING COMP	NY	501 (C) (2)	N/A	NW HEALTH		X
(6)	SIUH SYSTEMS, INC 06-1074604 475 SEAVIEW AVENUE STATEN ISLAND, NY 10305	FUNDRAISING	NY	501 (C) (3)	7	NW HEALTHCAR		X
(7)	STATEN ISLAND UNIVERSITY HOSPITAL 11-2868878 475 SEAVIEW AVENUE STATEN ISLAND, NY 10305	HEALTH CARE	NY	501 (C) (3)	3	NW HEALTHCAR		X

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

**SCHEDULER
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

OMB No 1545-0047
2017

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)						
(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)	STATEN ISLAND UNIVERSITY HOSPITAL FOUNDA 360 SEAVIEW AVENUE STATEN ISLAND, NY 10305 87-0765787	FUNDRAISING	NY	501(C)(3)	7	SIUH		X
(2)	THE HEART INSTITUTE 475 SEAVIEW AVENUE STATEN ISLAND, NY 10305 31-1757254	INACTIVE	NY	501(C)(3)	12, TYPE I	N/A		X
(3)	CHAPS COMMUNITY HEALTH CENTER, INC 1 EDgewater PLAZA, 6TH FLOOR STATEN ISLAND, NY 10305 11-3345477	INACTIVE	NY	501(C)(3)	9	SIUH		X
(4)	PHYSICIANS OF UNIVERSITY HOSPITAL, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 20-0096809	HEALTH CARE	NY	501(C)(3)	12, TYPE I	SIUH		X
(5)	HOSPICE CARE NETWORK 99 SUNNYSIDE BLVD WOODBURY, NY 11797 11-2925757	HOSPICE	NY	501(C)(3)	9	NW HEALTHCAR		X
(6)	HUNTINGTON HOSPITAL 270 PARK AVENUE HUNTINGTON, NY 11743 11-1630914	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(7)	HUNTINGTON HOSPITAL DOLAN FAMILY HEALTH 284 PULASKI ROAD GREENLAWN, NY 11740 11-3368503	HEALTH CARE	NY	501(C)(3)	3	HUNTINGTON		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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)	LENOX HILL HOSPITAL 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 13-1624070	HEALTH CARE	NY	501 (C) (3)	3	NW HEALTHCAR		X
(2)	LHH CORPORATION 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 13-3272016	SUPPORTING OR	NY	501 (C) (3)	12, TYPE I	NW HEALTH		X
(3)	THE ELMEZZI GRADUATE SCHOOL OF MOLECULAR 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3284934	GRADUATE SCHO	NY	501 (C) (3)	2	NW HEALTH		X
(4)	SPORTS PHYSICAL THERAPY, OCCUPATIONAL TH 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 06-1655704	HEALTH CARE	NY	501 (C) (3)	9	LIJ		X
(5)	NORTH SHORE-LIJ ALLIANCE 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 26-3727582	HEALTH CARE	NY	501 (C) (3)	3	N/A		X
(6)	THE LONG ISLAND HOME 400 SUNRISE HIGHWAY AMITYVILLE, NY 11701 11-2837244	HEALTH CARE	NY	501 (C) (3)	3	LHH CORPORAT		X
(7)	NORTH SHORE-LIJ CARDIOVASCULAR MEDICINE, 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-5078717	MEDICAL SERVI	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)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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)	NORTH SHORE-LIJ CARDIOLOGY AT DEER PARK, WESTBURY, NY 11590 27-5078531	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I NSUH	NSUH		X
(2)	NORTH SHORE-LIJ HEART SURGERY, PC WESTBURY, NY 11590 27-5078838	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I NSUH	NSUH		X
(3)	NORTH SHORE-LIJ INTERNAL MEDICINE, PC WESTBURY, NY 11590 27-5078631	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I NSUH	NSUH		X
(4)	NORTH SHORE-LIJ MEDICAL GROUP URGENT MED WESTBURY, NY 11590 27-5078426	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I NSUH	NSUH		X
(5)	NORTH SHORE-LIJ MEDICAL, PC WESTBURY, NY 11590 45-3023019	MEDICAL SERVI	NY	501(C)(3)	12, TYPE I NSUH	NSUH		X
(6)	NORTH SHORE-LIJ HEALTH PLAN, INC WESTBURY, NY 11590 46-1617516	INSURANCE	NY	APPLIED FOR 9	12, TYPE I NSUH	HPLAN HOLD		X
(7)	NORTH SHORE-LIJ HEALTH PLAN HOLDING COMP WESTBURY, NY 11590 46-2478147	HOLDING CO	NY	501(C)(3)	12, TYPE II NSUH	NW HEALTHCAR		X

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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Name of the organization

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(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

	(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)	PHELPS MEMORIAL HOSPITAL ASSOCIATION 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-1725076	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		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 MEMOR		X
(3)	NORTHERN WESTCHESTER HOSPITAL ASSOCIATIO 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-1740118	HEALTH CARE	NY	501(C)(3)	3	NW HEALTHCAR		X
(4)	NORTHERN WESTCHESTER HOSPITAL FOUNDATION 400 EAST MAIN STREET MOUNT KISCO, NY 10549 13-4067064	FOUNDATION	NY	501(C)(3)	9	NWHA		X
(5)	NORCORP, INC 400 EAST MAIN STREET 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 STREET MOUNT KISCO, NY 10549 91-2134215	HOLDING CO	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	NW HEALTHCAR		X

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(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

	(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)	STATEN ISLAND PERFORMING PROVIDER SYSTEM 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-2544659	DSRIP	NY	501(C)(3)	10	N/A		X
(2)	VISITING NURSE OF HUDSON VALLEY, INC 540 WHITE PLAINS RD TARRYTOWN, NY 10591 13-1739952	HOME HEALTH C	NY	501(C)(3)	10	NW HEALTHCAR		X
(3)	HOSPICE CARE IN WESTCHESTER AND PUTNAM, 540 WHITE PLAINS RD TARRYTOWN, NY 10591 13-3882602	HOSPICE CARE	NY	501(C)(3)	10	VNA HUDSON		X
(4)	VNA HOME HEALTH SERVICES, INC 540 WHITE PLAINS RD TARRYTOWN, NY 10591 13-3690105	HOME HEALTH C	NY	501(C)(3)	10	VNA HUDSON		X
(5)	MARCUS EMERGENCY MEDICINE, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 47-4377679	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(6)	NORTH SHORE-LIJ RADIOLOGY SERVICES, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 22-3970667	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	NSUH		X
(7)	NORTH SHORE-LIJ ANESTHESIOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 46-1617561	MEDICAL SVCS	NY	501(C)(3)	12, TYPE I	SSIDE		X

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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Internal Revenue Service

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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

	(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)	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

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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Department of the Treasury
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Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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)								

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Schedule R (Form 990) 2017

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

(a) 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 ROAD WESTBURY CONSULTING		NY	CARE MGMT GROUP									
(2) ENDOSCOPY CENTER OF LONG ISLAND 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	NS-LIJ VENTURES									
(3) TRUE NORTH URGENT CARE, LLC 46 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	NSLIJ URGENT CA									
(4) TRUE NORTH DC, LLC 46-4601950 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	RENAL VENTURES									
(5) SYNERGY HEALTH TRUE NORTH, LLC 972 BRUSH HOLLOW ROAD WESTBURY MEDICAL SERVI		NY	CENTRAL STERILE									
(6) NSLIJ & YALE NEW HAVEN MEDICAL 972 BRUSH HOLLOW ROAD 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 ROAD WESTBURY, NY 11590	HOLDING COMP	NY	NS-LIJ HS	C					X
(2) REGIONCARE, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOME CARE	NY	NSHS ENTERPRISE	C					X
(3) NORTH SHORE HEALTH ENTERPRISES 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	HOLDING COMP	NY	NSHS ENTERPRISE	C					X
(4) CARE MANAGEMENT GROUP OF GREATER NY 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	BUSINESS SERV	NY	NSHS ENTERPRISE	C					X
(5) REGIONAL INSURANCE COMPANY LTD C/O CEDAR HOUSE, 41 CEDAR AVE RM 12 HAMILTON, BD	INSURANCE	BD	NS-LIJ HC	C					X
(6) NORTHWELL HEALTH REGIONAL ALLIANCE, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	SUPPORT SERVIC	NY	N/A	C					X
(7) NORTH SHORE-LIJ HEALTH SYSTEM IPA #1 972 BRUSH HOLLOW ROAD 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	N/A									
(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		DE	NMH 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	PMHA									
(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 ROAD WESTBURY, NY 11590 11-3533670	HEALTH CARE	NY	LIJ	C					X
(2) NORTH SHORE IPA 5, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 11-3383468	BUSINESS SERV	NY	NS-LIJ HC	C					X
(3) NORTHSHORE-LIJ NETWORK, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 32-0257193	SUPPORT SERVI	NY	NS-LIJ HC	C					X
(4) VIVO HEALTH, INC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 26-4118016	INACTIVE	NY	NSHS ENTERPRISE C	C					X
(5) AUTOIMMUNE RESEARCH THERAPEUTICS 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-0701489	INACTIVE	NY	RESEARCH	C					X
(6) NORTH SHORE-LIJ MEDICAL GROUP AT SYOSSET 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-3970667	MEDICAL SERVI	NY	NSUH	C					X
(7) NORTH SHORE-LIJ MEDICAL GROUP, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 27-4384249	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, NY	MEDICAL SVCS	NY	NORTHWELL									
(2) SOUTH SHORE SURGERY CENTER, LL 972 BRUSH HOLLOW RD WESTBURY, NY	MEDICAL SVCS	NY	MULTISPECIALTY									
(3) FORMATIV HEALTH, LLC 81-112123 972 BRUSH HOLLOW RD WESTBURY, DE	HOLDING CO	DE	MAGNITUDE HOLD									
(4) FORMATIV HEALTH INTERMEDIATE, 972 BRUSH HOLLOW RD WESTBURY, DE	HOLDING CO	DE	FORMATIV HOLDCO									
(5) SUFFOLK SURGERY CENTER 20-0080 972 BRUSH HOLLOW RD WESTBURY, NY	MEDICAL SVCS	NY	MULTISPECIALTY									
(6) ANESTHESIA MANAGEMENT SERVICES 972 BRUSH HOLLOW RD WESTBURY, NY	MEDICAL SVCS	NY	NEA PC									
(7) NORTHWELL HEALTH SLEEP LAB, LL 972 BRUSH HOLLOW RD WESTBURY, NY	MEDICAL SVCS	NY	SLEEP HOLDINGS									

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 MEDICAL GROUP AT HUNTING 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(2) NORTH SHORE-LIJ MEDICAL GROUP AT NORTH N 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(3) NORTH SHORE-LIJ PHYSICIANS GROUP, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(4) LENOX HILL HOSPITAL MEDICAL, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	LENOX HILL	C					X
(5) NORTH SHORE-LIJ OCCUPATIONAL MEDICINE, P 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(6) NORTH SHORE-LIJ INTERNAL MEDICINE AT LYN 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	MEDICAL SERVI	NY	NSUH	C					X
(7) NORTH SHORE-LIJ INTERNAL MEDICINE AT NHP 972 BRUSH HOLLOW ROAD 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) TECHNOPATH NORTHWELL HEALTH NO 972 BRUSH HOLLOW RD WESTBURY, LAB SERVICES NY TECHNOPATH USA		NY										
(2) RICHMOND ASC, LLC 47-2882195 1360 HYLAN BLVD STATEN ISLAND, MEDICAL SVCS NY CHAPMAN		NY										
(3) SURGICAL SPECIALTY CENTER OF W 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS NY N/A		NY										
(4) TRUE NORTH DC HOLDING, LLC 81- 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS NY RENAL VENTURES		NY										
(5) TRUE NORTH II DC, LLC 35-25680 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS NY DC HOLDING		NY										
(6) MELVILLE SC, LLC 20-3487522 1895 WALT WHITMAN RD MELVILLE, MEDICAL SVCS NY MELVILLE ASC		NY										
(7) TRUE NORTH IV DC, LLC 61-18169 972 BRUSH HOLLOW RD WESTBURY, MEDICAL SVCS NY DC HOLDING		NY										

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 INSURANCE CO 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 INSURANCE 46-2270382		NY	GROUP HOLDING	C					X
(2) STATEN ISLAND UNIVERSITY HOSPITAL PERINA 475 SEAVIEW AVENUE STATEN ISLAND, NY 10305 MEDICAL SERVI 13-4107082		NY	SIUH	C					X
(3) UNITED MEDICAL SURGICAL, PC 256 MASON AVENUE, BUILDING B, 2ND FLOOR STATEN ISLAND, NY SURGICAL SERV 13-4038780		NY	SIUH	C					X
(4) LENOX OTOLARYNGOLOGY HEAD & NECK SURGERY 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 MEDICAL SERVI 20-8784395		NY	LENOX HILL	C					X
(5) LENOX HILL PATHOLOGY, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 MEDICAL SERVI 13-3644370		NY	LENOX HILL	C					X
(6) NORTH SHORE MEDICAL ACCELERATOR, PC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590 MEDICAL SERVI 11-2945979		NY	NSUH	S					X
(7) TRUE NORTH HEALTH PHARMACY 972 BRUSH HOLLOW RD WESTBURY, NY 11590 PHARMACY 47-1020508		NY	NSHS ENT	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 RD WESTBURY, NY	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) NORTH SHORE-LIJ CARECONNECT INSURANCE AG 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INSURANCE AGENCY	NY	GROUP HOLDING	C					X
(2) CARECONNECT GROUP HOLDING COMPANY 972 BRUSH HOLLOW RD WESTBURY, NY 11590	HOLDING CO	NY	HPLAN HOLDING	C					X
(3) NORTH SHORE-LIJ URGENT CARE, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(4) WELLSRIDGE PSYCHIATRY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(5) NORTH SHORE-LIJ OPHTHALMOLOGY INSTITUTE 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	NSUH	C					X
(6) PHELPS REALTY CORP 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	REAL ESTATE	NY	PHELPS	C					X
(7) NWHC HEALTH MANAGEMENT SERVICES, INC 400 EAST MAIN ST MOUNT KISCO, NY 10549	HEALTH MGMT	NY	NORCORP	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

(1)	(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

(1)	(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)	NORTHERN WESTCHESTER SURGICAL SERVICES 400 EAST MAIN ST MOUNT KISCO, NY 10549 27-4550915	MEDICAL SVCS	NY	NWRA	C					X
(2)	NORTH SHORE-LIJ OB-GYN AT NEW HYDE PARK 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-3722278	MEDICAL SVCS	NY	NSUH	C					X
(3)	COMMUNITY DRIVE SURGERY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 82-1672429	MEDICAL SVCS	NY	NSUH	C					X
(4)	MARCUS AVE MEDICAL PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 30-0930577	MEDICAL SVCS	NY	NSUH	C					X
(5)	CARECONNECT ADMINISTRATIVE SERVICES 972 BRUSH HOLLOW RD WESTBURY, NY 11590 47-5182974	ADMIN	NY	GROUP HOLDING	C					X
(6)	NORTHWELL FLEXSTAFF, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-0836815	MEDICAL SVCS	NY	NSH ENTERPRISE	C					X
(7)	FEINSTEIN CENTER FOR BIOELECTRONIC MED 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-2885700	INACTIVE	NY	FEINSTEIN	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 HEALTH MANAGEMENT 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3428274	INACTIVE	NY	HCI	C					X
(2) NARROWS IPA, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 13-3978565	BUSINESS SVC	NY	NSUH	C					X
(3) VIVOHEALTH PLANS, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 46-1164689	INACTIVE	NY	HCI	C					X
(4) FORMATIV HEALTH MANAGEMENT 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3454243	HOLDING CO	DE	FORMATIV INTERM	C					X
(5) FORMATIV HEALTH NEWCO, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3928889	HOLDING CO	DE	FORMATIV HOLDCO	C					X
(6) FORMATIV HEALTH HOLDCO, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590 81-3928672	HOLDING CO	DE	FORMATIV HEALTH C	C					X
(7) NORTHWELL QUALITY AND MEDICAL AFFAIRS 972 BRUSH HOLLOW RD WESTBURY, NY 11590 82-4113233	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) MONTAUK RISK RETENSION GROUP 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INSURANCE	NY	N/A	C					X
(2) TRUE NORTH FLEXSTAFF, INC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	HCI	C					X
(3) NORTHWELL HEALTH PROTON THERAPY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	INACTIVE	NY	NSUH	C					X
(4) SUITE 130 PLASTIC SURGERY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	LLJ	C					X
(5) NORTHEASTERN ANESTHESIA OF NEW JERSEY PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(6) BRIGHTWATERS GYNECOLOGY, PC 972 BRUSH HOLLOW RD WESTBURY, NY 11590	MEDICAL SVCS	NY	NSUH	C					X
(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?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses.
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

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)													
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(15)													
(16)													

Part VII Supplemental Information

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