Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

1812

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CLNY ALLIANCE, INC

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 972 BRUSH HOLLOW RD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: WESTBURY, NY 11590

D Employer identification number: 46-3146870

E Telephone number: (516) 321-6058

G Gross receipts $: 12,532,390

F Name and address of principal officer: MICHAEL J DOWLING
2000 MARCUS AVE, NEW HYDE PARK, NY 11042

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW NORTHWELL EDU

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2013

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CLNY ALLLIANCE IS A TAX EXEMPT

[redacted]

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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 $ 11,567,326 including grants of $ _____) (Revenue $ 12,532,390)

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 ▶ 11,567,326.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0.		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions		
9	Distributable amount for 2018 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-2018**	(iii) **Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X

[redacted]

a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			

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) MARK SOLAZZO	0.									
CHAIRMAN OF THE BOARD	50.00	X		X				0	2,504,766.	49,562.
(2) DWAYNE BREINING	0.									
PRESIDENT & CEO	50.00	X		X				0.	422,144.	60,771
(3) LAURENCE KRAEMER	0.									
SECRETARY	50.00	X		X				0	819,597	60,771.
(4) JAMES CRAWFORD	0									
MEDICAL DIRECTOR	50.00	X		X				0	846,238	50,667.
(5) JOHN MCGOVERN	0.									
ASST TREASURER	50.00	X		X				0.	601,149.	30,550
(6) ROBERT STALLONE	0.									
SENIOR ADVISOR, NW	50.00	X						0.	520,864.	46,097.
(7) HOWARD GOLD	0.									
EVP & CHF MGD CARE, NW	50.00	X						0	4,439,468.	50,667
(8) DONNA DRUMMOND	0.									
SVP & MNG DIR, TRUENORTH	50.00	X						0	894,348.	60,771
(9) DAVID BATTINELLI	0.									
SVP, CHIEF MEDICAL OFFICER, NW	50.00	X						0.	999,393.	60,343.
(10) EUGENE TANGNEY	0.									
SVP, CHIEF ADMIN OFFICER, NW	50.00	X						0.	1,095,472.	60,771.
(11) PHYLLIS MCCREADY	0.									
VP/CHIEF PROCUREMENT, NW	50.00	X						0.	627,626.	60,771.
(12) MERRYL SIEGEL	0.									
SVP, NORTHWELL	50.00	X						0.	846,535.	60,771
(13) MICHELE CUSACK	0.									
SVP & CFO, NORTHWELL	50.00	X						0.	916,622.	60,725
(14) BILL FOLEY	2.00									
VICE CHAIRMAN	0.	X		X				0.	0.	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NON COMPENSATED TRUSTEES	2.00									
SEE SCHEDULE O	0.	X						0.	0	0
(16) PV ANANTHARAM	2.00									
TREASURER	0.			X				0.	0.	0
(17) ANDREA COHEN	2.00									
ASSISTANT SECRETARY	0			X				0.	0.	0.
(18) ROBERT SHAPIRO	0.									
FORMER EVP, CFO	0						X	0.	2,025,530.	20,147
1b Sub-total ▶								0.	15,534,222.	713,237
c Total from continuation sheets to Part VII, Section A ▶								0.	2,025,530.	20,147
d Total (add lines 1b and 1c) ▶								0.	17,559,752.	733,384

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*	3	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*	4	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*	5		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 . . . . . ☐

[redacted]

	(a) Donor advised funds	(b) Funds and other accounts

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				

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	12,534,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	12,534,941.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	12,534,941.

Part XIII **Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

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	12,532,390.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,534,941
3	Revenue less expenses Subtract line 2 from line 1	3	-2,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,625
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

SCHEDULE A

Public Charity Status and Public Support

OMB No 1545-0047

[redacted]

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees						

Part IV Supporting Organizations

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****)*

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in* ***Part VI*** *how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

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

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

Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year

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	

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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2018

Open to Public Inspection

Name of the organization

CLNY ALLIANCE, INC.

Employer identification number

46-3146870

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

[redacted]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	12,532,390.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	12,532,390

Part XIII Supplemental Information *(continued)*

FIN 48:

[redacted]

Part XIII Supplemental Information *(continued)*

CARRYFORWARDS CAN BE USED.

SCHEDULE L Compensation Information OMB No. 1545-0047

cribed in the

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ompensation mn (B) reported ferred on prior orm 990
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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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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*

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2018

Open to Public Inspection

Name of the organization
CLNY ALLIANCE, INC

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.

[redacted]

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

[redacted]

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

[redacted]

Name of the organization: CLNY ALLIANCE, INC

Employer identification number: 46-3146870

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

organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Amount of monetary	(vi) Amount of

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

Name of the organization: CLNY ALLIANCE, INC.

Employer identification number: 46-3146870

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

Section B. Total Support

46-3146870

l Partnerships

IV, line 33, 34, 35b, 36, or 37

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Form 990, Part IV, line 33

(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

ered "Yes" on Form 990, Part IV, line 34, because it had

e	(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
	501(C)(3)	10	NSUH		X
	501(C)(3)	12, TYPE I	NSUH		X
	501(C)(3)	12, TYPE I	LENOX HILL		X
	501(C)(3)	3	NW HEALTHCAR		X
	501(C)(3)	12, TYPE I	NSUH		X
	501(C)(3)	4	NORTHWELL HE		X
	501(C)(3)	3	NORTHWELL HE		X

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(f)
rect controlling
entity

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(g)
ction 512(b)(13)
controlled
entity?

Yes	No
	X
	X
	X
	X
	X
	X
	X

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46-3146870

erships

34, 35b, 36, or 37.

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Open to Public Inspection

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	Employer identification number
	46-3146870

), Part IV, line 33

cile (state country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

s" on Form 990, Part IV, line 34, because it had

d) ode section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
			Yes	No
) (3)	10	LENOX HILL		X
) (3)	12, TYPE I	LENOX HILL		X
) (3)	12, TYPE I	LENOX HILL		X
) (3)	12, TYPE I	NORTHWELL HE		X
) (3)	12, TYPE I	NORTHWELL HE		X
) (3)	3	NORTHWELL HE		X
) (3)	12, TYPE I	NORTHWELL HE		X

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or 37

Employer identification number

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ne 33

(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

990, Part IV, line 34, because it had

(e) ublic charity status section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
		Yes	No
	N/A		X
2, TYPE I	SSIDE		X
2, TYPE I	NSUH		X
2, TYPE I	NSUH		X
	HEALTH PLAN		X
2, TYPE II	NORTHWELL HE		X
2, TYPE I	NSUH		X

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ssets	(f) Direct controlling entity

cause it had

rolling	(g) Section 512(b)(13) controlled entity?	
	Yes	No
		X
		X
		X
LL HE		X
		X
		X
		X

46-3146870

and Unrelated Partnerships

"Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37
ich to Form 990.
or instructions and the latest information.

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answered "Yes" on Form 990, Part IV, line 33

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

ne organization answered "Yes" on Form 990, Part IV, line 34, because it had

ity	(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	(g) Section 512(b)(13) controlled entity? No
RE	NY	501(C)(3)	12, TYPE I	SIUH		X
RE	NY	501(C)(3)	3	NORTHWELL HE		X
NG	NY	501(C)(3)	7	NORTHWELL HE		X
RE	NY	501(C)(3)	3	NORTHWELL HE		X
RE	NY	501(C)(3)	9	LIJ		X
	NY	501(C)(3)	10	N/A		X
RE	NY	501(C)(3)	3	NORTHWELL HE		X

			1d
d Total (add lines 1a, 1b, and 1c)			
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	

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(e) End-of-year assets	(f) Direct controlling entity	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
		SIUH		X
		RESEARCH		X
		N/A		X
		LHH CORPORAT		X
		NSUH		X
		NW HEALTHCAR		X
		VNA HUDSON		X

, line 34, because it had

8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2018 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-2018**	(iii) **Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018			

[redacted]

[redacted]

[redacted]

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(f) ect controlling entity					(g) ction 512(b)(13) controlled entity?	
					No	Yes
					X	
					X	
					X	
					X	
					X	
					X	
					X	

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Form 990) 2018

8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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information.

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n 990, Part IV, line 33

(c) al domicile (state foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

d "Yes" on Form 990, Part IV, line 34, because it had

(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
501(C)(3)	12, TYPE I	HEALTHCARE		X

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ed "Yes" on Form 990, Part IV, line 34,

(g) of end-of-r assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

n answered "Yes" on Form 990, Part IV,

year	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
					x
					x
					x
					x
					x
					x
					x

Schedule R (Form 990) 2018

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

46-3146870

e organization answered "Yes" on Form 990, Part IV, line 34, he tax year

(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

plete if the organization answered "Yes" on Form 990, Part IV, l or trust during the tax year

(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	(i) Section 512(b)(13) controlled entity? No
ORMATIV HEALTH	C					X
ORMATIV HEALTH	C					X
A	C					X
UH	C					X
HS ENTERPRISE	C					X
ORTHWELL HEALT	C					X
ORTHWELL HEALT	C					X

Schedule R (Form 990) 2018

CLNY ALLIANCE, INC. 46-3146870

Schedule D (Form 990) 2018 Page 2

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

[redacted]

nership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, is a partnership during the tax year

olling	(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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
NGS									
LTY									
LTY									

oration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, treated as a corporation or trust during the tax year

(b) mary 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	(i) No
AL SERVICES	NY	NSUH	S					X
ANCE AGENCY	NY	GROUP HOLDING	C					X
H CARE	NY	LIJ	C					X
H CARE	NY	LIJ	C					X
RT SERVICES	NY	NORTHWELL HEALT	C					X
IVE	NY	NSUH	C					X
AL SERVICES	NY	NSUH	C					X

IV, line 34,

(k) Percentage ownership	(j) General or managing partner? Yes	(j) General or managing partner? No							

990, Part IV,

(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No	(h) Percentage ownership	(g) re of ar assets
	x		
	x		
	x		
	x		
	x		
	x		
	x		

chedule R (Form 990) 2018

[redacted]

(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.**

red "Yes" on Form 990, Part IV, line 34,

(g) e of end-of-ar assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

on answered "Yes" on Form 990, Part IV,
x year

entity p, 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
					x
					x
					x
					x
					x
					x
					x

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	12,534,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	

90, Part IV, line 34,

(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

h Form 990, Part IV,

(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
			x
			x
			x

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CERTAIN ENTITIES INCLUDED IN NORTHWELL'S [redacted] 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 INCLUDED IN NORTHWELL'S CONSOLIDATED FINANCIAL STATEMENTS. 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, 2018 AND 2017

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p	X	
1q		X
1r		X
1s		X

holds (d) of determining it involved

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[redacted]

NOL CARRYFORWARDS AGGREGATING APPROXIMATELY $559,000,000 AT DECEMBER 31, 2018. NOL CARRYFORWARDS GENERATED PRIOR TO 2018 WILL EXPIRE IN VARYING AMOUNTS THROUGH 2037, AND ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME OF THE RESPECTIVE ENTITY UNDER THE TAX CUTS AND JOBS ACT (TCJA) ENACTED ON DECEMBER 22, 2017, NOLS GENERATED AFTER 2017 CAN BE CARRIED FORWARD INDEFINITELY, BUT THE TCJA PLACED LIMITATIONS ON HOW THESE NOL

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

entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets anization See instructions regarding exclusion for certain investment partnerships

(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	

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Part VII **Supplemental Information**

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