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.**

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

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

C Name of organization
NORTHWELL HEALTHCARE INC

% NORTHWELL HEALTH INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
972 BRUSH HOLLOW RD 5TH FL

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

D Employer identification number
11-2965586

E Telephone number
(516) 321-6058

G Gross receipts $ 2,909,779,503

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.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NORTHWELL.EDU

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

L Year of formation: 1990

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Northwell Healthcare, Inc. provides ADVISORY AND ADMINISTRATIVE support services to affiliated health care organizations within Northwell Health.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	8,136
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,073,115
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	628,804

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	5,240,499	13,801,387
	9	Program service revenue (Part VIII, line 2g)	2,164,613,453	2,030,712,001
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,263,244	1,939,828
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,264,155	2,982,806
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,322,381,351	2,049,436,022
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	949,295,052	957,956,160
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,029,757,515	1,092,274,733
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,979,052,567	2,050,230,893
	19	Revenue less expenses. Subtract line 18 from line 12	343,328,784	-794,871

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	4,743,413,789	4,370,640,028
	21	Total liabilities (Part X, line 26)	4,595,336,925	4,554,877,515
	22	Net assets or fund balances. Subtract line 21 from line 20	148,076,864	-184,237,487

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2023-11-06

▶ MICHELE CUSACK EVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. ☐ **Yes** ☐ **No**

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:

NORTHWELL HEALTHCARE INC. COORDINATES POLICY MAKING AND STRATEGIC PLANNING BY PROVIDING ADVISORY AND ADMINISTRATIVE SUPPORT SERVICES TO AFFILIATED HEALTH CARE ORGANIZATIONS WITHIN NORTHWELL HEALTH; WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES AND IS COMMITTED TO PROVIDING THE HIGHEST QUALITY CLINICAL CARE; EDUCATING THE CURRENT AND FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS; SEARCHING FOR NEW ADVANCES IN MEDICINE THROUGH THE CONDUCT OF BIOMEDICAL RESEARCH; PROMOTING HEALTH COMMUNITY EDUCATION; AND CARING FOR THE ENTIRE COMMUNITY REGARDLESS OF THE ABILITY TO PAY.

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 $ 1,673,120,483 including grants of $ 0) (Revenue $ 1,839,723,759)

NORTHWELL HEALTHCARE, INC COORDINATES POLICY MAKING & LONG-RANGE STRATEGIC PLANNING. PROVIDES ADVISORY AND ADMINISTRATIVE SUPPORT SERVICES TO THOSE ENTITIES UNDER COMMON CONTROL. ESTABLISHES AND CONDUCTS COMMUNITY EDUCATIONAL PROGRAMS RELATING TO THE PROMOTION OF HEALTH AND GENERAL WELFARE.

4b (Code:) (Expenses $ 29,087,641 including grants of $ 0) (Revenue $ 30,815,322)

HOMECARE PROVIDES ADMINISTRATIVE SERVICES TO AFFILIATED HEALTH CARE ORGANIZATIONS WITHIN NORTHWELL HEALTH. THE EXPENSES WERE INCURRED IN PROVIDING SUCH SUPPORT.

4c (Code:) (Expenses $ 26,461,199 including grants of $ 0) (Revenue $ 11,783,897)

CARE SOLUTIONS IS RESPONSIBLE FOR NORTHWELL HEALTH'S CARE MANAGEMENT PROGRAMS TO SUPPORT PHYSICIANS AND PATIENTS IN COORDINATING CARE AND DELIVERING QUALITY OUTCOMES.

(Code:) (Expenses $ 159,338,444 including grants of $ 0) (Revenue $ 148,389,024)

OTHER SUPPORT PROVIDED TO AFFILIATES

4d Other program services (Describe in Schedule O.)

(Expenses $ 159,338,444 including grants of $ 0) (Revenue $ 148,389,024)

4e **Total program service expenses** ▶ 1,888,007,767

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		No
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		No
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	Yes	
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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		No
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	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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		No

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		No
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	Yes	
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		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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	Yes	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	6,165		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 8,136			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

				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	37		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
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		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 5TH FL 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

☐ 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): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL DOWLING President & CEO	50.0 0.0	X		X				5,200,818	0	67,443
(2) MARK SOLAZZO EVP & COO	50.0 0.0			X				3,797,212	0	61,175
(3) LAURENCE SMITH Executive in Residence	50.0 0.0					X		2,263,151	0	47,850
(4) JEFFREY KRAUT EVP Strategy & Analytics	50.0 0.0			X				2,120,360	0	61,784
(5) JOSEPH MOSCOLA EVP, Enterprise Management	50.0 0.0			X				1,669,901	0	47,784
(6) DAVID BATTINELLI EVP & Physician in Chief	50.0 0.0			X				1,628,772	0	75,114
(7) MICHELE CUSACK EVP & CFO	50.0 0.0			X				1,581,808	0	75,053
(8) JASON NAIDICH SVP, Chief Innovation Officer	50.0 0.0					X		1,532,963	0	75,052
(9) MARK JARRETT Senior Health Advisor, Northwe	50.0 0.0					X		1,492,961	0	42,115
(10) JOHN BOSCO SVP, Chief Information Officer	50.0 0.0					X		1,455,991	0	61,418
(11) JOHN D'ANGELO SVP/Regional Executive Dir	50.0 0.0					X		1,416,819	0	75,114
(12) EUGENE TANGNEY SVP & Chf Bus Continuity & Cri	50.0 0.0			X				1,416,560	0	75,114
(13) RICHARD MILLER EVP & Chf Business Strategy Of	50.0 0.0			X				1,395,198	0	59,925
(14) LAURENCE KRAEMER EVP, Chf Gen Counsel & Asst Se	50.0 0.0			X				1,222,834	0	75,114
(15) KATHLEEN GALLO EVP & Chf Learning Officer	50.0 0.0			X				1,216,122	0	61,459
(16) DONNA DRUMMOND SVP & Chf Expense Officer	50.0 0.0			X				1,150,407	0	63,166
(17) KONSTANTINE COSTALAS SVP, Managed Care	50.0 0.0			X				1,116,391	0	75,052

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) RALPH NAPPI EVC	50.0 0.0	X		X				1,006,335	0	61,459
(19) MARK GLOADE SVP, Dep Gen Counsel & Asst Se	50.0 0.0			X				874,457	0	75,114
(20) HARRY GINDI Assistant Secretary	50.0 0.0			X				404,079	0	61,418
(21) MARK CLASTER Immediate Past Chairman	2.0 0.0	X		X				324,000	0	0
(22) MICHAEL EPSTEIN Chairman	3.0 0.0	X		X				0	0	0
(23) MARGARET CROTTY Chair - Elect	3.0 0.0	X		X				0	0	0
(24) RICHARD GOLDSTEIN Vice Chairman	2.0 0.0	X		X				0	0	0
(25) WILLIAM MACK Vice Chairman	2.0 0.0	X		X				0	0	0
(26) BARRY RUBENSTEIN Vice Chairman	2.0 0.0	X		X				0	0	0
(27) ROBERT ROSENTHAL Treasurer	2.0 0.0	X		X				0	0	0
(28) DONALD ZUCKER Secretary	2.0 0.0	X		X				0	0	0
(29) NON-COMPENSATED TRUSTEES SEE SCHEDULE O	2.0 0.0	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								34,287,139	0	1,297,723

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 ▶ 2,630

		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**		No
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**	Yes	
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**		No

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
ALLSCRIPTS, 5501 DILLARD AVE CARY, NC 27518	INFORMATION SERVICES	190,815,085
COMPUTER DESIGN AND INTEGRATION LL, 696 RT 46 WEST TETERBORO, NJ 07608	INFORMATION SVCS	36,095,494
SYNERGY HEALTH NORTH AMERICA INC, 401 EAST JACKSON ST TAMPA, FL 33602	STERILIZATION SVCS	24,565,444
MICROSOFT CORP, PO BOX 844510 DALLAS, TX 75284	INFORMATION SVCS	24,211,562
NEXTSOURCEINC, 1040 AVENUE OF THE AMERICAS NEW YORK, NY 10018	CONSULTING SVCS	22,953,877

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 406

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 OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	13,801,387		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶		13,801,387		

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a SERVICE TO AFFIL.	561000	1,837,224,150	1,837,224,150		
b HOMECARE	621610	30,815,322	30,815,322		
c CARE MANAGEMENT	561000	11,783,897	11,783,897		
d MISC PROGRAM SERVICE REVENUE	561000	150,888,632	150,888,632		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	2,030,712,001				

Other Revenue

		(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts)		10,139,382			10,139,382
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c	0	0

d Net rental income or (loss) 0

		(i) Securities	(ii) Other ▶
7a Gross amount from sales of assets other than inventory	7a	852,143,927	
b Less: cost or other basis and sales expenses	7b	860,343,481	
c Gain or (loss)	7c	-8,199,554	

d Net gain or (loss) . . . . . ▶ -8,199,554 | -8,199,554

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0			
b Less: direct expenses	8b	0			
c Net income or (loss) from fundraising events . . ▶			0		
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a	0			
b Less: direct expenses	9b	0			
c Net income or (loss) from gaming activities . . ▶			0		
10a Gross sales of inventory, less returns and allowances . .	10a	0			
b Less: cost of goods sold . .	10b	0			
c Net income or (loss) from sales of inventory . . ▶			0		

	Business Code	(A)	(B)	(C)	(D)
11a INCOME FROM PARTNERSHIP	561000	2,094,147	-90,309	2,184,456	
b MISC INCOME	561000	888,659		888,659	
OtherRevenueMiscAmt c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		2,982,806			
12 **Total revenue.** See instructions . . . . ▶		2,049,436,022	2,030,621,692	3,073,115	1,939,828

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	24,650,847	24,650,847		
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	742,677,035	708,665,606	34,011,429	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,489,176	23,367,677	1,121,499	
9 Other employee benefits	108,000,592	103,054,627	4,945,965	
10 Payroll taxes	58,138,510	55,476,015	2,662,495	
11 Fees for services (non-employees):				
a Management	62,007,682		62,007,682	
b Legal	19,234,672		19,234,672	
c Accounting	2,027,996		2,027,996	
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)	48,167,524	45,961,658	2,205,866	
12 Advertising and promotion	41,555,730	39,652,655	1,903,075	
13 Office expenses	290,419,860	277,119,874	13,299,986	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	62,787,609	59,912,205	2,875,404	
17 Travel	3,224,298	3,224,298		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	6,466,781	6,466,781		
20 Interest	94,558,692	94,558,692		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	213,979,513	204,180,167	9,799,346	
23 Insurance	5,472,744	5,472,744		
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 OTHER PURCHASED SERVICES	205,330,063	205,330,063		
b DUES & SUBSCRIPTIONS	5,927,222	5,655,781	271,441	
c OTHER EXPENSE	26,470,304	25,258,077	1,212,227	
d EXCISE TAX	4,343,878		4,343,878	
e All other expenses	300,165		300,165	
25 **Total functional expenses.** Add lines 1 through 24e	2,050,230,893	1,888,007,767	162,223,126	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		60,374,318	1	320,547,338
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		132,421,382	5	175,922,738
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		363,384,563	7	360,646,097
	8	Inventories for sale or use		74,183,103	8	56,635,691
	9	Prepaid expenses and deferred charges		39,392,364	9	37,566,448
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,065,442,236			
	b	Less: accumulated depreciation	10b 919,366,851	1,079,439,165	10c	1,146,075,385
	11	Investments—publicly traded securities		2,428,918,819	11	1,576,910,653
	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	150,000,000
	15	Other assets. See Part IV, line 11		565,300,075	15	546,335,678
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		4,743,413,789	16	4,370,640,028
Liabilities	17	Accounts payable and accrued expenses		855,005,553	17	944,870,013
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		189,423,833	23	211,747,306
	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		3,550,907,539	25	3,398,260,196
	26	**Total liabilities.** Add lines 17 through 25		4,595,336,925	26	4,554,877,515
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		144,815,942	27	-187,498,409
	28	Net assets with donor restrictions		3,260,922	28	3,260,922
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		148,076,864	32	-184,237,487
	33	Total liabilities and net assets/fund balances		4,743,413,789	33	4,370,640,028

Part XI Reconcilliation 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	2,049,436,022
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,050,230,893
3	Revenue less expenses. Subtract line 2 from line 1	3	-794,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	148,076,864
5	Net unrealized gains (losses) on investments	5	-331,140,628
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-378,852
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	-184,237,487

Part XII Financial Statements and Reporting

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

			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NORTHWELL HEALTHCARE INC

Employer identification number
11-2965586

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).)

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 **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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

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

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

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

f Enter the number of supported organizations 16

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) NORTH SHORE UNIVERSITY HOSPITAL	111562701	3	Yes		378,675,042	0
(B) GLEN COVE HOSPITAL	111633487	3	Yes		4,522,043	0
(C) PLAINVIEW HOSPITAL	113241243	3	Yes		15,890,668	0
(D) LONG ISLAND JEWISH MEDICAL CENTER	112241326	3	Yes		556,180,360	0
(E) NORTHWELL HEALTH STERN FAMILY CENTER FOR REHABILITATION	237007485	9	Yes		2,015,773	0
(F) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH	112673595	4	Yes		1,767,231	0
(G) NORTHWELL HEALTH FOUNDATION	112965575	7	Yes		2,745,360	0
(H) SOUTH SHORE UNIVERSITY HOSPITAL	111667761	3	Yes		80,453,676	0
(I) HUNTINGTON HOSPITAL ASSOCIATION	111630914	3	Yes		67,011,021	0
(J) STATEN ISLAND UNIVERSITY HOSPITAL	112868878	3	Yes		161,699,164	0
(K) LENOX HILL HOSPITAL	131624070	3	Yes		234,127,444	0
(L) THE LONG ISLAND HOME	112837244	3	Yes		2,246,628	0
(M) NORTHERN WESTCHESTER HOSPITAL ASSOCIATION	131740118	3	Yes		55,543,252	0
(N) PHELPS MEMORIAL HOSPITAL ASSOCIATION	131725076	3	Yes		32,373,465	0
(O) PECONIC BAY MEDICAL CENTER	111661359	3	Yes		10,768,364	0
(P) JOHN T MATHER MEMORIAL HOSPITAL	111639818	3	Yes		5,999,688	0
Total 16					1,612,019,179	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 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 2022 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 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

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18

19a **33 1/3% support tests-2022.** 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—2021.** 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		No
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) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		No
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		No
c	Did a disqualified person (as defined on 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.***	9c		No
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 line 10b below.*	10a		No
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).*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a		No
b	A family member of a person described on 11a above?	11b		No
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		No

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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	Yes	
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		No

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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 on line 2a, above 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 lines 3a and 3b 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?*If "Yes" or "No", 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 (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):	1		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
NORTHWELL HEALTHCARE INC	11-2965586

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		420,000
i	Other activities?		No	
j	Total. Add lines 1c through 1i			420,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
LOBBYING ACTIVITY	NORTHWELL HEALTHCARE, INC. IS A MEMBER OF THE ICKES AND ENRIGHT GROUP, INC. AND OTHER ORGANIZATIONS WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERS.

Additional Data

Return to Form

Software ID:

Software Version:

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NORTHWELL HEALTHCARE INC

Employer identification number
11-2965586

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 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 FASB 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 FASB 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 FASB 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?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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** Term endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,001,293		30,001,293
b Buildings		81,764,704	16,059,874	65,704,830
c Leasehold improvements		238,819	212,329	26,490
d Equipment		1,718,549,939	887,664,869	830,885,070
e Other		234,887,481	15,429,779	219,457,702
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				1,146,075,385

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)SECURITY DEPOSITS	500,259
(2)DUE FROM AFFILIATES	232,535,560
(3)OTHER ASSETS	26,405,064
(4)INSURANCE CLAIMS RECEIVABLE	1,833,390
(5)INTEREST IN FOUNDATION	3,272,826
(6)INVESTMENT IN SUBSIDIARIES	64,207,853
(7)BOND FINANCING	16,485,786
(8)RESERVE - OTHER LT DEBT	-114,197,639
(9)OTHER INSURANCE RELATED INVEST	105,490,594
(10)RIGHT OF USE ASSETS	209,801,985
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	546,335,678

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	0
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,398,260,196

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 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	1,729,566,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-331,140,628		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-7,110,295		
e	Add lines **2a** through **2d**			2e	-338,250,923
3	Subtract line **2e** from line **1**			3	2,067,817,037
4	Amounts included on Form 990, Part VIII, line 12, 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	-18,381,015		
c	Add lines **4a** and **4b**			4c	-18,381,015
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	2,049,436,022

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	2,086,233,695
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	2,086,233,695
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	-36,002,802		
c	Add lines **4a** and **4b**			4c	-36,002,802
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	2,050,230,893

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.

Return Reference	Explanation
PART X, LINE 2 - FIN 48	Certain entities included in Northwell's consolidated financial statements are taxable entities under federal or state laws. GAAP requires that the asset and liability method of accounting for income taxes be utilized by these organizations and for unrelated business activities of 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. At December 31, 2022 and 2021, Northwell has net deferred tax assets of approximately $158,000,000 and $145,000,000, respectively, which have been fully offset by a related valuation allowance. The deferred tax asset and related valuation allowance are recorded within other current assets in the accompanying consolidated statements of financial position. 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 net operating loss (NOL) carryforwards. Certain entities have NOL carryforwards aggregating approximately $534,000,000 at December 31, 2022. 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. NOLs generated after 2017 can be carried forward indefinitely, but with limitations.
PART XI, LINES 2B AND 4D - REVENUE RECONCILIATION	AMOUNTS NOT INCLUDED ON 990 NET ASSETS RELEASED FROM RESTRICTION 3,658,733 NET PERIODIC BENEFIT COST (10,769,028) TOTAL (7,110,295) AMOUNTS INCLUDED ON 990 RETURN BOOK/TAX ADJUSTMENT 4,037,586 RESTRICTED CONTRIBUTIONS 1,127 TRANSFERS TO/FROM AFFILIATES (22,419,728) TOTAL (18,381,015)
PART XII, LINES 2D AND 4B - EXPENSE RECONCILIATION	AMOUNTS INCLUDED ON 990 ADDITIONAL MINIMUM PENSION ADJUSTMENT (36,002,802)

Additional Data

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Software ID:

Software Version:

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

2022

Open to Public Inspection

Name of the organization
NORTHWELL HEALTHCARE INC

Employer identification number
11-2965586

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ☑ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL DOWLING President & CEO	(i)	3,964,181	1,177,778	58,859	33,550	33,893	5,268,261	0
	(ii)	0	0	0	0	- 0	- 0	0
2 RALPH NAPPI EVC	(i)	787,287	181,967	37,081	33,550	27,909	1,067,794	0
	(ii)	0	0	0	0	- 0	- 0	0
3 KATHLEEN GALLO EVP & Chf Learning Officer	(i)	761,533	412,000	42,589	33,550	27,909	1,277,581	0
	(ii)	0	0	0	0	- 0	- 0	0
4 JEFFREY KRAUT EVP Strategy & Analytics	(i)	1,110,326	953,250	56,784	33,550	28,234	2,182,144	0
	(ii)	0	0	0	0	- 0	- 0	0
5 RICHARD MILLER EVP & Chf Business Strategy Of	(i)	1,061,917	291,500	41,781	33,550	26,375	1,455,123	0
	(ii)	0	0	0	0	- 0	- 0	0
6 JOSEPH MOSCOLA EVP, Enterprise Management	(i)	1,156,918	477,250	35,733	33,550	14,234	1,717,685	0
	(ii)	0	0	0	0	- 0	- 0	0
7 DAVID BATTINELLI EVP & Physician in Chief	(i)	1,323,880	283,992	20,900	33,550	41,564	1,703,886	0
	(ii)	0	0	0	0	- 0	- 0	0
8 MARK SOLAZZO EVP & COO	(i)	2,956,944	795,000	45,268	33,550	27,625	3,858,387	0
	(ii)	0	0	0	0	- 0	- 0	0
9 MICHELE CUSACK EVP & CFO	(i)	1,206,109	303,958	71,741	33,550	41,503	1,656,861	0
	(ii)	0	0	0	0	- 0	- 0	0
10 DONNA DRUMMOND SVP & Chf Expense Officer	(i)	888,237	223,750	38,420	33,550	29,616	1,213,573	0
	(ii)	0	0	0	0	- 0	- 0	0
11 EUGENE TANGNEY SVP & Chf Bus Continuity & Cri	(i)	1,132,246	253,958	30,356	33,550	41,564	1,491,674	0
	(ii)	0	0	0	0	- 0	- 0	0
12 KONSTANTINE COSTALAS SVP, Managed Care	(i)	816,583	287,396	12,412	33,550	41,502	1,191,443	0
	(ii)	0	0	0	0	- 0	- 0	0
13 LAURENCE KRAEMER EVP, Chf Gen Counsel & Asst Se	(i)	941,463	209,792	71,579	33,550	41,564	1,297,948	0
	(ii)	0	0	0	0	- 0	- 0	0
14 MARK GLOADE SVP, Dep Gen Counsel & Asst Se	(i)	689,566	152,375	32,516	33,550	41,564	949,571	0
	(ii)	0	0	0	0	- 0	- 0	0
15 HARRY GINDI Assistant Secretary	(i)	350,615	47,084	6,380	33,550	27,868	465,497	0
	(ii)	0	0	0	0	- 0	- 0	0
16 JASON NAIDICH SVP, Chief Innovation Officer	(i)	1,145,926	351,180	35,857	33,550	41,502	1,608,015	0
	(ii)	0	0	0	0	- 0	- 0	0
17 LAURENCE SMITH Executive in Residence	(i)	1,618,909	601,423	42,819	33,550	14,300	2,311,001	0
	(ii)	0	0	0	0	- 0	- 0	0
18 MARK JARRETT Senior Health Advisor, Northwe	(i)	224,433	187,708	1,080,820	33,550	8,565	1,535,076	0
	(ii)	0	0	0	0	- 0	- 0	0
19 JOHN BOSCO SVP, Chief Information Officer	(i)	485,398	429,792	540,801	33,550	27,868	1,517,409	0
	(ii)	0	0	0	0	- 0	- 0	0
20 JOHN D'ANGELO SVP/Regional Executive Dir	(i)	1,104,296	276,667	35,856	33,550	41,564	1,491,933	0
	(ii)	0	0	0	0	- 0	- 0	0
21 MARK CLASTER Immediate Past Chairman	(i)	0	0	324,000	0	0	324,000	0
	(ii)	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.

Return Reference	Explanation
PART I, LINE 4A - SEVERANCE PAY	INCLUDED IN THIS YEAR'S COMPENSATION IS SEVERANCE PAY FOR THE FOLLOWING LISTED EMPLOYEES: JOHN BOSCO ($435,417).
PART I, LINE 7 - BONUS AND INCENTIVE COMPENSATION	On Form 990, Part VII, Section A, Line 1A, the organization may provide non-fixed payments, not described on lines 5 and 6, to certain listed persons. The organization bases such payments on many performance based factors. Payments of this type appear on Schedule J, Part II, B (II).

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NORTHWELL HEALTHCARE INC

Employer identification number
11-2965586

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $. ▶ $

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) Jeffrey Kraut	Employee	Split $ Life		X	53,458,538	29,125,047		No	Yes		Yes	
(2) Mark Solazzo	Employee	Split $ Life		X	129,417,877	98,506,976		No	Yes		Yes	
(3) Michael Dowling	Employee	Split $ Life		X	96,286,316	61,898,346		No	Yes		Yes	
(4) Laurence Kraemer	Employee	Split $ Life		X	42,035,753	23,066,716		No	Yes		Yes	
(5) Richard Miller	Employee	Split $ Life		X	17,899,361	6,716,715		No	Yes		Yes	
(6) Michele Cusack	Employee	Split $ Life		X	21,111,205	10,067,905		No	Yes		Yes	
(7) Donna Drummond	Employee	Split $ Life		X	16,911,223	6,849,576		No	Yes		Yes	
(8) Joseph Moscola	Employee	Split $ Life		X	16,993,347	9,353,714		No	Yes		Yes	
(9) Jason Naidich	Employee	Split $ Life		X	16,797,745	5,820,462		No	Yes		Yes	
(10) Eugene Tangney	Employee	Split $ Life		X	26,817,034	11,031,542		No	Yes		Yes	
(11) David Battinelli	Employee	Split $ Life		X	61,749,452	34,201,551		No	Yes		Yes	
(12) John Bosco	Employee	Split $ Life		X	23,138,280	11,569,140		No	Yes		Yes	
(13) Konstantine Costalas	Employee	Split $ Life		X	16,150,590	12,561,570		No	Yes		Yes	
(14) Mark Gloade	Employee	Split $ Life		X	16,133,139	12,547,997		No	Yes		Yes	
Total . . . . . ▶ $						333,317,257						

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) STELLIOS MENDONIS	FAM REL: KONSTANTINE COSTALAS	85,227	EMPLOYEE		No
(2) MATTHEW CLASTER	FAM REL: MARK CLASTER	180,250	EMPLOYEE		No
(3) DARA KRAUT	FAM REL: JEFF KRAUT	41,100	EMPLOYEE		No
(4) MARY BUTLER	FAM REL: MICHAEL DOWLING	310,126	EMPLOYEE		No
(5) KRISTIN KRAEMER	FAM MEM: LAURENCE KRAEMER	179,597	EMPLOYEE		No
(6) GURNEY'S INN RESORT	BUS REL: LLOYD GOLDMAN	531,975	EMPLOYEE		No
(7) LISA SOLAZZO	FAM MEM: MARK SOLAZZO	94,642	EMPLOYEE		No
(8) GLOBAL PACKAGING SOLUTIONS	BUS REL: EMMETT WALKER	2,158,997	EMPLOYEE		No
(9) LEARNING CARE GROUP	BUS REL: MICHAEL FISCH	721,275	EMPLOYEE		No
(10) MELISSA MOSCOLA	FAM REL: JOSEPH MOSCOLA	183,954	COMPANY		No
(11) PILLSBURY WINTRHOP SHAW PITTMAN LLP	BUS REL: KENNETH TABER	18,755	COMPANY		No
(12) PROSKAUER ROSE LLP	BUS REL: MICHAEL FELDMAN	22,979	COMPANY		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
PART II - LOANS TO/FROM INTERESTED PERSONS	THE LOANS ARE PART OF AN EMPLOYEE BENEFIT THAT HAS BEEN APPROVED BY THE NYS ATTORNEY GENERAL.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NORTHWELL HEALTHCARE INC

Employer identification number
11-2965586

Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY, LINE 2	All transactions with Northwell Health entities are as follows: (1) negotiated at arm's length; (2) all purchases are at fair market value; and (3) all products or services are rendered on an "as needed" basis. Roger Blumencranz has a business relationship with Michele Cusack, Richard D. Goldstein, Alan Greene, Douglas Hammond, Ralph Nappi, Mark Solazzo and Donald Zucker. Mark Claster has a business relationship with Richard Mack, William Mack, Robert Rosenthal and Barry Rubenstein. Michele Cusack has a business relationship with Roger Blumencranz. Michael Fisch has a business relationship with Douglas Hammond, Saul Katz. Catherine Foster has a business relationship with Douglas Hammond. Lloyd Goldman has a business relationship with Richard Goldstein, Richard Mack and William Mack. Richard D. Goldstein has a business relationship with Roger Blumencranz, Lloyd Goldman and Barry Rubenstein. Alan Greene has a business relationship with Roger Blumencranz and Douglas Hammond. Doulgas Hammond has a business relationship with Roger Blumencranz, Michael Fisch, Catherine Foster, Alan Greene, Ralph Nappi, Mark Solazzo and Donald Zucker. Saul Katz has a business relationship with Michael Fisch, Seth Lipsay, F.J. McCarthy and Barry Rubenstein. Jeffrey Lane has a business relationship with Richard Mack and William Mack. Seth Lipsay has a business relationship with Saul Katz, F.J. McCarthy, Robert Rosenthal and Barry Rubenstein. Richard Mack has a family relationship with William Mack. He has business relationships with Mark Claster, Lloyd Goldman, Jeffrey Lane, Barry Rubenstein and Roy Zuckerberg. William Mack has a family relationship with Richard Mack. He has business relationships with Mark Claster, Lloyd Goldman, Jeffrey Lane, Barry Rubenstein and Roy Zuckerberg. F.J. McCarthy has a business relationship with Saul Katz, Seth Lipsay, Robert Rosenthal and Emmett Walker, Jr. Ralph Nappi has a business relationship with Roger Blumencranz and Douglas Hammond. Robert Rosenthal has a business relationship with Mark Claster, Seth Lipsay and F.J. McCarthy. Barry Rubenstein has a business relationship with Mark Claster, Richard Goldstein, Saul Katz, Seth Lipsay, Richard Mack and William Mack. Mark Solazzo has a business relationship with Roger Blumencranz and Douglas Hammond. Emmett Walker, Jr has a business relationship with F.J. McCarthy. Donald Zucker has a business relationship with Roger Blumencranz and Douglas Hammond. Roy Zuckerberg has a business relationship with Richard Mack and William Mack.
PART VI, SECTION A - GOVERNING BODY, LINE 7	This organization is a member of the Northwell Health, Inc. ("Northwell"). Northwell is the sole corporate member of this organization. Northwell has the right to elect or appoint members of the organization's governing body and has the right to approve or ratify certain corporate decisions.
PART VI, SECTION B - POLICIES, LINE 11	The annual Return of Organization Exempt From Income Tax (Form 990) for Northwell Health, Inc. and Affiliated entities are prepared with input from various departments including Corporate Compliance, Finance, Human Resources, and Legal. Before filing the returns, the documents are electronically made available to all trustees through a secure online portal. Members of the Executive Committee are then informed the returns are ready for review. The Executive Committee, which is a committee made up of members from the Board of Trustees, may exercise all of the authority of the Board of Trustees except as such authority is limited by applicable law and except to the extent, if any, that such authority would be inconsistent with any provision of these By-laws or is limited by any resolution to such effect adopted by the Board of Trustees.
PART VI, SECTION B - POLICIES, LINE 12C	Northwell Health, Inc. ("Northwell") has several control mechanisms to mitigate conflicts of interest. Northwell's Code of Ethical Conduct contains a detailed section educating individuals about how to avoid potential conflicts of interest. Specifically, our Code of Ethical Conduct requires individuals to conduct Northwell business in a manner that places the interests of Northwell ahead of their personal interests. In addition, Northwell has a Conflicts of Interest Policy Statement further elaborating upon individuals' disclosure and recusal obligations. Individuals that are in a position to influence the business or other decisions of Northwell are required to fill out a conflicts of interest disclosure form on a regular basis. The Corporate Compliance Office reviews all disclosures of possible conflicts, including matters disclosed in any conflicts of interest disclosure report and takes any actions deemed required or appropriate to manage or resolve any actual or potential conflicts of interest. In appropriate cases these disclosures and responsive actions will be reported to Northwell's Audit and Corporate Compliance Committee and other applicable committees. In addition, Northwell provides training to individuals on an annual basis regarding conflicts of interest and other compliance related topics. If an individual violates the Code of Ethical Conduct or any related policy such as the Conflicts of Interest Policy Statement, appropriate disciplinary action is taken based upon the facts and circumstances of the situation.
PART VI, SECTION B - POLICIES, LINE 15	The by-laws of Northwell Health, Inc. ("Northwell") create a committee of the board with full powers of the board to review and approve the compensation of officers and other key employees. The committee consists of approximately 6 trustees who have no connection to Northwell except as trustees and they have no conflicts as to matters they consider. The committee meets several times a year as needed but always meets in November/December to review and determine officer and key employee compensation for the following year. For purposes of their review the committee considers the recommendations of the CEO for all persons other than the CEO. For purposes of the review each year the committee receives information from an outside independent compensation consultant as to compensation for comparable positions in comparable organizations and 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.
PART VII, SECTION A, LINE 1A	Roger A. Blumencranz Richard D. Goldstein Sharon Patterson Michael Caridi Alan I. Greene Lewis S. Ranieri Mark L. Claster Paul B. Guenther Scott Rechler Gary A. Cohen Elizabeth M. Hammack Robert D. Rosenthal Margaret M. Crotty Douglas W. Hammond Barry Rubenstein Michael J. Dowling Saul B. Katz Michael S. Smith Michael A. Epstein Cary Kravet Leo Sternlicht Michael E. Feldman Jeffrey B. Lane Kenneth Taber Michael G. Fisch Seth Lipsay Benjamin B. Tucker Catherine C. Foster Richard Mack Emmett F. Walker, Jr. Clifford Friedman William L. Mack Donald Zucker Lloyd M. Goldman F.J. McCarthy Roy J. Zuckerberg Ralph A. Nappi
PART VII, SECTION A - LINE 1A, COLUMN (B)	This organization is affiliated with Northwell Health, Inc. ("Northwell"). The Officers, Directors and Trustees listed on Schedule J hold similar positions with both this organization and other affiliates of Northwell, and they do not separately allocate their time to this organization and such other affiliates. The hours shown for all such persons reflect time devoted to Northwell and its affiliates, including this organization. For Directors and Trustees, the hours shown reflect the estimated average weekly time. For officers, Key Employees and Highest Compensated Employees, the hours shown reflect the weekly hours used when determining compensation payments for services rendered and are, generally, less than the actual weekly hours devoted to Northwell and its affiliates.
PART XI, LINE 9 - RECONCILIATION OF NET ASSETS	BOOK/TAX ADJUSTMENT (4,037,586) CHANGE IN EQUITY UNDER FAS 136 3,658,734 TOTAL (378,852)
SPLIT DOLLAR IRS REPRESENTATIONS	PLEASE SEE ATTACHED PDF FOR ALL EXECUTED IRS REPRESENTATIONS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NORTHWELL HEALTHCARE INC

Employer identification number
11-2965586

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) Blue Sky Development Group LLC 972 Brush Hollow Rd Westbury, NY 11590 47-4788493	Inactive	NY	0	0	Healthcare
(2) Care Physicians Risk Purchasing Group L 972 Brush Hollow Rd Westbury, NY 11590 81-0764534	Inactive	NY	0	0	Healthcare
(3) Health Connect Technologies LLC 972 Brush Hollow Rd Westbury, NY 11590 81-0967200	Inactive	NY	0	0	Healthcare
(4) Medical Risk Purchasing Group LLC 972 Brush Hollow Rd Westbury, NY 11590 81-3566623	Inactive	NY	0	0	Healthcare
(5) North Shore-LIJ Care Solutions LLC 972 Brush Hollow Rd Westbury, NY 11590 47-4872859	Healthcare Sv	NY	11,783,897	3,638,487	Healthcare
(6) North Shore-LIJ Central Sterile Ventures 972 Brush Hollow Rd Westbury, NY 11590 46-3962651	Central Steri	NY	-2,609,467	3,852,726	Healthcare
(7) Northwell Anesthesia MSO Ventures LLC 972 Brush Hollow Rd Westbury, NY 11590 82-1323719	MSO	NY	3,183,101	3,465,512	Healthcare
(8) Northwell Events LLC 972 Brush Hollow Rd Westbury, NY 11590 82-0866279	Inactive	NY	0	0	Healthcare
(9) Northwell Health Collaborative LLC 972 Brush Hollow Rd Westbury, NY 11590 81-0684856	Inactive	NY	0	0	Healthcare
(10) Northwell Health Partners LLC 972 Brush Hollow Rd Westbury, NY 11590 81-0764616	Inactive	NY	0	0	Healthcare
(11) Northwell RADONC MSO Ventures LLC 972 Brush Hollow Rd Westbury, NY 11590 85-0525252	Radiology/Onc	NY	0	0	Healthcare
(12) Northwell Wellbridge LLC 972 Brush Hollow Rd Westbury, NY 11590 81-5382195	Inactive	NY	0	0	Healthcare
(13) NSLIJ 600 Community Drive 972 Brush Hollow Rd Westbury, NY 11590 47-2869912	Inactive	NY	0	0	Healthcare
(14) NSLIJ Physical Assets Development LLC 972 Brush Hollow Rd Westbury, NY 11590 47-4788549	Inactive	NY	0	0	Healthcare
(15) Population Health Management LLC 972 Brush Hollow Rd Westbury, NY 11590 45-2409051	ACO	NY	0	60,958	Healthcare
(16) Staten Island Ambulatory Services LLC 972 Brush Hollow Rd Westbury, NY 11590 81-3661305	Inactive	NY	7,419,030	891	Healthcare
(17) True North Health Solutions LLC 972 Brush Hollow Rd Westbury, NY 11590 46-5006979	Inactive	NY	0	0	Healthcare
(18) True North Healthcare Consulting LLC 972 Brush Hollow Rd Westbury, NY 11590 46-5568199	Consulting	NY	2,355,762	0	Healthcare
(19) True North Human Capital LLC 972 Brush Hollow Rd Westbury, NY 11590 47-4797475	Inactive	NY	0	0	Healthcare
(20) True North International Ventures LLC 972 Brush Hollow Rd Westbury, NY 11590 82-0821990	Inactive	NY	0	0	Healthcare
(21) True North Management Services Organizat 972 Brush Hollow Rd Westbury, NY 11590 000000000	Inactive	NY	0	0	Healthcare
(22) Virtual Health Management Services Organ 972 Brush Hollow Rd Westbury, NY 11590 83-2212904	Inactive	NY	0	0	Healthcare
(23) Westchester Health Medical Management Se 972 Brush Hollow Rd Westbury, NY 11590 47-5362723	Inactive	NY	29,230,620	13,213,041	Healthcare
(24) Mallard MSO LLC 972 Brush Hollow Rd Westbury, NY 11590 87-1029868	Support Svcs	NY	4,965,184	811,719	Healthcare
(25) Northwell Health Development Company LL 972 Brush Hollow Rd Westbury, NY 11590 86-2167186	Inactive	NY	0	0	Healthcare
(26) Northwell Health Innovations Company LL 972 Brush Hollow Rd Westbury, NY 11590 86-2181722	Inactive	NY	0	0	Healthcare
(27) True North NPA Holdings LLC 972 Brush Hollow Rd Westbury, NY 11590 87-3454711	Inactive	NY	0	0	Healthcare
(28) True North Real Property Management LLC 972 Brush Hollow Rd Westbury, NY 11590 88-1517730	Inactive	NY	0	0	Healthcare
(29) 2000 Services Company LLC 972 Brush Hollow Rd Westbury, NY 11590 88-2425983	Inactive	NY	0	0	Healthcare
(30) True North Sleep Labs LLC 972 Brush Hollow Rd Westbury, NY 11590 92-0498776	Inactive	NY	0	0	Healthcare
(31) True North Special Holdings Company LLC 972 Brush Hollow Rd Westbury, NY 11590 92-0575557	Inactive	NY	0	0	Healthcare

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) Black Hall Dental PC 972 Brush Hollow Rd Westbury, NY 11590 87-3777395	Inactive	NY	501(C)(3)	Applied For	NSUH		No
(2) Brightwaters Gynecology PC 972 Brush Hollow Rd Westbury, NY 11590 82-1883445	Medical Servi	NY	501(C)(3)	10	NSUH		No
(3) Brooklyn Ambulatory Care PC 972 Brush Hollow Rd Westbury, NY 11590 47-4447289	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(4) Carnegie Cardiovascular PC 972 Brush Hollow Rd Westbury, NY 11590 47-4377825	Medical Servi	NY	501(C)(3)	12, Type I	Lenox Hill		No
(5) Central Suffolk Hospital 1 Heroes Way Riverhead, NY 11901 11-1661359	Health Care	NY	501(C)(3)	3	Healthcare		No
(6)CLNY Alliance Inc 972 Brush Hollow Rd Westbury, NY 11590 46-3146870	Laboratory	NY	501(C)(3)	3	NA		No
(7) Community Drive Surgery PC 972 Brush Hollow Rd Westbury, NY 11590 82-1672429	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(8) Glen Cove Faculty Medical Affiliates Un 972 Brush Hollow Rd Westbury, NY 11590 87-2454513	Medical Servi	NY	501(C)(3)	12, Type I	Glen Cove		No
(9) Glen Cove Hospital 972 Brush Hollow Rd Westbury, NY 11590 11-1633487	Health Care	NY	501(C)(3)	3	Healthcare		No
(10) Harbor View Medical Services PC 75 North Country Rd Port Jefferson, NY 11777 26-4517010	Supporting Or	NY	501(C)(3)	12, Type I	Mather		No
(11) Hillside Hospital Houses Inc 972 Brush Hollow Rd Westbury, NY 11590 11-2113949	Housing Comp	NY	501(C)(2)	N/A	Northwell He		No
(12) Hospice Care in Westchester and Putnam 540 White Plains Rd Tarrytown, NY 10591 13-3882602	Hospice Care	NY	501(C)(3)	10	VNA Hudson		No
(13) Hospice Care Network 99 Sunnyside Blvd Woodbury, NY 11797 11-2925757	Hospice	NY	501(C)(3)	9	Healthcare		No
(14) Huntington Faculty Medical Affiliates U 972 Brush Hollow Rd Westbury, NY 11590 85-0642554	Billing	NY	501(C)(3)	12, Type I	Huntington		No
(15) Huntington Hospital Association 270 Park Avenue Huntington, NY 11743 11-1630914	Health Care	NY	501(C)(3)	3	Healthcare		No
(16) Huntington Hospital Dolan Family Health 284 Pulaski Rd Greenlawn, NY 11740 11-3368503	Health Care	NY	501(C)(3)	3	Huntington		No
(17) John T Mather Memorial Hospital 75 North Country Rd Port Jefferson, NY 11777 11-1639818	Health Care	NY	501(C)(3)	3	Healthcare		No
(18) Lakeville Surgery PC 972 Brush Hollow Rd Westbury, NY 11590 47-4377760	Medical Servi	NY	501(C)(3)	10	Lenox Hill		No
(19) Lenox Hill Faculty Medical Affiliates U 972 Brush Hollow Rd Westbury, NY 11590 85-0656357	Billing	NY	501(C)(3)	12, Type I	Lenox Hill		No
(20) Lenox Hill Hospital 972 Brush Hollow Rd Westbury, NY 11590 13-1624070	Health Care	NY	501(C)(3)	3	Healthcare		No
(21) Lenox Hill Hospital Medical PC 972 Brush Hollow Rd Westbury, NY 11590 45-2661543	Medical Servi	NY	501(C)(3)	10	NSUH		No
(22) Lenox Hill Pathology PC 972 Brush Hollow Rd Westbury, NY 11590 13-3644370	Medical Servi	NY	501(C)(3)	12, Type I	Lenox Hill		No
(23) Lenox Otolaryngology Head & Neck Surgery 972 Brush Hollow Rd Westbury, NY 11590 20-8784395	Medical Servi	NY	501(C)(3)	12, Type I	Lenox Hill		No
(24)LHH Corporation 972 Brush Hollow Rd Westbury, NY 11590 13-3272016	Supporting Or	NY	501(C)(3)	12, Type I	Northwell He		No
(25)LIJ Foundation 972 Brush Hollow Rd Westbury, NY 11590 11-2661239	Supporting Or	NY	501(C)(3)	12, Type I	Northwell He		No
(26) Long Island Jewish Faculty Medical Affil 972 Brush Hollow Rd Westbury, NY 11590 85-0667316	Billing	NY	501(C)(3)	12, Type I	LIJMC		No
(27) Long Island Jewish Medical Center 972 Brush Hollow Rd Westbury, NY 11590 11-2241326	Health Care	NY	501(C)(3)	3	Healthcare		No
(28) Long Island Jewish Medical Center at Hom 972 Brush Hollow Rd Westbury, NY 11590 11-3251128	Supporting Or	NY	501(C)(3)	12, Type I	Northwell He		No
(29) Marcus Avenue Medical PC 972 Brush Hollow Rd Westbury, NY 11590 81-0861452	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(30) Mather Faculty Medical Affiliates Unive 972 Brush Hollow Rd Westbury, NY 11590 87-2064922	Medical Servi	NY	501(C)(3)	12, Type I	Mather		No
(31) Medical Care of Queens PC 972 Brush Hollow Rd Westbury, NY 11590 47-4377679	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(32) Medical Services of Bellmore PC 972 Brush Hollow Rd Westbury, NY 11590 87-4277673	Inactive	NY	501(C)(3)	Applied For	NSUH		No
(33) Medical Services of New Hyde Park PC 972 Brush Hollow Rd Westbury, NY 11590 87-3539234	Inactive	NY	501(C)(3)	Applied For	NSUH		No
(34)NORCORP Inc 400 East Main Street Mount Kisco, NY 10549 13-3366748	Support Org	NY	501(C)(3)	12, Type I	NWHA		No
(35) North Shore Community Services Inc 972 Brush Hollow Rd Westbury, NY 11590 23-7273200	Housing Comp	NY	501(C)(2)	N/A	Northwell He		No
(36) North Shore Faculty Medical Affiliates 972 Brush Hollow Rd Westbury, NY 11590 85-2887872	Billing	NY	501(C)(3)	12, Type I	NSUH		No
(37) North Shore Long Island Jewish Medical C 972 Brush Hollow Rd Westbury, NY 11590 11-3473923	Supporting Or	NY	501(C)(3)	12, Type I	Northwell He		No
(38) North Shore University Hospital 972 Brush Hollow Rd Westbury, NY 11590 11-1562701	Health Care	NY	501(C)(3)	3	Healthcare		No
(39) North Shore University Hospital at Glen 972 Brush Hollow Rd Westbury, NY 11590 23-7010468	Housing Comp	NY	501(C)(2)	N/A	Northwell He		No
(40) North Shore University Hospital Housing 972 Brush Hollow Rd Westbury, NY 11590 11-2171903	Housing Comp	NY	501(C)(2)	N/A	Northwell He		No
(41) North Shore-LIJ Anesthesiology PC 972 Brush Hollow Rd Westbury, NY 11590 46-1617561	Medical Servi	NY	501(C)(3)	12, Type I	South Shore		No
(42) North Shore-LIJ Cardiology at Deer Park 972 Brush Hollow Rd Westbury, NY 11590 27-5078531	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(43) North Shore-LIJ Health Plan Inc 972 Brush Hollow Rd Westbury, NY 11590 46-1617516	Insurance	NY	501(C)(3)	9	Health Plan		No
(44) North Shore-LIJ Heart Surgery PC 972 Brush Hollow Rd Westbury, NY 11590 27-5078838	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(45) North Shore-LIJ Internal Medicine at Lyn 972 Brush Hollow Rd Westbury, NY 11590 46-3475908	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(46) North Shore-LIJ Internal Medicine at New 972 Brush Hollow Rd Westbury, NY 11590 46-2822879	Medical Servi	NY	501(C)(3)	10	NSUH		No
(47) North Shore-LIJ Internal Medicine PC 972 Brush Hollow Rd Westbury, NY 11590 27-5078631	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(48) North Shore-LIJ Medical Group at Hunting 972 Brush Hollow Rd Westbury, NY 11590 27-4384049	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(49) North Shore-LIJ Medical Group at North N 972 Brush Hollow Rd Westbury, NY 11590 27-4384146	Medical Servi	NY	501(C)(3)	10	NSUH		No
(50) North Shore-LIJ Medical Group at Syosset 972 Brush Hollow Rd Westbury, NY 11590 27-3957752	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(51) North Shore-LIJ Medical Group PC 972 Brush Hollow Rd Westbury, NY 11590 27-4384249	Medical Servi	NY	501(C)(3)	10	NSUH		No
(52) North Shore-LIJ Medical Group Urgent Med 972 Brush Hollow Rd Westbury, NY 11590 27-5078246	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(53) North Shore-LIJ Medical PC 972 Brush Hollow Rd Westbury, NY 11590 45-3023019	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(54) North Shore-LIJ OB-GYN at Garden City P 972 Brush Hollow Rd Westbury, NY 11590 46-2886776	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(55) North Shore-LIJ OB-GYN at New Hyde Park 972 Brush Hollow Rd Westbury, NY 11590 47-3722278	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(56) North Shore-LIJ OB-GYN PC 972 Brush Hollow Rd Westbury, NY 11590 46-1382916	Medical Servi	NY	501(C)(3)	10	NSUH		No
(57) North Shore-LIJ Occupational Medicine PC 972 Brush Hollow Rd Westbury, NY 11590 45-1004103	Medical Servi	NY	501(C)(3)	10	NSUH		No
(58) North Shore-LIJ Pediatrics of Suffolk Co 972 Brush Hollow Rd Westbury, NY 11590 46-5746956	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(59) North Shore-LIJ Radiology Services PC 972 Brush Hollow Rd Westbury, NY 11590 22-3970667	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(60) Northern Westchester Faculty Medical Aff 972 Brush Hollow Rd Westbury, NY 11590 87-2140271	Medical Servi	NY	501(C)(3)	12, Type I	NWHA		No
(61) Northern Westchester Hospital Associatio 400 East Main Street Mount Kisco, NY 10549 13-1740118	Health Care	NY	501(C)(3)	3	Healthcare		No
(62) Northern Westchester Hospital Center Fou 400 East Main Street Mount Kisco, NY 10549 13-4067064	Foundation	NY	501(C)(3)	9	NWHA		No
(63) Northern Westchester Realty Holding Comp 400 East Main Street Mount Kisco, NY 10549 91-2134215	Holding Compa	NY	501(C)(2)	N/A	NWHA		No
(64) Northwell Health Alliance Inc 972 Brush Hollow Rd Westbury, NY 11590 26-3727582	Health Care	NY	501(C)(3)	3	NA		No
(65) Northwell Health Cancer Institute Inc 972 Brush Hollow Rd Westbury, NY 11590 87-4329881	Inactive	NY	501(C)(3)	Applied For	Healthcare		No
(66) Northwell Health Foundation 972 Brush Hollow Rd Westbury, NY 11590 11-2965575	Fundraising	NY	501(C)(3)	7	Northwell He		No
(67) Northwell Health Gastroenterology Instit 972 Brush Hollow Rd Westbury, NY 11590 85-2355853	Medical Servi	NY	501(C)(3)	Applied For	Healthcare		No
(68) Northwell Health Laboratories 972 Brush Hollow Rd Westbury, NY 11590 11-3412370	Supporting Or	NY	501(C)(3)	12, Type I	Northwell He		No
(69) Northwell Health Physician Partners Inc 972 Brush Hollow Rd Westbury, NY 11590 87-3328924	Inactive	NY	501(C)(3)	Applied For	Healthcare		No
(70) Northwell Health Plans Holding Company 972 Brush Hollow Rd Westbury, NY 11590 46-2478147	Holding Compa	NY	501(C)(3)	12, Type II	Healthcare		No
(71) Northwell Health Stern Family Center for 972 Brush Hollow Rd Westbury, NY 11590 23-7007485	Nursing Home	NY	501(C)(3)	9	Healthcare		No
(72) Northwell Health Inc 972 Brush Hollow Rd Westbury, NY 11590 11-3418133	Supporting Or	NY	501(C)(3)	12, Type I	NA		No
(73) Northwell Proton Therapy PC 972 Brush Hollow Rd Westbury, NY 11590 81-2766298	Medical Servi	NJ	501(C)(3)	10	NSUH		No
(74) Northwell Public Health Corps Inc 972 Brush Hollow Rd Westbury, NY 11590 87-4434322	Inactive	NY	501(C)(3)	Applied For	Healthcare		No
(75) Northwell Quality and Medical Affairs I 972 Brush Hollow Rd Westbury, NY 11590 82-4113233	Supporting Or	NY	501(C)(3)	12, Type I	Healthcare		No
(76) Nurse Heroes of Northwell Health Foundat 972 Brush Hollow Rd Westbury, NY 11590 85-3994359	Fundraising	NY	501(C)(3)	Applied For	Foundation		No
(77) Peconic Bay Faculty Medical Affiliates 972 Brush Hollow Rd Westbury, NY 11590 87-1869119	Medical Servi	NY	501(C)(3)	12, Type I	PBMC		No
(78) Peconic Cardiology PC 972 Brush Hollow Rd Westbury, NY 11590 81-3149464	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(79) Phelps Faculty Medical Affiliates Unive 972 Brush Hollow Rd Westbury, NY 11590 87-3213128	Medical Servi	NY	501(C)(3)	12, Type I	Phelps Memor		No
(80) Phelps Medical Services PC 701 North Broadway Sleepy Hollow, NY 10591 27-4416017	Medical Servi	NY	501(C)(3)	12, Type I	Phelps Memor		No
(81) Phelps Memorial Hospital Association 701 North Broadway Sleepy Hollow, NY 10591 13-1725076	Health Care	NY	501(C)(3)	3	Healthcare		No
(82) Physicians of University Hospital PC 1 Edgewater Plaza 6th Fl Staten Island, NY 10305 20-0096809	Health Care	NY	501(C)(3)	12, Type I	SIUH		No
(83) Plainview Faculty Medical Affiliates Un 972 Brush Hollow Rd Westbury, NY 11590 87-2116326	Medical Servi	NY	501(C)(3)	12, Type I	Plainview		No
(84) Plainview Hospital 972 Brush Hollow Rd Westbury, NY 11590 11-3241243	Health Care	NY	501(C)(3)	3	Healthcare		No
(85) Sandi and Bill Nicholson - The Women Who 972 Brush Hollow Rd Westbury, NY 11590 85-0554966	Fundraising	NY	501(C)(3)	Applied For	NA		No
(86)SIUH Systems Inc 475 Seaview Avenue Staten Island, NY 10305 06-1074604	Fundraising	NY	501(C)(3)	7	Healthcare		No
(87) South Shore Faculty Medical Affiliates 972 Brush Hollow Rd Westbury, NY 11590 87-1744354	Medical Servi	NY	501(C)(3)	12, Type I	South Shore		No
(88) South Shore University Hospital 972 Brush Hollow Rd Westbury, NY 11590 11-1667761	Health Care	NY	501(C)(3)	3	Healthcare		No
(89) Southside Faculty Medical Affiliates Un 972 Brush Hollow Rd Westbury, NY 11590 85-3953395	Billing	NY	501(C)(3)	12, Type I	South Shore		No
(90) Sports Physical Therapy Occupational Th 972 Brush Hollow Rd Westbury, NY 11590 06-1655704	Health Care	NY	501(C)(3)	9	LIJMC		No
(91) Staten Island Faculty Medical Affiliates 972 Brush Hollow Rd Westbury, NY 11590 85-0710387	Billing	NY	501(C)(3)	12, Type I	SIUH		No
(92) Staten Island Performing Provider System 972 Brush Hollow Rd Westbury, NY 11590 47-2544659	DSRIP	NY	501(C)(3)	10	SIUH		No
(93) Staten Island University Hospital 475 Seaview Avenue Staten Island, NY 10305 11-2868878	Health Care	NY	501(C)(3)	3	Healthcare		No
(94) Staten Island University Hospital Founda 360 Seaview Avenue Staten Island, NY 10305 87-0765787	Fundraising	NY	501(C)(3)	7	SIUH		No
(95) Suite 130 Plastic Surgery PC 972 Brush Hollow Rd Westbury, NY 11590 82-1772747	Medical Servi	NY	501(C)(3)	12, Type I	LIJMC		No
(96) The Calverton Foundation Inc 972 Brush Hollow Rd Westbury, NY 11590 83-1118138	Medical Servi	NY	501(C)(3)	12, Type I	Healthcare		No
(97) The Elmezzi Graduate School of Molecular 972 Brush Hollow Rd Westbury, NY 11590 11-3284934	Graduate Scho	NY	501(C)(3)	2	Healthcare		No
(98) The Feinstein Institute for Medical Rese 972 Brush Hollow Rd Westbury, NY 11590 11-2673595	Research	NY	501(C)(3)	4	Northwell He		No
(99) The Heart Institute 475 Seaview Avenue Staten Island, NY 10305 31-1757254	Inactive	NY	501(C)(3)	12, Type I	NA		No
(100) The Long Island Home 400 Sunrise Hghwy Amityville, NY 11701 11-2837244	Health Care	NY	501(C)(3)	3	LHH Corporat		No
(101) True North Flexstaff Inc 972 Brush Hollow Rd Westbury, NY 11590 82-1446568	Medical Servi	NY	501(C)(3)	12, Type I	Healthcare		No
(102) True North Health Management Inc 972 Brush Hollow Rd Westbury, NY 11590 81-3428274	Supporting Or	NY	501(C)(3)	12, Type I	Healthcare		No
(103) True North Medical Group PC 972 Brush Hollow Rd Westbury, NY 11590 27-5078717	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(104) True North Patient Safety Organization 972 Brush Hollow Rd Westbury, NY 11590 83-1429773	Medical Servi	NY	501(C)(3)	12, Type I	Northwell He		No
(105) Virtual Health Medicine PC 972 Brush Hollow Rd Westbury, NY 11590 27-4384326	Medical Servi	NY	501(C)(3)	10	NSUH		No
(106) Visiting Nurse Association of Hudson Val 540 White Plains Rd Tarrytown, NY 10591 13-1739952	Home Health C	NY	501(C)(3)	10	Healthcare		No
(107)VNA Home Health Services Inc 540 White Plains Rd Tarrytown, NY 10591 13-3690105	Home Health C	NY	501(C)(3)	10	VNA Hudson		No
(108) Wellbridge Psychiatry PC 972 Brush Hollow Rd Westbury, NY 11590 46-5495054	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(109) Westchester Health Medical PC 972 Brush Hollow Rd Westbury, NY 11590 47-4539584	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(110) Black Hall Oral Maxillofacial Surgery P 972 Brush Hollow Rd Westbury, NY 11590 92-0895708	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(111) Marcus Ave OB-GYN PC 972 Brush Hollow Rd Westbury, NY 11590 88-0775003	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(112) Medical Services of Kips Bay PC 972 Brush Hollow Rd Westbury, NY 11590 85-3052457	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(113) Medical Services of Lenox Hill PC 972 Brush Hollow Rd Westbury, NY 11590 92-3311309	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(114) Medical Services of Lynbrook PC 972 Brush Hollow Rd Westbury, NY 11590 84-4268663	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(115) Medical Services of Manhasset PC 972 Brush Hollow Rd Westbury, NY 11590 92-3278147	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(116) Medical Services of Nassau PC 972 Brush Hollow Rd Westbury, NY 11590 92-3137107	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(117) Medical Services of Setauket PC 972 Brush Hollow Rd Westbury, NY 11590 84-4305970	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(118) Medical Services of South Nassau PC 972 Brush Hollow Rd Westbury, NY 11590 92-3251451	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(119) Medical Services of Stony Brook PC 972 Brush Hollow Rd Westbury, NY 11590 92-3357143	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(120) Medical Services of Uniondale PC 972 Brush Hollow Rd Westbury, NY 11590 84-4279391	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(121) North Shore ENT & Allergy Medical Affili 972 Brush Hollow Rd Westbury, NY 11590 88-3448425	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(122) North Shore Health System Medical Facult 972 Brush Hollow Rd Westbury, NY 11590 85-3920020	Medical Servi	NY	501(C)(3)	12, Type I	NSUH		No
(123) Northeastern Anesthesia of New Jersey P 972 Brush Hollow Rd Westbury, NY 11590 20-8709500	Medical Servi	NJ	501(C)(3)	12, Type I	NSUH		No
(124) Northwell Health Medical PC 972 Brush Hollow Rd Westbury, NY 11590 88-2104467	Medical Servi	PA	501(C)(3)	Applied For	NSUH		No
(125) True North Medial of Stony Brook PC 972 Brush Hollow Rd Westbury, NY 11590 88-3996234	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(126) True North Medical of Lenox Hill PC 972 Brush Hollow Rd Westbury, NY 11590 92-3491304	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(127) True North Medical of Manhasset PC 972 Brush Hollow Rd Westbury, NY 11590 92-3607865	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(128) True North Medical of Nassau PC 972 Brush Hollow Rd Westbury, NY 11590 92-3468585	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(129) True North Medical of South Nassau PC 972 Brush Hollow Rd Westbury, NY 11590 92-3586949	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(130) True North Medical of Suffolk PC 972 Brush Hollow Rd Westbury, NY 11590 92-4015183	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(131) True North Telemedicine PC 972 Brush Hollow Rd Westbury, NY 11590 92-0286918	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(132) True North Urgent Care of Pennsylvania 972 Brush Hollow Rd Westbury, NY 11590 88-2228391	Medical Servi	PA	501(C)(3)	Applied For	NSUH		No
(133) True North Virtual Health Medicine PC 972 Brush Hollow Rd Westbury, NY 11590 92-0590462	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No
(134) White Hall Dental PC 972 Brush Hollow Rd Westbury, NY 11590 88-1847998	Medical Servi	NY	501(C)(3)	Applied For	NSUH		No

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? 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
(1) Brooklyn Ambulatory Services LLC 972 Brush Hollow Rd Westbury, NY 11590 81-2910850	Medical Svcs	NY	Healthcare	Related	0	0	No		0		No	75.000 %
(2) DHCH LLC 972 Brush Hollow Rd Westbury, NY 11590 81-1030907	Medical Svcs	NY	Endoscopy Ventu									
(3) Endo Group LLC 972 Brush Hollow Rd Westbury, NY 11590 20-0248148	Medical Svcs	NY	Ventures GCSC									
(4) Endoscopy Center of Long Island 972 Brush Hollow Rd Westbury, NY 11590 26-0000969	Medical Svcs	NY	NS-LIJ Ventures									
(5) Formativ Health Intermediate LLC 972 Brush Hollow Rd Westbury, NY 11590 81-4614788	Holding Co	DE	Formativ Health									
(6) Formativ Health LLC 972 Brush Hollow Rd Westbury, NY 11590 81-3121231	Holding Co	DE	TN Health Svcs									
(7) Hospital City LLC 972 Brush Hollow Rd Westbury, NY 11590 47-4091780	Inactive	DE	Northwell Healt									
(8) Krasnoff Consultative Services LLC 972 Brush Hollow Rd Westbury, NY 11590 26-2838027	Consulting	NY	Care Mgmt Grp									
(9) Long Island Center for Digestive Health 106 Charles Lindbergh Blvd Garden City, NY 11553 36-4444162	Medical Svcs	NY	LICDH Ventures									
(10) Melville SC LLC 1895 Walt Whitman Rd Melville, NY 11747 20-3487522	Medical Svcs	NY	Melville ASC									
(11) North Shore-LIJ and Yale New Haven Healt 972 Brush Hollow Rd Westbury, NY 11590 46-4858222	Air Transport	NY	NSLIH						-372,000			
(12) North Shore-LIJ Contract Research Organi 972 Brush Hollow Rd Westbury, NY 11590 46-4469806	Research	NY	Healthcare	Related	-224,930	243,731		No	-134,621		No	60.000 %
(13) Northwell Genomics Alliance LLC 972 Brush Hollow Rd Westbury, NY 11590 81-0826710	Inactive	DE	NWH Labs									
(14) Northwell Health Sleep Lab LLC 972 Brush Hollow Rd Westbury, NY 11590 82-1516748	Medical Svcs	NY	Sleep Holdings									
(15) Phelps Professional Building Corp LP 777 North Broadway Sleepy Hollow, NY 10591 13-3645137	Real Estate	NY	PMHA									
(16) South Shore Surgery Center LLC 972 Brush Hollow Rd Westbury, NY 11590 34-1997077	Medical Svcs	NY	Multispecialty									
(17) SNO Health LLC 972 Brush Hollow Rd Westbury, NY 11590 83-2198509	Medical Svcs	NY	TN Health Svcs									
(18) Suffolk Surgery Center 972 Brush Hollow Rd Westbury, NY 11590 20-0080609	Medical Svcs	NY	Multispecialty									
(19) Surgical Specialty Center of Westchester 972 Brush Hollow Rd Westbury, NY 11590 81-4359712	Medical Svcs	NY	Multispecialty									
(20) True North II DC LLC 972 Brush Hollow Rd Westbury, NY 11590 35-2568005	Medical Svcs	NY	DC Holding									
(21) True North III DC LLC 972 Brush Hollow Rd Westbury, NY 11590 84-2948112	Medical Svcs	NY	DC Holding									
(22) True North IV DC LLC 972 Brush Hollow Rd Westbury, NY 11590 61-1816900	Medical Svcs	NY	DC Holding									
(23) True North Revenue Cycle Management Serv 972 Brush Hollow Rd Westbury, NY 11590 46-5302234	Holding Co	NY	NSENT									
(24) True North Urgent Care LLC 972 Brush Hollow Rd Westbury, NY 11590 46-4113494	Medical Svcs	NY	NSLIJ Urgent Ca									
(25) True North V DC LLC 972 Brush Hollow Rd Westbury, NY 11590 32-0518811	Medical Svcs	NY	DC Holding									
(26) True North VI DC LLC 972 Brush Hollow Rd Westbury, NY 11590 85-3288548	Medical Svcs	NY	DC Holding									
(27) True North Medical at North Suffolk PLL 972 Brush Hollow Rd Westbury, NY 11590 88-3236271	Medical Svcs	NY	TN Med Group									

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) Autoimmune Research Therapeutics 972 Brush Hollow Rd Westbury, NY 11590 27-0701489	Inactive	NY	Feinstein	C					No
(2) Care Management Group of Greater NY 972 Brush Hollow Rd Westbury, NY 11590 11-3336381	Business Service	NY	NSH Enterprise	C					No
(3) CareConnect Group Holding Company Inc 972 Brush Hollow Rd Westbury, NY 11590 47-2478692	Holding Co	NY	Hplan Holding	C					No
(4) CareConnect Insurance Co 972 Brush Hollow Rd Westbury, NY 11590 46-2270382	Insurance	NY	Group Holding	C					No
(5) EvidencePoint Inc 972 Brush Hollow Rd Westbury, NY 11590 85-3582198	Inactive	NY	Northwell Holdi	C					No
(6) Feinstein Center for Bioelectronic Medic 972 Brush Hollow Rd Westbury, NY 11590 81-2885700	Inactive	NY	Feinstein	C					No
(7) Formativ Health Management Inc 972 Brush Hollow Rd Westbury, NY 11590 81-3454243	Holding Co	DE	Formativ Health	C					No
(8) Formativ Health NewCo Inc 972 Brush Hollow Rd Westbury, NY 11590 81-3928889	Holding Co	DE	Formativ Health	C					No
(9) Krauss Joint Replacement Program PC 972 Brush Hollow Rd Westbury, NY 11590 30-0920275	Medical Services	NY	Central Suffolk	C					No
(10) Montauk Risk Retention Group Inc 972 Brush Hollow Rd Westbury, NY 11590 82-2587942	Insurance	NY	Healthcare	C	117,695	13,453,082	99.990 %	Yes	
(11) North Shore Health Enterprises Inc 972 Brush Hollow Rd Westbury, NY 11590 06-1605319	Holding Comp	NY	NSHS Enterprise	C					No
(12) North Shore Health System Enterprises I 972 Brush Hollow Rd Westbury, NY 11590 11-3316922	Holding Comp	NY	Northwell Healt	C					No
(13) North Shore IPA 5 Inc 972 Brush Hollow Rd Westbury, NY 11590 11-3383468	Business Services	NY	Healthcare	C	0	0	100.000 %	Yes	
(14) North Shore Medical Accelerator PC 972 Brush Hollow Rd Westbury, NY 11590 11-2945979	Medical Services	NY	NSLIH	S					No
(15) North Shore-LIJ CareConnect Insurance Ag 972 Brush Hollow Rd Westbury, NY 11590 47-1994548	Insurance Agency	NY	Group Holding	C					No
(16) North Shore-LIJ Network Inc 972 Brush Hollow Rd Westbury, NY 11590 32-0257193	Support Services	NY	Healthcare	C	0	0	100.000 %	Yes	
(17) North Shore-LIJ Ophthalmology Institute 972 Brush Hollow Rd Westbury, NY 11590 30-0930851	Inactive	NY	Healthcare	C	0	0	100.000 %	Yes	
(18) North Shore-LIJ Urgent Care PC 972 Brush Hollow Rd Westbury, NY 11590 47-1758444	Medical Services	NY	NSLIH	C					No
(19) Northwell Direct Inc 972 Brush Hollow Rd Westbury, NY 11590 84-2739816	Business Services	NY	NW Holdings	C					No
(20) Northwell Direct Administrative Services 972 Brush Hollow Rd Westbury, NY 11590 47-5182974	Admin	NY	NW Holdings	C					No
(21) Northwell FlexStaff Inc 972 Brush Hollow Rd Westbury, NY 11590 81-0838815	Medical Services	NY	NSH Enterprise	C					No
(22) Northwell Health Medical Surgical PC 972 Brush Hollow Rd Westbury, NY 11590 83-2198276	Medical Services	NJ	SIUH	C					No
(23) Northwell Health Regional Alliance Inc 972 Brush Hollow Rd Westbury, NY 11590 26-3651575	Support Services	NY	NA	C					No
(24) Northwell Holdings Inc 972 Brush Hollow Rd Westbury, NY 11590 83-4045975	Business Services	NY	NSHS Enterprise	C					No
(25) NWHC Health Management Services Inc 400 East Main St Mount Kisco, NY 10549 13-3697510	Health Mgmt	NY	NORCORP	C					No
(26) Peconic Bay Medical Services PC 972 Brush Hollow Rd Westbury, NY 11590 47-2151802	Medical Services	NY	Central Suffolk	C					No
(27) Peconic Bay Primary Medical Care PC 972 Brush Hollow Rd Westbury, NY 11590 11-3265111	Medical Services	NY	Central Suffolk	C					No
(28) PMHC Realty Corporation 701 North Broadway Sleepy Hollow, NY 10591 13-3645135	Real Estate	NY	Phelps Memorial	C					No
(29) Prime Care Medical of Long Island PC 972 Brush Hollow Rd Westbury, NY 11590 20-4398486	Medical Services	NY	Central Suffolk	C					No
(30) Regional Insurance Company LTD c/o Cedar House 41 Cedar Ave Hamilton HM12 BD 000000000	Insurance	BD	Healthcare	C	7,739,902	190,432,569	100.000 %	Yes	
(31) Regincare Inc 972 Brush Hollow Rd Westbury, NY 11590 11-3052191	Homecare	NY	NSHS Enterprise	C					No
(32) Staten Island University Hospital Perina 475 Seaview Ave Staten Island, NY 10305 13-4107082	Medical Services	NY	SIUH	C					No
(33) True North 30 Inc 972 Brush Hollow Rd Westbury, NY 11590 84-5179444	Business Services	NY	True North Heal	C					No
(34) True North Enterprises Inc 972 Brush Hollow Rd Westbury, NY 11590 00000000	Inactive	NY	Healthcare	C	0	0	100.000 %	Yes	
(35) True North Health Pharmacy Inc 972 Brush Hollow Rd Westbury, NY 11590 47-1020508	Pharmacy	NY	NSHS Enterprise	C					No
(36) True North Health Inc 972 Brush Hollow Rd Westbury, NY 11590 83-0616581	Medical Services	DE	Northwell Healt	C					No
(37) True North Workforce Safety Consulting 972 Brush Hollow Rd Westbury, NY 11590 84-2395117	Business Services	NY	True North Heal	C					No
(38) United Medical Surgical PC 256 Mason Ave Bldg B 2nd Fl Staten Island, NY 10305 13-4038780	Surgical Services	NY	SIUH	C					No
(39) VivoHealth Plan Inc 972 Brush Hollow Rd Westbury, NY 11590 46-1164689	Inactive	NY	Healthcare	C	0	0	100.000 %	Yes	
(40) VivoHealth Inc 972 Brush Hollow Rd Westbury, NY 11590 26-4118016	Inactive	NY	NSH Enterprise	C					No
(41) True North Medical at Work PC 972 Brush Hollow Rd Westbury, NY 11590 46-0739758	Inactive	NY	NSLIH	C					No

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.

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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
(1) NORTH SHORE UNIVERSITY HOSPITAL	P	378,675,042	AT COST
(2) LONG ISLAND JEWISH MEDICAL CENTER	P	556,180,360	AT COST
(3) GLEN COVE HOSPITAL	P	4,522,043	AT COST
(4) PLAINVIEW HOSPITAL	P	15,890,668	AT COST
(5) SOUTH SHORE UNIVERSITY HOSPITAL	P	80,453,676	AT COST
(6) NORTHWELL HEALTH STERN FAMILY CECR	P	2,015,773	AT COST
(7) HUNTINGTON HOSPITAL	P	67,011,021	AT COST
(8) LENOX HILL HOSPITAL	P	234,127,444	AT COST
(9) STATEN ISLAND UNIVERSITY HOSPITAL	P	161,699,164	AT COST
(10) NORTHERN WESTCHESTER HOSPITAL	P	55,543,252	AT COST
(11) PHELPS MEMORIAL HOSPITAL	P	32,373,465	AT COST
(12) PECONIC BAY MEDICAL CENTER	P	10,768,364	AT COST
(13) NSLIJ CONTRACT RESEARCH ORG	P	374,508	AT COST
(14) VISITING NURSE ASSOCIATION OF HUDSON VALLEY	P	0	AT COST
(15) VNA HOME HEALTH SERVICES	P	296,461	AT COST
(16) HOSPICE CARE IN WESTCHESTER AND PUTNAM	P	590,472	AT COST
(17) DOLAN FAMILY HEALTH CENTER	P	530,435	AT COST
(18) NORTH SHORE-LIJ RADIOLOGY PC	P	2,369,772	AT COST
(19) SPORTS PHYSICAL THERAPY & REHAB SERVICES	P	1,865,664	AT COST
(20) NSLIJ OCCUPATIONAL MEDICINE PC	P	148,224	AT COST
(21) TRUE NORTH MEDICAL GROUP PC	P	1,361,875	AT COST
(22) NORTH SHORE UNIVERSITY HOSPITAL	Q	414,059,883	AT COST
(23) LONG ISLAND JEWISH MEDICAL CENTER	Q	570,981,055	AT COST
(24) GLEN COVE HOSPITAL	Q	8,687,545	AT COST
(25) PLAINVIEW HOSPITAL	Q	18,511,834	AT COST
(26) SOUTH SHORE UNIVERSITY HOSPITAL	Q	86,680,043	AT COST

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(27)NORTHWELL HEALTH STERN FAMILY CECR	Q	2,121,908	AT COST
(28)HUNTINGTON HOSPITAL	Q	79,994,875	AT COST
(29)LENOX HILL HOSPITAL	Q	234,239,892	AT COST
(30)STATEN ISLAND UNIVERSITY HOSPITAL	Q	176,310,849	AT COST
(31)NORTHERN WESTCHESTER HOSPITAL	Q	57,422,015	AT COST
(32)PHELPS MEMORIAL HOSPITAL	Q	34,029,416	AT COST
(33)PECONIC BAY MEDICAL CENTER	Q	12,842,070	AT COST
(34)NSLIJ CONTRACT RESEARCH ORG	Q	2,291,489	AT COST
(35)VISITING NURSE ASSOCIATION OF HUDSON VALLEY	Q	0	AT COST
(36)VNA HOME HEALTH SERVICES	Q	296,461	AT COST
(37)HOSPICE CARE IN WESTCHESTER AND PUTNAM	Q	590,472	AT COST
(38)DOLAN FAMILY HEALTH CENTER	Q	530,435	AT COST
(39)NORTH SHORE-LIJ RADIOLOGY PC	Q	2,369,772	AT COST
(40)SPORTS PHYSICAL THERAPY & REHAB SERVICES	Q	1,865,664	AT COST
(41)NSLIJ OCCUPATIONAL MEDICINE PC	Q	161,175	AT COST
(42)TRUE NORTH MEDICAL GROUP PC	Q	1,361,875	AT COST
(43)JOHN T MATHER MEMORIAL HOSPITAL	Q	7,035,583	AT COST
(44)JOHN T MATHER MEMORIAL HOSPITAL	P	5,999,688	AT COST

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**	

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version: