

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  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTHWESTERN MEMORIAL HEALTHCARE GROUP % ROBERT GERECKE Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 251 E HURON 541 N FAIRBANKS _____ City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 606112908	<b>D</b> Employer identification number 36-4724966 _____ <b>E</b> Telephone number (312) 926-2000 _____ <b>G</b> Gross receipts \$ 4,766,739,215
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer DEAN M HARRISON 251 E Huron chicago,IL 60611	<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 5878
<b>J</b> Website: ▶ WWW.NM.ORG	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation _____ <b>M</b> State of legal domicile _____

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities THE PRIMARY MISSION OF THE NORTHWESTERN AFFILIATES INCLUDED IN THIS GROUP RETURN IS TO BE THE DESTINATION OF CHOICE FOR PEOPLE SEEKING QUALITY HEALTHCARE (SEE SCHEDULE O)		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	215
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	168
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	21,548
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3,240
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	68,544,540
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	24,323,268
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	63,827,102	39,128,573
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,799,991,178	4,418,644,763
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,829,846	22,078,763
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,558,243	140,853,539
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,989,206,369	4,620,705,638
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	16,132,416	18,548,467
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,658,421,956	1,833,851,328
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,197,580	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,000,050,070	2,289,375,166
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,674,604,442	4,141,774,961
<b>19</b> Revenue less expenses Subtract line 18 from line 12	314,601,927	478,930,677	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	8,352,625,115	9,522,248,401
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,291,641,840	3,695,080,757

**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.

<b>Sign Here</b>	Signature of officer _____ JOHN A ORSINI SVP AND CFO Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JACOB ZEHNDER	Preparer's signature JACOB ZEHNDER
	Firm's name ▶ ERNST & YOUNG US LLP	
	Firm's address ▶ 155 N Wacker Drive Chicago, IL 60606	

**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

SEE SCHEDULE O

**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 \$ 3,345,528,918 including grants of \$ 18,548,467 ) (Revenue \$ 4,487,020,229 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 3,345,528,918

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, compensation, tax-exempt bonds, and controlled entities.

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 . . . . . [X]

Table with columns for question number, question text, sub-questions (1a-13c), and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 . . . . . [X]

Section A. Governing Body and Management

Table with 4 columns: Question, sub-question, Yes, No. Rows include 1a (215), 1b (168), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question, sub-question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ROBERT GERECKE 541 N FAIRBANKS RM 1639 CHICAGO, IL 606113309 (312) 926-9495



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							56,063,379	0	5,991,505	

**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 **▶ 2,266**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
CB RICHARD ELLIS INC, 65 E WACKER PI CHICAGO, IL 60606	MANAGEMENT	15,806,010
TURNER CONSTRUCTION COMPANY, 55 E monroe suite 1430 CHICAGO, IL 60603	CONSTRUCTION	86,513,988
PEPPER CONSTRUCTION COMPANY, 643 n orleans street CHICAGO, IL 60654	CONSTRUCTION	26,816,135
GENSLER ARCHITECTURE DESIGN PLANN, 11 EAST MADISON STREET SUITE 300 CHICAGO, IL 60602	ARCHITECTURAL SERV	15,612,187
SKENDER CONSTRUCTION, 200 w madison suite 1300 CHICAGO, IL 60606	CONSTRUCTION	28,877,740

**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 **▶ 679**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	1,479,752				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	5,904,514				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	31,744,307				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	2,904,224				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	39,128,573				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	NM HSP PATNT SERV & OTHER REV	621990	1,676,946,318	1,672,937,081	4,009,237	
	<b>b</b>	CENTRL DUPAGE HSP PATNT SERV & OTHER REV	621990	960,848,173	904,142,599	56,705,574	
	<b>c</b>	NMG PATIENT SERVICES & OTHER REVENUE	621110	837,361,233	837,361,233		
	<b>d</b>	DELNOR COMM HSP	621990	291,974,042	291,974,042		
	<b>e</b>	NLF HSP PATNT SERV & OTHER REVENUE	621990	277,637,923	277,351,168	286,755	
	<b>f</b>	All other program service revenue		373,877,074	372,720,857	1,156,217	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		4,418,644,763				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		23,907,586		2,595,696	21,311,890
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
	<b>5</b>	Royalties . . . . . ▶		0			
	<b>6a</b>	Gross rents	(i) Real	53,186,733			
			(ii) Personal				
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)	53,186,733			0	
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶		53,186,733		1,984,750	51,201,983
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	145,484,609			
			(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses	145,054,326				
	<b>c</b>	Gain or (loss)	430,283				
	<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶		-1,828,823			-1,828,823
<b>8a</b>	Gross income from fundraising events (not including \$ 1,479,752 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>a</b>		1,407,916					
<b>b</b>	Less direct expenses . . . . . <b>b</b>	841,913					
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . . ▶		566,003			566,003	
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>a</b>		25,998					
<b>b</b>	Less direct expenses . . . . . <b>b</b>	5,481					
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . . ▶		20,517			20,517	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>a</b>	901,199				
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>	131,857			
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . . ▶		769,342			769,342	
Miscellaneous Revenue		Business Code					
<b>11a</b>	PROFESSIONAL SERVICE FEES	561000	69,485,624	69,482,108	3,516		
<b>b</b>	PARKING REVENUE	812930	9,927,707	8,242,228	1,685,479		
<b>c</b>	PROFESSIONAL SERVICES TO AFFILIATES	561000	4,916,104	4,916,104			
<b>d</b>	All other revenue . . . . .		1,981,509	1,864,193	117,316		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		86,310,944				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		4,620,705,638	4,440,991,613	68,544,540	72,040,912	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	18,476,607	18,476,607		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	71,860	71,860		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	32,220,702	29,526,899	2,606,588	87,215
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	1,509,799,326	1,383,572,956	122,139,628	4,086,742
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
<b>9</b>	Other employee benefits . . . . .	200,514,389	177,130,811	22,289,768	1,093,810
<b>10</b>	Payroll taxes . . . . .	91,316,911	82,562,979	8,599,133	154,799
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	370,353,242		370,353,242	
<b>b</b>	Legal . . . . .	3,199,908	2,789,769	410,139	
<b>c</b>	Accounting . . . . .	337,038	140,848	187,595	8,595
<b>d</b>	Lobbying . . . . .	332,611	332,611		
<b>e</b>	Professional fundraising services See Part IV, line 17	0			
<b>f</b>	Investment management fees . . . . .	88,219	88,219		
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	305,569,831	167,241,055	126,903,780	11,424,996
<b>12</b>	Advertising and promotion . . . . .	1,974,622	209,215	1,690,387	75,020
<b>13</b>	Office expenses . . . . .	36,410,320	29,127,031	7,029,972	253,317
<b>14</b>	Information technology . . . . .	8,968,565	2,310,057	6,645,327	13,181
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	201,683,872	116,586,887	84,552,418	544,567
<b>17</b>	Travel . . . . .	4,471,853	3,399,888	986,201	85,764
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	5,212,538	1,429,186	3,021,271	762,081
<b>20</b>	Interest . . . . .	54,634,993	54,612,208	22,785	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	211,137,231	202,077,009	9,025,825	34,397
<b>23</b>	Insurance . . . . .	104,625,082	99,515,205	5,093,657	16,220
<b>24</b>	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 )				
<b>a</b>	MEDICAL SUPPLIES	718,493,494	717,118,013	1,171,129	204,352
<b>b</b>	MEDICAID TAX	83,442,190	83,442,190		
<b>c</b>	BAD DEBT	150,043,693	149,988,884	27,115	27,694
<b>d</b>	INCOME TAXES	7,399,670	7,399,670		
<b>e</b>	All other expenses	20,996,194	16,378,861	4,292,503	324,830
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	4,141,774,961	3,345,528,918	777,048,463	19,197,580
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	262,386,015	<b>2</b>	269,916,986
	<b>3</b> Pledges and grants receivable, net . . . . .	44,193,465	<b>3</b>	40,901,615
	<b>4</b> Accounts receivable, net . . . . .	470,548,426	<b>4</b>	582,052,772
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	170,831	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	48,135,628	<b>8</b>	59,997,783
	<b>9</b> Prepaid expenses and deferred charges . . . . .	127,942,472	<b>9</b>	60,343,035
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	4,505,040,604		
	<b>10b</b> Less: accumulated depreciation . . . . .	1,567,911,440		
		2,610,379,064	<b>10c</b>	2,937,129,164
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	11,550,563	<b>14</b>	9,898,487
<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,777,318,651	<b>15</b>	5,562,008,559	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,352,625,115	<b>16</b>	9,522,248,401	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	481,788,219	<b>17</b>	509,641,384
	<b>18</b> Grants payable . . . . .	143,472,357	<b>18</b>	116,664,216
	<b>19</b> Deferred revenue . . . . .	3,483,277	<b>19</b>	1,780,222
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,441,544,753	<b>20</b>	1,425,090,217
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,221,353,234	<b>25</b>	1,641,904,718
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,291,641,840	<b>26</b>	3,695,080,757
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	4,701,016,915	<b>27</b>	5,455,901,952
	<b>28</b> Temporarily restricted net assets . . . . .	199,190,948	<b>28</b>	209,355,178
	<b>29</b> Permanently restricted net assets . . . . .	160,775,412	<b>29</b>	161,910,514
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	5,060,983,275	<b>33</b>	5,827,167,644	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	8,352,625,115	<b>34</b>	9,522,248,401	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,620,705,638
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,141,774,961
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	478,930,677
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,060,983,275
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	24,392,639
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	262,861,053
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,827,167,644

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-4724966

**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

## Form 990, Part III, Line 4a

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<b>4a</b>	(Code	) (Expenses \$	3,345,528,918	including grants of \$	18,548,467 ) (Revenue \$	4,487,020,229 )
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SEE SCHEDULE O

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABRA PRENTICE WILKIN ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
ADAM COOPER ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ADAM HOEFLICH ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ALBERT M FRIEDMAN ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ALBERT R HARRIS ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ALEXANDER D STUART ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
AMY S PALLER MD ..... DIRECTOR NMG	40 0 ..... 0 0	X						380,748	0	58,897
ANDREA REDMOND-FERGUSON ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ANDREA ZOPP ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ANDREW P OLEKSYN DO ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW T PARSA MD PHD F2016 ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0
ANN L WEST MD ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
ANNE PRAMAGGORIE ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
ANTHONY F ALTIMARI MD ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
ANTHONY B DAVIS ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ANTHONY KESSMAN ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
ARTHUR M WOOD JR ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ASHLEY HEMPHILL NETZKY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
AZEEM S HALEEM MD ..... DIRECTOR KPG	40 0 ..... 0 0	X						465,094	0	40,805
BRADLEY J KINSEY TERMED F2016 ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRETT D TANDE ..... SEC TRE/DIR CDPG/CASC	40 0 ..... 0 0	X		X				744,668	0	39,993
BRETT M DALE ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
BRUCE A HEYMAN TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
BRYAN M KRUSKOL DO ..... DIRECTOR NMWR	5 0 ..... 0 0	X						140,075	0	0
BYRON O SPRUELL ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
CAROL L BERNICK ..... CHAIR & DIRECTOR NMH	5 0 ..... 0 0	X		X				0	0	0
CATHERINE E KOZIK ..... DIRECTOR NMWR/NMHC	5 0 ..... 0 0	X						0	0	0
CHARLES HEWELL MD termed F2016 ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
CHARLES M BRENNAN III ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
CHARLES S SANDOR JR MD ..... V P & DIRECTOR CMP	5 0 ..... 0 0	X		X				0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLIE N MILLS ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
CHRISTINE JOHNSON ..... SECRETARY & DIRECTOR KISH	5 0 ..... 0 0	X		X				0	0	0
CHRISTOPHER M KEOGH ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
CINDY CAPEK ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
CORINE J WOOD ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
CRAIG R PRYDE ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
CRAIG MATHEY ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
CRAIG T COLLINS ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
DAN DECANNIERE ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
DANIEL M DERMAN MD ..... DIRECTOR NMG/NMHC	40 0 ..... 0 0	X						739,178	0	113,018

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID C BROWN ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
DAVID JUDAY ..... VP/SECRETARY/DIRECTOR CFH	5 0 ..... 0 0	X		X				0	0	0
DAVID M MAHVI TERM F16 ..... DIRECTOR/PRESIDENT NMS/NMG	40 0 ..... 0 0	X						635,576	0	59,859
DAVID R CASPER ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0
DEAN BARRETT ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
DEAN M HARRISON NMWRLFHNMGNMH ..... DIR/PRE/CEO NMHC/NMF/MJ/NMS	40 0 ..... 0 0	X		X				4,238,524	0	39,950
DEBBIE S SARAN ..... DIRECTOR LFH/NMF	5 0 ..... 0 0	X						0	0	0
DEE A MANIRE ..... VP & DIRECTOR NMF & NMWR	5 0 ..... 0 0	X		X				0	0	0
DENISE CURREN ..... DIRECTOR DCH	5 0 ..... 0 0	X						0	0	0
DENNIS H CHOKASZIAN ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DESIREE ROGERS ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
DONALD L THOMPSON ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
DONALD E SVEEN ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
DOUGLAS L AMBLER MD ..... DIRECTOR CHA	5 0 ..... 0 0	X						0	0	0
DOUGLAS E VAUGHAN MD ..... DIRECTOR NMHC/NMF	40 0 ..... 0 0	X						474,642	0	30,128
DOUGLAS ROBERTS ..... DIRECTOR CFH	5 0 ..... 0 0	X						0	0	0
EARL J BARNES TERMED F2016 ..... DIRECTOR HFI	5 0 ..... 0 0	X						0	0	0
EDWARD J WEHMER ..... CHAIR & DIRECTOR LFH	5 0 ..... 0 0	X		X				0	0	0
EDWARD T TILLY ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0
ERIC G NEILSON MD ..... CHAIR/DIR NMHC/NMH/NMG/NMS	40 0 ..... 0 0	X		X				907,896	0	50,892

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIK D ENGLEHART MD ..... VICE CHAIR/DIRECTOR KPG	40 0 ..... 0 0	X		X				218,703	0	33,273
FORREST R WHITTAKER ..... DIRECTOR NMHC/NMG	5 0 ..... 0 0	X						0	0	0
FREDERICK H WADDELL ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
GARY EVANS ..... CHAIR & DIRECTOR KISH	5 0 ..... 0 0	X		X				0	0	0
GLENN F TILTON ..... VP & DIRECTOR NMG/NMHC	5 0 ..... 0 0	X		X				0	0	0
GREGORY Q BROWN TERMED F2016 ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
GREGORY W OSKO ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
HOMI B PATEL TERMED F2016 ..... VP/DIRECTOR NMHC/NMH/LFH	5 0 ..... 0 0	X		X				0	0	0
HOWARD B CHRISMAN MD ..... PRESIDENT & DIRECTOR NMS/NMG	40 0 ..... 0 0	X		X				671,595	0	37,625
ILENE S GORDON ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J CHRISTOPHER REYES ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
J RICHARD MAYBURY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JACK A WAGONER MD ..... DIRECTOR KPG	5 0 ..... 0 0	X						0	0	0
JAMES A GORDON ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JAMES DECHENE NMFHFNMHFLH ..... SE/DIR NMHC/MJ/NMWR/NMG/NMS	40 0 ..... 0 0	X		X				912,435	0	146,386
JAMES E COMERFORD ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
JAMES G GIBLIN ..... VP/DIRECTOR CHA/CMP/CDPG/CASC	40 0 ..... 0 0	X		X				1,054,599	0	60,468
JAMES MURRAY III ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JAMES T GLERUM ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JANE D PIGOTT ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON TYLER ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JAY ANDERSON ..... DIRECTOR CMP	5 0 ..... 0 0	X						0	0	0
JAY L KLOOSTERBOER ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
JAY V THAKKAR MD ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
JEFFREY D WAYNE MD ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JENNIFER HORAN ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JOAN BICKNER ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
JOAN W MOORE ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JOANNE C MILLER ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
JOHN A CANNING JR ..... CHAIR/V CH/DIRECTOR NMH/NMHC	5 0 ..... 0 0	X		X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A EDWARDSON TERMED F2016 ..... DIRECTOR NMG/NMH	5 0 ..... 0 0	X						0	0	0
JOHN A KESSLER MD ..... DIRECTOR NMF	40 0 ..... 0 0	X						41,857	0	23,599
JOHN A ORSINI NMGNMFMNHCHFI ..... TRE/DIR NMS/MJ/NMH/LFH/NMWR	40 0 ..... 0 0	X		X				997,916	0	152,621
JOHN BOIES ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
JOHN T CARROLL MD ..... DIRECTOR CMP	5 0 ..... 0 0	X						16,901	0	0
JOHN H DICK ..... DIRECTOR NMHC/NMH	5 0 ..... 0 0	X						0	0	0
JOHN SCHMIDT MD ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
JOHN P VAIKUTIS DO ..... DIRECTOR CHA	5 0 ..... 0 0	X						0	0	0
JON P AAGAARD MD ..... DIRECTOR CHA	5 0 ..... 0 0	X						0	0	0
JOSEPH D MANSUETO ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH DANT CHAIR/SEC /DIR KSHC/CFH	40 0	X		X				367,957	0	25,163
JOSEPH F DAMICO JR DIRECTOR NMH	5 0	X						0	0	0
JOSEPH M PERSAK MD DIRECTOR NMF	5 0	X						1,875	0	0
JOSEPH ROBERTS DIRECTOR KPG	5 0	X						0	0	0
JUDY GREFFIN DIRECTOR NMF	5 0	X						0	0	0
JULIA L CREAMER PRESIDENT/DIRECTOR NMH	40 0	X		X				1,106,911	0	107,465
KAREN MASON SEC TREASURER/DIRECTOR DCH	5 0	X		X				0	0	0
KAREN MILLS DIRECTOR NMF	5 0	X						0	0	0
KATIE SURKAMER TERMED F2016 DIRECTOR NMF	5 0	X						0	0	0
KENT P DAUTEN CHAIR/DIRECTOR NMHC/NMWR/NMF	5 0	X		X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KERMIT L CRAWFORD ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
KEVIN P MOST DO ..... DIRECTOR NMF/CMP	40 0 ..... 0 0	X						1,080,993	0	45,022
KEVIN POORTEN NMWRKPGDCHKISH ..... PRESIDENT/DIR DBHF/CFH/KSHC	40 0 ..... 0 0	X		X				1,375,622	0	41,063
KIM R SOBINSKY MD TERMED F2016 ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
KIMBERLY VOLK ..... EXECUTIVE DIRECTOR DBHF	40 0 ..... 0 0	X		X				114,527	0	6,853
LARRY D RICHMAN TERMED F2016 ..... DIRECTOR NMHC/NMG	5 0 ..... 0 0	X						0	0	0
LAURA S DAVIS TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
LAWRENCE F LEVY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
LEE M MITCHELL ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
LEONETTA RIZZI ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEONIDAS C PLATANIAS MD PHD ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0
LEWIS A STEVERSON termed F2016 ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
LINDA JOHNSON RICE ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
LISA M GILES ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
LOU JEAN MOYER ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
LYNN A FESEMYER MD ..... DIRECTOR CMP	5 0 ..... 0 0	X						0	0	0
M CHRISTINE STOCK MD F2016 ..... DIRECTOR NMF	40 0 ..... 0 0	X						578,230	0	61,096
M K PRITZKER ..... VP/DIRECTOR NMF	5 0 ..... 0 0	X		X				0	0	0
MANNY FAVELA ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
MANUEL SANCHEZ ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC S SCHULMAN ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MARC STRAUSS ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
MARIA C BECHILY TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MARK COZZI ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MARK DANIELS MD ..... SECRETARY/DIRECTOR CMP	40 0 ..... 0 0	X		X				648,251	0	31,546
MARK F FURLONG ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
MARK HILDE ..... DIRECTOR DCH	5 0 ..... 0 0	X						0	0	0
MARK W MORRISON MDMED2016 ..... DIRECTOR NMWR	5 0 ..... 0 0	X						13,254	0	0
MARVIN BARNES ..... CHAIR/DIRECTOR DCH	5 0 ..... 0 0	X		X				0	0	0
MARY BETH RICHMOND MD ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY SAVAIANO ..... AS SEC/DIRECTOR CASC/CDPG	40 0 ..... 0 0	X		X				88,693	0	21,176
MATTHEW J FLYNN ..... DIRECTOR & TREASURER HFI	40 0 ..... 0 0	X		X				376,248	0	90,458
MATTHEW S DARNALL ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MATTHEW J ROSS MD ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
MAUREEN TAUS ..... SEC TRE/DIR CASC/CDPG	40 0 ..... 0 0	X		X				651,086	0	53,507
MICHAEL A CULLEN ..... CHAIR/DIR NMWR/NMHC/KPG	5 0 ..... 0 0	X		X				0	0	0
MICHAEL CARBON MD ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MICHAEL F DESANTIAGO ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MICHAEL J FREMGEN MD ..... TREASURER/DIRECTOR CMP	5 0 ..... 0 0	X		X				492	0	0
MICHAEL J KACHMER ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL KOKOTT ..... VICE CHAIR/DIRECTOR DBHF	40 0 ..... 0 0	X		X				244,575	0	28,264
MICHAEL KULISZ DO ..... DIRECTOR KSHC/KPG	40 0 ..... 0 0	X						696,317	0	41,196
MICHAEL A RUCHIM MD ..... DIRECTOR NMF	40 0 ..... 0 0	X						706,024	0	50,642
MICHAEL W THORNTON MD ..... DIRECTOR DCH	5 0 ..... 0 0	X						31,800	0	0
MICHAEL VIVODA ..... PRES/DIR CDPG/NMWR/CASC/MJ	40 0 ..... 0 0	X		X				1,592,040	0	219,224
MICHAEL W FERRO ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MICHAEL-DEAN CHORNEYKO ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
MILES D WHITE TERMED F2016 ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
MORTON O SCHAPIRO ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
NANCY W SASSOWER MD TERM16 ..... DIRECTOR NMHC/NMF/NMH	40 0 ..... 0 0	X						414,139	0	37,128

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHANIEL J SOPER MD ..... DIRECTOR NMH/NMF	40 0 ..... 0 0	X						773,851	0	51,939
NICHOLAS D CHABRAJA ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
NICHOLAS J VOLPE MD ..... DIRECTOR NMS/NMG	40 0 ..... 0 0	X						521,625	0	60,324
PAMELA DUFFY ..... PRESIDENT/DIRECTOR KSHC	40 0 ..... 0 0	X		X				332,188	0	21,961
PATRICIA A WOERTZ ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
PATRICK J FLINN TERMED F2016 ..... DIRECTOR NMWR/NMHC	5 0 ..... 0 0	X						0	0	0
PATRICK M MCCARTHY MD ..... DIRECTOR LFH	40 0 ..... 0 0	X						2,003,331	0	41,995
PATRICK J TOWNE MD ..... DIRECTOR/CHAIR CDPG/CHA/CMP	40 0 ..... 0 0	X		X				960,623	0	50,088
PEDRO DEJESUS ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
PETER D CRIST ..... DIRECTOR NMHC/NMH	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER I LIBER MD ..... DIRECTOR CMP	5 0 ..... 0 0	X						631	0	0
PETER MCCANNA ..... CHAIR/DIR NMF/NMHC/NMS/NMH	40 0 ..... 0 0	X		X				1,812,477	0	1,598,988
PETER S HURST DDS ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
PETER WHINFREY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
PHILIP BRADSHAW MD TERMED2016 ..... DIRECTOR NMWR	5 0 ..... 0 0	X						0	0	0
PHILIP J PURCELL III TERM16 ..... DIRECTOR NMF/NMHC	5 0 ..... 0 0	X						0	0	0
RAJUL MCNEANY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
RAKESH N PATEL MD ..... DIRECTOR KPG	5 0 ..... 0 0	X						0	0	0
REEVE B WAUD ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
RICHARD A MARK TERMED F2016 ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD DAVIS ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
RICHARD GEYER ..... DIRECTOR CHA	5 0 ..... 0 0	X						0	0	0
RICHARD J GANNOTTA TERMED2016 ..... DIRECTOR/PRESIDENT NMH	40 0 ..... 0 0	X						693,198	0	164,554
RICHARD L LENNY ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0
RICHARD MELMAN ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
RICK H KASH ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ROBERT A LIVINGSTON ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0
ROBERT J STUCKER ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ROBERT J KELSEY MD ..... DIRECTOR NMF/NMH	5 0 ..... 0 0	X						0	0	0
ROBERT L PARKINSON JR ..... DIRECTOR NMHC/NMG	5 0 ..... 0 0	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERTO R HERENCIA ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ROGER L BENSON ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
ROGER T HARRIS ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
RON KLEIN ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
RON SASLOW ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
RONALD J FELDMAN MD ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
RUTH WALKER ..... DIRECTOR DCH	5 0 ..... 0 0	X						0	0	0
SAJIT BUX MD FACS ..... DIRECTOR KPG	5 0 ..... 0 0	X						0	0	0
SAMUEL C SCOTT III ..... DIRECTOR NMHC/NMG	5 0 ..... 0 0	X						0	0	0
SANDRA L HELTON ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT C SMITH ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
SEAN CONNOLLY TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
SHAKEEL AHMAD MD ..... DIRECTOR KPG	5 0 ..... 0 0	X						0	0	0
SHARON M BRADY TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
SHAWN M DONNELLEY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
SHEILA G TALTON ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
STACI HOSTE ..... VP/DIRECTOR DCH	5 0 ..... 0 0	X		X				0	0	0
STANLEY C DEE MD ..... DIRECTOR LFH	5 0 ..... 0 0	X						35,625	0	0
STEPHANIE LIEBER TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
STEPHEN C FALK ..... DIR/PRESIDENT NMHC/NMF	40 0 ..... 0 0	X		X				704,500	0	53,825

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN CRAWFORD ..... DIRECTOR NMG	5 0 ..... 0 0	X						0	0	0
STEPHEN W ELLIOTT ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
STEVEN L BURANDT DO ..... SEC TREASURER/DIR CMP/CHA	40 0 ..... 0 0	X		X				283,857	0	43,044
STEVEN M ARMBRUST MD ..... CHAIR/DIRECTOR CMP/CHA	5 0 ..... 0 0	X		X				642	0	0
STEVEN COKER MD ..... DIRECTOR CMP	5 0 ..... 0 0	X						3,983	0	0
SUE RICHTER ..... DIRECTOR DCH	5 0 ..... 0 0	X						0	0	0
SUSHIL KESWANI ..... DIRECTOR KISH	5 0 ..... 0 0	X						0	0	0
TERESA GOBELI ..... EXECUTIVE DIRECTOR DCH	40 0 ..... 0 0	X		X				87,669	0	20,625
TERRANCE D PEABODY MD ..... DIRECTOR NMH	40 0 ..... 0 0	X						778,338	0	59,733
TERRY SAVAGE ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS A COLE TERMED F2016 ..... DIRECTOR NMHC/NMG	5 0 ..... 0 0	X						0	0	0
THOMAS J MORAN MD ..... DIRECTOR NMF/CMP	5 0 ..... 0 0	X						762,257	0	60,168
THOMAS J MCAFEE ..... DIR/PRESIDENT NMHC/HFI/LFH	40 0 ..... 0 0	X		X				931,832	0	150,026
THOMAS L BERNARDIN TERMED2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
THOMAS MATYA ..... DIRECTOR KISH/NMHC/KPG/NMWR	5 0 ..... 0 0	X						0	0	0
TIMOTHY J LUBY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
TIMOTHY J MCGEE DO ..... DIRECTOR CMP	5 0 ..... 0 0	X						0	0	0
TIMOTHY P MOEN ..... DIRECTOR NMHC	5 0 ..... 0 0	X						0	0	0
TIMOTHY P SULLIVAN ..... DIRECTOR NMHC/NMH	5 0 ..... 0 0	X						0	0	0
TODD ALTOUNIAN TERMED F2016 ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TONDA BRUCH ..... VP/DIRECTOR KISH	5 0 ..... 0 0	X		X				0	0	0
TORSTEN GESSNER ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
TRINA GORDON MCCALLISTER ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
VICTORIA J REICH TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
W JAMES MCNERNEY JR ..... CHAIR/DIRECTOR NMHC	5 0 ..... 0 0	X		X				0	0	0
WILLIAM A OSBORN ..... VICE CHAIR/DIR NMHC	5 0 ..... 0 0	X		X				0	0	0
WILLIAM C KUNKLER III ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
WILLIAM CUNNINGHAM ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
WILLIAM D PEREZ ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
WILLIAM G DALUGA ..... DIRECTOR LFH	5 0 ..... 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM GOLDBERG ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
WILLIAM J BRODSKY ..... CHAIR/DIRECTOR NMH	5 0 ..... 0 0	X		X				0	0	0
WILLIAM M DALEY ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
WILLIAM M HUNTER ..... DIRECTOR LFH/NMF	5 0 ..... 0 0	X						0	0	0
WILLIAM P FLESCH ..... CHAIR/V CH/DIR NMWR/NMHC	5 0 ..... 0 0	X		X				0	0	0
WILLIAM T LYNCH TERMED F2016 ..... DIRECTOR NMF	5 0 ..... 0 0	X						0	0	0
WILLIAN VON HOENE ..... DIRECTOR NMH	5 0 ..... 0 0	X						0	0	0
BRIAN LEMON ..... PRESIDENT NMWR	40 0 ..... 0 0			X				1,302,280	0	57,021
DOUGLAS M YOUNG LFHHFIMJNMG ..... AS TREA NMH/NMWR/NMF/NMHC/NMS	40 0 ..... 0 0			X				555,414	0	346,006
EMILY KOZAK NMFNMHCNMG ..... AS SECRETARY MJ/NMH/LFH/NMWR	40 0 ..... 0 0			X				192,981	0	26,506

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOLLY FRENCH ..... PRESIDENT MJ	40 0 ..... 0 0			X				0	0	0
KATHLEEN YOSKO ..... PRESIDENT MJ	40 0 ..... 0 0			X				0	0	0
MAUREEN BRYANT ..... PRESIDENT NMWR	40 0 ..... 0 0			X				814,812	0	32,945
SUZANNE SKALA ..... PRESIDENT MJ	40 0 ..... 0 0			X				0	0	0
DEBRA O'DONNELL ..... SR VP - CHIEF OF NURSING	40 0 ..... 0 0					X		946,469	0	46,101
HARISH N SHOWNKEEN MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,924,862	0	53,439
MARGARET SHOUP MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,243,186	0	38,763
MICHAEL J LEE MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,187,058	0	24,342
AARON A BARE MD ..... PHYCISTIAN	40 0 ..... 0 0					X		1,034,595	0	46,054
ABRAHAM A CHACKO ..... fmr PRACT ADM, EX-OFF KPG	40 0 ..... 0 0						X	148,274	0	24,989

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW PALUMBO ..... FMR DIRECTOR	40 0 ..... 0 0						X	965,840	0	45,061
ANTHONY J SCHAEFFER MD ..... FMR DIRECTOR NMG	40 0 ..... 0 0						X	306,370	0	48,425
BRAD COPPLE ..... FMR PRESIDENT KISH	40 0 ..... 0 0						X	528,719	0	40,826
BRIAN WALSH ..... FMR CFO/DIRECTOR	40 0 ..... 0 0						X	465,171	0	43,853
CARL CHRISTENSEN ..... FMR CIO/DIRECTOR	40 0 ..... 0 0						X	564,231	0	35,099
DANAE PROUSIS ..... FMR VP/CORP SEC NMS/NMG	40 0 ..... 0 0						X	687,609	0	27,228
DANIEL F KINSELLA ..... FMR KEY EMPLOYEE	40 0 ..... 0 0						X	969,715	0	50,356
DAVID C HENSLEY ..... FMR PRESIDENT	40 0 ..... 0 0						X	500,253	0	41,370
DAVID PROULX ..... FMR ASST VP OPERATIONS KISH	40 0 ..... 0 0						X	306,768	0	36,257
DENISE MAJESKI ..... FMR VP/C NURSING OFF LFH	40 0 ..... 0 0						X	287,596	0	85,816



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH ROSENBERG ..... FMR KEY EMPLOYEE	40 0 ..... 0 0						X	928,156	0	141,429
FRANCIS FRAHER NMGNMHC ..... FMR AS TREASURER NMF/LFH/NMH	40 0 ..... 0 0						X	254,471	0	59,526
JOHN H HUBBE ..... FMR GENERAL COUNSEL	40 0 ..... 0 0						X	101,351	0	20,881
JUSTIN A JOHNSON ..... FMR VP & CFO NMG	40 0 ..... 0 0						X	332,850	0	33,706
MICHELLE JANNEY ..... FMR SR VP/C NURSE EXEC NMH	40 0 ..... 0 0						X	143,559	0	35,042
NORMAN BOTSFORD ..... FMR COO NMG	40 0 ..... 0 0						X	903,888	0	16,956
GARY A NOSKIN MD ..... SR VP/CMO NMHC/NMH	40 0 ..... 0 0						X	530,242	0	42,162
JAMES G ADAMS MD ..... FMR SR VP/CMO NMHC	40 0 ..... 0 0						X	788,632	0	41,855
JENNIFER WOOTEN Ierardi LFHNMF ..... FMR ASS SEC NMHC/NMH/NMG	40 0 ..... 0 0						X	238,665	0	43,255
LOREN FOELSKE ..... FMR VP FINANCE KISH	40 0 ..... 0 0						X	608,405	0	29,985



2015

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		No
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
<b>b</b> A family member of a person described in (a) above?		No
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		No
<b>2</b>		No

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		No
<b>2</b>		No
<b>3</b>		No

**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 (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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. **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)
<b>1</b> Net short-term capital gain	0	
<b>2</b> Recoveries of prior-year distributions	0	
<b>3</b> Other gross income (see instructions)	0	
<b>4</b> Add lines 1 through 3	0	
<b>5</b> Depreciation and depletion	0	
<b>6</b> 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)	0	
<b>7</b> Other expenses (see instructions)	0	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	0	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
<b>a</b> Average monthly value of securities	0	
<b>b</b> Average monthly cash balances	0	
<b>c</b> Fair market value of other non-exempt-use assets	0	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	0	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____ 0		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	0	
<b>3</b> Subtract line 2 from line 1d	0	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	0	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	0	
<b>6</b> Multiply line 5 by .035	0	
<b>7</b> Recoveries of prior-year distributions	0	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	0	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)		0
<b>2</b> Enter 85% of line 1		0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)		0
<b>4</b> Enter greater of line 2 or line 3		0
<b>5</b> Income tax imposed in prior year		0
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		0
<b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	0
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	0
<b>4</b> Amounts paid to acquire exempt-use assets	0
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	0
<b>6</b> Other distributions (describe in Part VI) See instructions	0
<b>7 Total annual distributions.</b> Add lines 1 through 6	0
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
<b>9</b> Distributable amount for 2015 from Section C, line 6	0
<b>10</b> Line 8 amount divided by Line 9 amount	0 %

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			0
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . <u>0</u>			
<b>e</b> From 2014. . . . . <u>0</u>			
<b>f Total</b> of lines 3a through e	0		
<b>g</b> Applied to underdistributions of prior years		0	
<b>h</b> Applied to 2015 distributable amount			0
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
<b>4</b> Distributions for 2015 from Section D, line 7 \$ <u>0</u>			
<b>a</b> Applied to underdistributions of prior years		0	
<b>b</b> Applied to 2015 distributable amount			0
<b>c</b> Remainder Subtract lines 4a and 4b from 4	0		
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c	0		
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . <u>0</u>			
<b>d</b> From 2014. . . . . <u>0</u>			
<b>e</b> From 2015. . . . . <u>0</u>			

**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**

2015

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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 NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

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
2 Political expenditures \$
3 Volunteer hours

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	322,611	412,411												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	322,611	412,411												
<b>d</b>	Other exempt purpose expenditures	3,345,247,206	3,897,509,874												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	3,345,569,817	3,897,922,285												
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,127,944												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	281,986												
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														

**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?

**Y e s**     **N o**

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	411,552	351,763	529,932	412,411	1,705,658
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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)		(b)
	Yes	No	Amount
<b>1</b>			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>f</b>			
<b>g</b>			
<b>h</b>			
<b>i</b>			
<b>j</b>			
<b>2a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			

- 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?
- b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c** Media advertisements?
- d** Mailings to members, legislators, or the public?
- e** Publications, or published or broadcast statements?
- f** Grants to other organizations for lobbying purposes?
- g** Direct contact with legislators, their staffs, government officials, or a legislative body?
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i** Other activities?
- j** Total. Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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?

**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
<b>1</b>		
<b>2</b>		
<b>3</b>		

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

**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."**

<b>1</b>	
<b>2</b>	
<b>a</b>	
<b>b</b>	
<b>c</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

- 1** Dues, assessments and similar amounts from members
- 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
- b** Carryover from last year
- c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

**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
Affiliated Group schedule	

## TY 2015 Affiliated Group Schedule

**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**EIN:** 36-4724966

**Affiliated Group Business Name:** Northwestern Memorial Hospit

**Address. Either US or Foreign Type:** 251 E Huron  
Chicago, IL 60611

**EIN:** 37-0960170

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 89,672

**Total Lobbying Expenditures:** 89,672

**Other Exempt Purpose Expenditures:** 1,089,269,117

**Total Exempt Purpose Expenditures:** 1,089,358,789

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Northwestern Lake Forest Hos

**Address. Either US or Foreign Type:** 660 N Westmoreland Road  
Lake Forest, IL 60645

**EIN:** 36-2179779

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 47,246

**Total Lobbying Expenditures:** 47,246

**Other Exempt Purpose Expenditures:** 215,210,147

**Total Exempt Purpose Expenditures:** 215,257,393

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Northwestern Memorial Health  
**Address. Either US or Foreign Type:** 251 E Huron  
Chicago, IL 60611  
**EIN:** 36-3152959  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 89,800  
**Total Lobbying Expenditures:** 89,800  
**Other Exempt Purpose Expenditures:** 550,458,291  
**Total Exempt Purpose Expenditures:** 550,548,091  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Northwestern Medical Faculty  
**Address. Either US or Foreign Type:** 251 E Huron  
Chicago, IL 60611  
**EIN:** 36-3097297  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 737,590,772  
**Total Exempt Purpose Expenditures:** 737,590,772  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Lake Forest Health & Fitness  
**Address. Either US or Foreign Type:** 1200 N Westmoreland Road  
Lake Forest, IL 60645  
**EIN:** 36-3835030  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 6,134,183  
**Total Exempt Purpose Expenditures:** 6,134,183  
**Lobbying Nontaxable Amount:** 456,709  
**Grassroots Nontaxable Amount:** 114,177  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Northwestern Memorial Founda  
**Address. Either US or Foreign Type:** 251 E Huron  
Chicago, IL 60611  
**EIN:** 36-3155315  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 10,521,840  
**Total Exempt Purpose Expenditures:** 10,521,840  
**Lobbying Nontaxable Amount:** 676,092  
**Grassroots Nontaxable Amount:** 169,023  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0



**Affiliated Group Business Name:** Northwestern Management Serv

**Address. Either US or Foreign Type:** 251 E Huron  
Chicago, IL 60611

**EIN:** 36-4093385

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 0

**Total Lobbying Expenditures:** 0

**Other Exempt Purpose Expenditures:** 41,800,056

**Total Exempt Purpose Expenditures:** 41,800,056

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** CDH-Delnor Health System

**Address. Either US or Foreign Type:** 25 N Winfield Road  
Winfield, IL 60190

**EIN:** 36-3099698

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 0

**Total Lobbying Expenditures:** 0

**Other Exempt Purpose Expenditures:** 69,429,409

**Total Exempt Purpose Expenditures:** 69,429,409

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Central DuPage Hospital Asso  
**Address. Either US or Foreign Type:** 25 N Winfield Road  
Winfield, IL 60190  
**EIN:** 36-2513909  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 65,090  
**Total Lobbying Expenditures:** 65,090  
**Other Exempt Purpose Expenditures:** 611,662,683  
**Total Exempt Purpose Expenditures:** 611,727,773  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Delnor-Community Hospital  
**Address. Either US or Foreign Type:** 300 Randall Road  
Geneva, IL 60134  
**EIN:** 36-3484281  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 47,391  
**Total Lobbying Expenditures:** 47,391  
**Other Exempt Purpose Expenditures:** 203,746,958  
**Total Exempt Purpose Expenditures:** 203,794,349  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Central DuPage Physician Gro  
**Address. Either US or Foreign Type:** 25 N Winfield Road  
Winfield, IL 60190  
**EIN:** 36-3149833  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 181,853,512  
**Total Exempt Purpose Expenditures:** 181,853,512  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** Central Nursing services of  
**Address. Either US or Foreign Type:** 690 E North Ave  
Carol Stream, IL 60188  
**EIN:** 36-6080833  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 420,610  
**Total Exempt Purpose Expenditures:** 420,610  
**Lobbying Nontaxable Amount:** 84,122  
**Grassroots Nontaxable Amount:** 21,031  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** CENTRAL DUPAGE SPECIAL HEALT

**Address. Either US or Foreign Type:** 27W353 JEWELL RD  
WINFIELD, IL 60190

**EIN:** 36-4310557

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 0

**Total Lobbying Expenditures:** 0

**Other Exempt Purpose Expenditures:** 319,859

**Total Exempt Purpose Expenditures:** 319,859

**Lobbying Nontaxable Amount:** 63,972

**Grassroots Nontaxable Amount:** 15,993

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** PAHCS II

**Address. Either US or Foreign Type:** 27W353 JEWELL RD  
WINFIELD, IL 60190

**EIN:** 36-3887234

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 0

**Total Lobbying Expenditures:** 0

**Other Exempt Purpose Expenditures:** 532,981

**Total Exempt Purpose Expenditures:** 532,981

**Lobbying Nontaxable Amount:** 104,947

**Grassroots Nontaxable Amount:** 26,237

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** DELNOR-COMMUNITY RESIDENTIAL  
**Address. Either US or Foreign Type:** 300 RANDALL ROAD  
GENEVA, IL 60134  
**EIN:** 36-4156211  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 348,126  
**Total Exempt Purpose Expenditures:** 348,126  
**Lobbying Nontaxable Amount:** 69,625  
**Grassroots Nontaxable Amount:** 17,406  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** DEKALB COUNTY HOSPICE  
**Address. Either US or Foreign Type:** 2727 SYCAMORE ROAD SUITE 1B  
DEKALB, IL 60115  
**EIN:** 36-3164329  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 125  
**Total Lobbying Expenditures:** 125  
**Other Exempt Purpose Expenditures:** 1,330,598  
**Total Exempt Purpose Expenditures:** 1,330,723  
**Lobbying Nontaxable Amount:** 208,072  
**Grassroots Nontaxable Amount:** 52,018  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** KISHHEALTH SYSTEM HOMECARE

**Address. Either US or Foreign Type:** 100 E WASHINGTON ST  
SPRINGFIELD, IL 62701

**EIN:** 37-1703513

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 748

**Total Lobbying Expenditures:** 748

**Other Exempt Purpose Expenditures:** 1,413,852

**Total Exempt Purpose Expenditures:** 1,414,600

**Lobbying Nontaxable Amount:** 216,460

**Grassroots Nontaxable Amount:** 54,115

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** KISHWAUKEE COMMUNITY HOSPITA

**Address. Either US or Foreign Type:** ONE KISH HOSPITAL DR  
DEKALB, IL 60115

**EIN:** 23-7087041

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 35,294

**Total Lobbying Expenditures:** 35,294

**Other Exempt Purpose Expenditures:** 106,629,329

**Total Exempt Purpose Expenditures:** 106,664,623

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non Tx:** 0

**Tot Lobby Expend Mns Lobbying Non Tx:** 0

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** VALLEY WEST COMMUNITY HOSPIT  
**Address. Either US or Foreign Type:** ONE KISH HOSPITAL DR  
DEKALB, IL 60115  
**EIN:** 36-4244337  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 17,822  
**Total Lobbying Expenditures:** 17,822  
**Other Exempt Purpose Expenditures:** 25,605,550  
**Total Exempt Purpose Expenditures:** 25,623,372  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** MARIANJOY REHAB HOSPITAL & C  
**Address. Either US or Foreign Type:** 26W171 ROOSEVELT RD  
WHEATON, IL 60187  
**EIN:** 36-2680776  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 19,223  
**Total Lobbying Expenditures:** 19,223  
**Other Exempt Purpose Expenditures:** 11,043,889  
**Total Exempt Purpose Expenditures:** 11,063,112  
**Lobbying Nontaxable Amount:** 703,156  
**Grassroots Nontaxable Amount:** 175,789  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** MARIANJOY FOUNDATION INC  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
chicago, IL 60611  
**EIN:** 35-2165613  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 6,798  
**Total Exempt Purpose Expenditures:** 6,798  
**Lobbying Nontaxable Amount:** 1,360  
**Grassroots Nontaxable Amount:** 340  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** REHABILITATION MEDICINE CLIN  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 36-3236791  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 6,472,785  
**Total Exempt Purpose Expenditures:** 6,472,785  
**Lobbying Nontaxable Amount:** 473,639  
**Grassroots Nontaxable Amount:** 118,410  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0



**Affiliated Group Business Name:** MARIANJOY INC  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 36-3483589  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 0  
**Total Exempt Purpose Expenditures:** 0  
**Lobbying Nontaxable Amount:** 0  
**Grassroots Nontaxable Amount:** 0  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** KISHHEALTH FOUNDATION  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 36-3649077  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 255,114  
**Total Exempt Purpose Expenditures:** 255,114  
**Lobbying Nontaxable Amount:** 51,023  
**Grassroots Nontaxable Amount:** 12,756  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** KISHHEALTH SYSTEM  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 36-3649080

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 2,855,468  
**Total Exempt Purpose Expenditures:** 2,855,468  
**Lobbying Nontaxable Amount:** 292,773  
**Grassroots Nontaxable Amount:** 73,193  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** MARIANJOY REHAB CENTER AUXIL  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 36-3896976

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 0  
**Total Exempt Purpose Expenditures:** 0  
**Lobbying Nontaxable Amount:** 0  
**Grassroots Nontaxable Amount:** 0  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** DEKALB BEHAVIORIAL HEALTH FOU  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 47-4579189  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 3,481,717  
**Total Exempt Purpose Expenditures:** 3,481,717  
**Lobbying Nontaxable Amount:** 324,086  
**Grassroots Nontaxable Amount:** 81,022  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** KISHWAUKEE PHYSICIAN GROUP  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 65-1293967  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 18,647,841  
**Total Exempt Purpose Expenditures:** 18,647,841  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** CENTER FOR FAMILY HEALTH - M  
**Address. Either US or Foreign Type:** 541 N FAIRBANKS CT RM 1639  
CHICAGO, IL 60611  
**EIN:** 80-0869393  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 285,586  
**Total Exempt Purpose Expenditures:** 285,586  
**Lobbying Nontaxable Amount:** 57,117  
**Grassroots Nontaxable Amount:** 14,279  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** LIVING WELL CANCER RESOURCE  
**Address. Either US or Foreign Type:** 300 RANDALL ROAD  
GENEVA, IL 60134  
**EIN:** 16-1727774  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 182,803  
**Total Exempt Purpose Expenditures:** 182,803  
**Lobbying Nontaxable Amount:** 36,561  
**Grassroots Nontaxable Amount:** 9,140  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**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.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**Employer identification number**  
36-4724966

**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
<b>1</b> Total number at end of year	1	1
<b>2</b> Aggregate value of contributions to (during year)	11,517	1,001,582
<b>3</b> Aggregate value of grants from (during year)	3,060	135,271
<b>4</b> Aggregate value at end of year	11,915	10,767,744

**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
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

(continued)

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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" to Form 990, Part IV, line 10.

Table with columns for (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g balance and expense items

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

- a Board designated or quasi-endowment, b Permanent endowment 100 000 %, c Temporarily restricted endowment

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

- (i) unrelated organizations, (ii) related organizations

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with columns for (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

**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		
<b>Total.</b> (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
<b>Total.</b> (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
See Additional Data Table	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	5,562,008,559

**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
Federal income taxes	40,000
SELF INSURANCE RESERVES	866,575,235
EST THIRD PARTY PAYOR SETTLEMENT	405,629,525
OTHER	151,505,051
INTEREST RATE SWAP	150,106,603
SECTION 457-B AND PENSION PLAN	49,909,169
DEFERRED RENT	10,135,039
ACCRUED BOND INTEREST	8,004,096
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 1,641,904,718

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**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
See Additional Data Table	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-4724966  
**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) I/C RECEIVABLE	4,825,698,130
(2) INSURANCE RECOVERABLE	414,655,505
(3) OTHER ASSETS	116,286,653
(4) DUE FROM AFFILIATES	75,180,615
(5) SECTION 457-B PLAN ASSET	47,508,103
(6) INVEST NON GROUP SUBS & JV	40,871,726
(7) GOODWILL	24,700,808
(8) BENEFICIAL INTEREST IN TRUSTS	13,180,648
(9) MEDICAID RECEIVABLE	2,948,467
(10) ARTWORK	977,904

### Supplemental Information

Return Reference	Explanation
FI n 48 Statement	The organization's financial statements do not report any uncertain tax positions under FIN 48

## Supplemental Information

Return Reference	Explanation
Endowments	<p>The Northwestern Group disclosed the endowment funds in Part V in accordance with SFAS 117 (ASC 958) The group reports board designated funds of approximately \$57,316,000 in unrestricted net assets as of August 31, 2016 These amounts were not included in Part V so that the Endowment funds match the financial statements The Group also has temporarily restricted assets generated from endowment funds of approximately \$57,316,045 as of August 31, 2016 In accordance with SFAS 117 (ASC 958) these amounts are not considered endowments and have not been included in Part V The 4 prior years are the combined Group members' endowment information</p>

## Supplemental Information

Return Reference	Explanation
Collections of Art	Due to immateriality there is no separate footnote in the financial statements regarding S FAS 116 (ASC 958) contributed art Northwestern Memorial Hospital maintains artwork that is on public display The arts program was developed in response to research that demonstrates the healing value of representational art depicting natural landscapes and positive human interactions Our art collection provides comfort, evokes positive emotions and can help promote healing for our patients The hospital also maintains historical items that relate to care such as historical medical instruments and nursing uniforms

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**Employer identification number**

36-4724966

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Program Services	liability risk funding	110,228,661
(2) Europe (Including Iceland and Greenland)			Send agents to seminar		19,669
(3) Middle East and North Africa			Send agents to seminar		35,546
(4)					
(5)					
<b>3a</b> Sub-total					110,283,876
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					110,283,876

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>									
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶** \_\_\_\_\_

**3** Enter total number of other organizations or entities . . . . . **▶**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-4724966

**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

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### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**2015**

**Open to Public Inspection**

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, FL, IL, NY, WI

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<b>BENEFIT DINNER</b> (event type)	<b>GOLF EVENT</b> (event type)	<b>12</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	703,236	575,476	1,985,416	3,264,128
	<b>2</b> Less Contributions . . . . .	157,596	371,511	1,277,895	1,807,002
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	545,640	203,965	707,521	1,457,126
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		24,000	17,617	41,617
	<b>6</b> Rent/facility costs . . . . .	14,208		85,713	99,921
	<b>7</b> Food and beverages . . . . .	66,109	33,110	159,428	258,647
	<b>8</b> Entertainment . . . . .	6,500	107,594	84,100	198,194
	<b>9</b> Other direct expenses . . . . .	44,337	73,268	211,880	329,485
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				927,864
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				529,262

**Part III Gaming.**

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .			58,048	58,048
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .			500	500
	<b>3</b> Noncash prizes . . . . .			4,981	4,981
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.000 % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					5,481
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶					52,567

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
Raffles conducted in Illinois at fundraising events

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b> The organization's facility		%
<b>b</b> An outside facility	100 000	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Northwestern memorial Foundation

Address ▶ 0s050 winfield Road  
winfield,IL 60190

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ Northwestern Memorial Foundation

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ assist volunteers

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
schedule G question 14	These were small raffles, no specific person was in charge of the activities Books and records are held by the Foundation

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

## 2015

**Open to Public Inspection**

<b>Name of the organization</b> NORTHWESTERN MEMORIAL HEALTHCARE GROUP	<b>Employer identification number</b> 36-4724966
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			89,146,278	8,687,684	80,458,594	2 020 %
<b>b</b> Medicaid (from Worksheet 3, column a)			371,188,804	225,249,962	145,938,842	3 660 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			460,335,082	233,937,646	226,397,436	5 680 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2,989,950	0	2,989,950	0 070 %
<b>f</b> Health professions education (from Worksheet 5)			56,628,737	10,390,685	46,238,052	1 160 %
<b>g</b> Subsidized health services (from Worksheet 6)			21,721,680	0	21,721,680	0 540 %
<b>h</b> Research (from Worksheet 7)			19,276,904	0	19,276,904	0 480 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			2,794,961	0	2,794,961	0 070 %
<b>j Total.</b> Other Benefits			103,412,232	10,390,685	93,021,547	2 320 %
<b>k Total.</b> Add lines 7d and 7j			563,747,314	244,328,331	319,418,983	8 000 %

**Part II Community Building Activities**

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			2,560,862		2,560,862	0.060 %
<b>9</b> Other						
<b>10 Total</b>			2,560,862		2,560,862	0.060 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .		36,166,000
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	933,633,786
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	1,272,794,361
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-339,160,575
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> KISHWAUKEE AREA PHO	CREDENTIALING & MANAGED CARE	50 %	0 %	33.3 %
<b>2</b> IL PROTON CENTER LLC	PROTON THERAPY	59.2 %	0 %	18.3 %
<b>3</b> MIDLAND SURGICAL CEN	SURGERY CENTER	74.5 %	0 %	23 %
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

7

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table									

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Northwestern memorial Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Please see 7d supplemental for url</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
<b>a</b>	If "Yes" (list url) _____		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Northwestern memorial Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Northwestern memorial Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Northwestern Lake Forest Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 2 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Please see 7d supplemental for url</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
<b>a</b>	If "Yes" (list url) _____		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Northwestern Lake Forest Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Northwestern Lake Forest Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Central Dupage Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 3 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input checked="" type="checkbox"/> Other (describe in Section C)	Yes	
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Please see 7d supplemental for url</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input checked="" type="checkbox"/> Other (describe in Section C)	Yes	
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) _____ b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Central Dupage Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Central Dupage Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Delnor-Community Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 4 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 14</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Please see 7d supplemental for url</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>http //delnorhospital healthforecast net</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
<b>a</b>	If "Yes" (list url) _____		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Delnor-Community Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Delnor-Community Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Northwestern Medicine Kishwaukee Comm

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 5 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Please see 7d supplemental for url</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
<b>a</b>	If "Yes" (list url) <u>SEE PART V, SUPPLEMENTAL INFORMATION FOR URL</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Northwestern Medicine Kishwaukee Comm

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Northwestern Medicine Kishwaukee Comm

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Northwestern Medicine Valley West Hos

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 6 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Please see 7d supplemental for url</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
<b>a</b>	If "Yes" (list url) <u>SEE PART V, SUPPLEMENTAL INFORMATION FOR URL</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Northwestern Medicine Valley West Hos

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SUP INFORMATION</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		



**Part V Facility Information** (continued)

Northwestern Medicine Valley West Hos

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MARIANJOY REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 7 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	Yes	
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>PLEASE SEE 7D SUPPLEMENTAL FOR URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>PLEASE SEE 7D SUPPLEMENTAL FOR URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
<b>a</b>	If "Yes" (list url) _____		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

MARIANJOY REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.marianjoy.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.marianjoy.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.marianjoy.org</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

MARIANJOY REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 191

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	<p>Central/North 09/01/15 01/31/16 Free and Discounted Care may only be given for Medically Necessary services for which the patient meets clinical program criteria and is financially responsible. Free and Discounted Care will only be applied to true self-pay balances, after all third-party benefits/resources are exhausted, including (but not limited to) benefits from insurance carriers (e.g., health, home, auto liability, workers compensation, or employer funded health reimbursement accounts ("HRAs")), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation and/or settlements (collectively, "Third-Party Funding Sources"). All patients receiving emergent care through the Emergency Department are eligible for the Programs in this policy in connection with such care. Non-emergent patients who have their principal legal residence within the state of Illinois and who will receive or have received Medically Necessary services are also eligible for Free Care. Illinois residents, as defined by the Hospital Uninsured Patient Discount Act (IPA #095-0965), are eligible for Northwestern Memorial Healthcare's (NMHC) Sliding Fee Scale and Catastrophic Discount Programs. Non-Illinois residents seeking non-emergent care will not be eligible, this includes, but is not limited to, out-of-state external transfers. These patients should be encouraged to seek treatment at an appropriate facility within their geographic proximity. The following considerations are to be used to determine whether the patient will be eligible for Free or Discounted Care and the amount of discount: 1 Household income and family size; 2 Employment status; 3 Amount of estimated or actual charges on all open accounts for Medically Necessary services; 4 Availability of Third-Party Funding Sources, as well as other discounted programs, private charitable organizations and other funds/financial resources; 5 Extenuating circumstances, major issues and/or problems that may contribute to an inability to pay, such as extended major illness or outstanding financial obligations; 6 Patient or guarantor cooperation sufficient to allow eligibility determination to be made and application for government programs (e.g., Medicaid) or other Third-Party Funding Sources; 7 In the event there is reason to believe that a patient/guarantor may have assets available to pay for medical services that are disproportionate to the reported income, NMHC may require the patient/guarantor to provide information about their assets and consider those assets in deciding whether, and to what extent, to extend Free or Discounted Care.</p> <p>Central/North 02/01/16 08/31/16 NMHC shall, in accordance with Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Care to Uninsured Patients. NMHC provides Free Care and Discounted Care to eligible Applicants who are uninsured through two methods: "uninsured sliding fee scale assistance" and "uninsured catastrophic assistance." If an Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care. Free Care and Discounted Care shall be available for those Uninsured Patients who are Legal Illinois Residents and Illinois Residents. Non-Residents who are Uninsured Patients are not eligible for Free Care or Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services. NMHC provides Free Care and Discounted Care to eligible Insured Patients through two methods: "insured sliding fee scale assistance" and "insured catastrophic assistance." If the Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the applicant to provide information about such assets, and may consider those assets in deciding whether, and to what extent, to extend free care or discounted care. Financial Assistance will only be applied to self-pay balances, after all third-party benefits/resources are reasonably exhausted, including, but not limited to, benefits from insurance carriers (e.g., health, home, auto liability, worker's compensation, or employer funded health reimbursement).</p>



Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	<p>ent accounts), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation, settlements, and/or private fundraising efforts (collectively, "Third-Party Funding Sources") Patients receiving Financial Assistance and who require Medically Necessary care (other than Emergency Services) must, whenever possible, be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the Patient must fully cooperate with enrollment requirements prior to the procedure being scheduled and/or services being rendered Eligible Patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs may be ineligible for Financial Assistance NMHC (or its agent), at its discretion, may assess a Patients or Guarantors Financial Assistance eligibility by means other than a completed Application In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patients or Guarantors Program eligibility If there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicants Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care An uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHCs Free and Discounted Care program and will not be required to provide additional supporting documentation for financial assistance A Homelessness B Deceased with no estate C Mental incapacitation with no one to act on the patients behalf D Medicaid eligibility, but not on date of service for non-covered service E Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines, 1 Women, Infants and Children Nutrition Program (WIC) 2 Supplemental Nutrition Assistance Program (SNAP) 3 Illinois Free Lunch and Breakfast Program 4 Low Income Home Energy Assistance Program (LIHEAP) 5 Enrollment in an organized community-based program providing access to medical care that assess and documents limited low income financial 6 Receipt of grant assistance for medical services West 09/01/15 - 08/31/16 Free and Discounted Care may only be given for Medically Necessary services for which the patient meets clinical criteria and is financially responsible Eligible individuals will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care Free and Discounted Care will only be applied to true self-pay balances, after all third-party benefits/resources are exhausted, including (but not limited to) benefits from insurance carriers (e.g., health, home, auto liability, workers compensation, or employer funded health reimbursement accounts (HRSs), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation and/or settlements NMHC - West Region will work with the patient to identify alternative methods of coverage and will assist the patient in applying for Public Aid if applicable The following considerations are to be used to determine whether the patient will be eligible for Free and Discounted Care and the amount of discount 1 Household income and family size 2 Employment status 3 Ages of dependent household members 4 Number of dependents being supported (dependents should meet the IRS support regulations) 5 The number of household members working and their earnings over the</p>

Form and Line Reference	Explanation
Bad Debt expense removed	schedule h, part I, line 7 a thru k THE AMOUNT OF BAD DEBT EXPENSES INCLUDED IN PART IX, LINE 25 IS 150,043,693 THIS AMOUNT IS SUBTRACTED FROM TOTAL COSTS FOR CALCULATING THE PERCENTAGES

Form and Line Reference	Explanation
Subsidized Health Services	<p>schedule H, Part I, line 7g THE BENEFITS REPORTED ARE PRIMARILY ASSOCIATED WITH OPERATING LOSSES SUPPORTING NMHS MENTAL HEALTH PROGRAMS NMHC DOES NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES SCHEDULE H, PART II, LINE 8 NMHC HOSPITALS PROVIDE A BROAD RANGE OF TRAINING PROGRAMS AND SUPERVISED PATIENT CARE EXPERIENCES TO ENSURE THAT A HIGHLY TRAINED HEALTHCARE WORKFORCE OF ADEQUATE CAPACITY IS IN PLACE TO SERVE THE RESIDENTS OF THE REGION IMPORTANTLY, THESE PROGRAMS CREATE PATHWAYS FOR AT-RISK MEMBERS OF THE COMMUNITY TO SEEK JOBS WITHIN THE HEALTHCARE SYSTEM AND ALSO ARE IN PLACE FOR YOUNG PEOPLE TO LEARN ABOUT AND POTENTIALLY EXPLORE HEALTHCARE CAREERS ALLIED HEALTH SCHOOLS AT NMH NMH OPERATES FOUR ACCREDITED ALLIED HEALTH SCHOOLS DIAGNOSTIC MEDICAL SONOGRAPHY , NUCLEAR MEDICINE TECHNOLOGY, RADIATION THERAPY AND RADIOLOGY AS WELL AS A COMPUTED TOMOGRAPHY TRAINING PROGRAM THE 21-MONTH CERTIFICATE PROGRAMS ARE OPEN TO EMPLOYEES AND THE GENERAL PUBLIC MANY STUDENTS COME FROM THE LOCAL COMMUNITY, AS WELL AS FROM AFFILIATED COLLEGES AND UNIVERSITIES LEADERS OF THESE PROGRAMS VISIT CITY HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO INTRODUCE VARIOUS MEDICAL FIELDS TO PROSPECTIVE STUDENTS AND INCREASE THEIR GENERAL KNOWLEDGE OF VARIOUS ALLIED HEALTH FIELDS THE CERTIFICATE PROGRAMS AIM TO ADDRESS THE NEED FOR ALLIED HEALTH PROFESSIONALS IN THE FIELD CLINICAL EXPERIENCE AT NMHC HOSPITALS NMHC HOSPITALS PROVIDE THE IMPORTANT CLINICAL SETTING FOR THE EDUCATION OF THE NEXT GENERATION OF HEALTHCARE WORKERS, INCLUDING PHYSICIANS, NURSES, PHARMACISTS, LABORATORY PROFESSIONALS, ALLIED HEALTH WORKERS AND SKILLED TECHNICIANS THROUGH CLINICAL AFFILIATIONS WITH TOP REGIONAL UNIVERSITIES AND COLLEGES AND ESTABLISHED CLINICAL ROTATIONS, MENTORING, CLINICIAN SHADOWING, TRADITIONAL DIDACTIC LECTURES AND OTHER TEACHING PROGRAMS, WE PROVIDE CLINICAL SETTINGS FOR THE EDUCATION OF THOUSANDS OF STUDENTS, MANY OF WHOM WILL BECOME PROFESSIONALS IN FIELDS IDENTIFIED AS AREAS OF CURRENT OR FUTURE WORKFORCE SHORTAGE IN THE NATIONAL HEALTHCARE SYSTEM NMHC PROVIDES EDUCATION TO A WIDE RANGE OF STUDENTS INCLUDING - UNDERGRADUATE AND GRADUATE NURSING STUDENTS - STUDENTS FROM UNIVERSITY-BASED PHARMACY PROGRAMS - RESPIRATORY THERAPY STUDENTS - GRADUATE SOCIAL WORK INTERNS - PSYCHOLOGY PHD CANDIDATES WITH CLINICAL EMPHASES IN ADULT CLINICAL PSYCHOLOGY, BEHAVIORAL MEDICINE (HEALTH PSYCHOLOGY), CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY AND CLINICAL NEUROPSYCHOLOGY - INTERNS IN BIOMEDICAL ENGINEERING - PASTORAL CARE STUDENTS - PHYSICAL AND OCCUPATIONAL THERAPY ASSISTANT, BACHELOR, MASTERS AND PHD STUDENTS - STUDENTS IN A BROAD ARRAY OF OTHER CLINICAL PROGRAMS ON-THE-JOB TRAINING AND YOUTH EDUCATION PROGRAMS SINCE 1997, NMH HAS PARTNERED WITH THE CARA PROGRAM TO HELP HOMELESS AND OTHER AT-RISK ADULTS IN THEIR EFFORTS TO ACHIEVE LONG-TERM EMPLOYMENT SUCCESS BY PROVIDING ON-THE-JOB TRAINING SKILLS THAT READY THEM TO MOVE INTO THE WORKFORCE NMH HAS HIRED MORE THAN 120 EMPLOYEES THROUGH THIS PARTNERSHIP SINCE IT BEGAN, INCLUDING TWO IN FISCAL YEAR 2016 NMHC OFFERS ONGOING, COMPREHENSIVE YOUTH PROGRAMS THAT EXPOSE STUDENTS TO POTENTIAL HEALTHCARE CAREERS - THE NM SCHOLARS PROGRAM IS A UNIQUE PARTNERSHIP BETWEEN NMHC AND THE CHICAGO PUBLIC SCHOOL (CPS) WESTINGHOUSE COLLEGE PREPARATORY HIGH SCHOOL (WESTINGHOUSE), A SELECTIVE ENROLLMENT HIGH SCHOOL LOCATED IN GARFIELD PARK ON THE CITY'S WEST SIDE THE PROGRAM PROVIDES TALENTED HIGH SCHOOL STUDENTS WITH THE OPPORTUNITY TO LEARN ABOUT AND PURSUE POST-HIGH SCHOOL EDUCATION IN HEALTHCARE CAREERS STUDENTS ARE EXPOSED TO FEINBERG FACULTY AND HOSPITAL EMPLOYEES AND PROVIDED A BEHIND-THE-SCENES UNDERSTANDING OF CLINICAL AREAS AND POTENTIAL CAREERS A GROUP OF HIGH-ACHIEVING HIGH SCHOOL FRESHMEN ARE SELECTED EACH YEAR TO PARTICIPATE IN THE FOUR-YEAR PROGRAM WHICH INCLUDES MENTORING BY SENIOR FACULTY MEMBERS, AN INTENSIVE THREE-WEEK SUMMER PROGRAM, DISTANCE LEARNING, ACT TEST PREPARATION AND LEADERSHIP AND LIFE SKILLS DEVELOPMENT, 35 STUDENTS PARTICIPATED IN FISCAL YEAR 2016 - NMHC FORMALIZED ITS PARTNERSHIP WITH WESTINGHOUSE MEDICAL AND IT CAREER ACADEMIES AND WILL HELP TO STRENGTHEN CURRICULUM AND PROVIDE EXPOSURE TO HEALTH AND IT CAREERS THROUGH SITE VISITS, JOB SHADOWING, SPEAKERS AND INTERNSHIPS THIS ACTIVITY IS FUNDED IN PART BY THE MICHAEL REESE HEALTH TRUST - THE CRISTO REY INTERNSHIP PROGRAM, RUN COLLABORATIVELY WITH THE CRISTO REY JESUIT HIGH SCHOOL IN THE PILSEN NEIGHBORHOOD ON THE CITY'S NEAR WEST SIDE, OFFERS STUDENTS FROM A PRIMARILY HISPANIC COMMUNITY AN OPPORTUNITY TO WORK ONE DAY A WEEK IN AN ADMINISTRATIVE ROLE WITH THE HUMAN RESOURCES DIVISION OR WITHIN THE INFORMATION SERVICES DEPARTMENT AT NMH TO GAIN VALUABLE WORK EXPERIENCE AND LEARN TIME MANAGEMENT AND ORGANIZATIONAL SKILLS IN A CORPORATE SETTING MANY OF THESE STUDENTS ARE THE FIRST IN THEIR FAMILY TO PURSUE COLLEGE AS A GOAL NINE STUDENTS PARTICIPATED IN THIS PROGRAM IN FISCAL YEAR 2016 - THE</p>

Form and Line Reference	Explanation
Subsidized Health Services	<p>NM DISCOVERY PROGRAM, FORMERLY KNOWN AS MEDICAL EXPLORERS, HAS BEEN AN NMHC INSTITUTION SINCE 1996. IN FISCAL YEAR 2016, THE PROGRAM WAS RE-BRANDING AS THE NM DISCOVERY PROGRAM IN AN EFFORT TO PREPARE FOR SYSTEM-WIDE EXPANSION THROUGHOUT THE TWO YEAR PROGRAM, STUDENTS ARE EXPOSED TO A BROAD RANGE OF ACTIVITIES DESIGNED TO ENCOURAGE THEIR INTEREST IN HEALTHCARE CAREERS. IN ADDITION, THE PROGRAM FOSTERS CHARACTER AND PROFESSIONAL DEVELOPMENT, CULTIVATES LIFE SKILLS, PROVIDES COMMUNITY SERVICE AND LEADERSHIP EXPERIENCE, OFFERS MENTORSHIP AND NETWORKING OPPORTUNITIES. ONCE MONTHLY ACTIVITIES INCLUDE TOURS, GUEST SPEAKERS, GROUP DISCUSSION AND HANDS-ON PROJECTS. TO DATE, NEARLY 900 HIGH SCHOOL STUDENTS HAVE PARTICIPATED IN THE PROGRAM, WITH 40 PARTICIPANTS IN FISCAL YEAR 2016. ADDITIONALLY, EACH SUMMER A SELECT NUMBER OF NM DISCOVERERS ARE OFFERED INTERNSHIPS IN VARIOUS DEPARTMENTS THROUGHOUT NMH, NMH HOSTED SIX SUMMER INTERNS IN FISCAL YEAR 2016 FROM THE DISCOVERY PROGRAM. SINCE THE PROGRAM BEGAN, MANY PARTICIPANTS HAVE PURSUED CAREERS IN NURSING AND MEDICINE AND SEVERAL ARE NOW EMPLOYED AT NMH. IN LATE FALL 2016, THE PROGRAM EXPANDED TO A SECOND CHAPTER IN THE WESTERN SUBURBS - NMCDH WORKS WITH NAPERVILLE CENTRAL HIGH SCHOOL TO PROVIDE INFORMATION ON HEALTHCARE CAREERS AND OFFER HOSPITAL TOURS TO INTERESTED STUDENTS - NMCDH AND DELNOR PARTNER WITH PROJECT SEARCH, A PROGRAM DEDICATED TO PROVIDING EDUCATION AND TRAINING TO YOUNG ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH AN INNOVATIVE WORKFORCE AND CAREER DEVELOPMENT MODEL THAT BENEFITS THE INDIVIDUAL, WORKPLACE AND COMMUNITY. IN FISCAL YEAR 2016, A TOTAL OF 22 YOUNG ADULTS PARTICIPATED IN TWO SEPARATE PROGRAMS AT THE HOSPITALS - LFH STAFF PROVIDE MEDICAL CAREER ADVISORY TRAINING AT LAKE COUNTY HIGH SCHOOLS TECHNICAL CAMPUS AND ASSIST STUDENTS AND PARENTS IN EXPLORING EDUCATIONAL PATHS TO SUPPORT CAREER GOALS - THE LFH VOLUNTEER SERVICES DEPARTMENT COLLABORATES WITH AREA HIGH SCHOOLS ON THEIR TRANSITION STUDENT VOLUNTEER INITIATIVE. THIS INITIATIVE MATCHES SPECIAL EDUCATION STUDENTS WITH VOLUNTEER POSITIONS TO BUILD THE STUDENTS JOB SKILLS IN PREPARATION FOR ENTERING THE WORKFORCE. IN FISCAL YEAR 2016, THREE STUDENTS WERE INVOLVED IN THE INITIATIVE WHERE THEY HELD VARIOUS POSITIONS AT LFH AND THE LAKE FOREST HEALTH AND FITNESS CENTER - NMHC IS PARTNERED WITH THE NATIONAL LATINO EDUCATION INSTITUTE (NLEI), AN EDUCATIONAL AND VOCATIONAL SERVICES ORGANIZATION, IN SPONSORSHIP AND RECRUITMENT INITIATIVES. MEMBERS OF NMHS HUMAN RESOURCES RECRUITMENT TEAM PARTICIPATED IN A JOB FAIR AND SCREENED AND HIRED NLEI CANDIDATES AS WELL AS SPOKE WITH MEDICAL ASSISTANT STUDENTS AT THE NLEI SCHOOL. IN FISCAL YEAR 2016, TWO NLEI CANDIDATES PARTICIPATED IN A MEDICAL ASSISTANT EXTERNSHIP AND FOUR NLEI CANDIDATES WERE HIRED AS MEDICAL ASSISTANTS - NMHC CONTINUES TO OFFER COMPREHENSIVE INTERNSHIPS AND FELLOWSHIPS FOR COLLEGE STUDENTS AND POST-GRADUATES - FOR MORE THAN 20 YEARS, NMH HAS BEEN A SPONSOR OF THE INROADS PROGRAM, WHICH PROVIDES PROGRESSIVE INTERNSHIPS, YEAR-ROUND ACADEMIC INSTRUCTION AND SUMMER WORKSHOPS TO PREPARE MINORITY COLLEGE STUDENTS FOR THE CORPORATE WORK SETTING. INITIALLY DEVELOPED UNDER THE FEDERAL "HIRE THE FUTURE" PROGRAM, NMH WAS THE FIRST CHICAGO HOSPITAL TO PARTICIPATE IN THIS PROGRAM. STUDENTS BENEFIT FROM MENTORING AND LEADERSHIP TRAINING TO PREPARE THEM FOR FUTURE POSITIONS IN A HEALTHCARE CAREER - CHICAGO SCHOLARS IS A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES A COMPREHENSIVE FIVE-YEAR PROGRAM OF MENTORING, INTERNSHIP PLACEMENT, NETWORKING, COLLEGE ADMISSION ASSISTANCE AND SCHOLARSHIPS TO COLLEGE-BOUND AND COLLEGE-LEVEL CHICAGO YOUTH FROM PRIMARILY LOW-INCOME BACKGROUNDS. NMHC IS A "HIGH FIVE PARTNER" OF THE PROGRAM, CONTRIBUTING \$20,000 EACH YEAR FOR FOUR YEARS. MEMBERS OF THE HUMAN RESOURCES DEPARTMENT AT NMHC PROVIDED SUPPORT TO THIS PROGRAM BY PARTICIPATING IN THE APPLICANT INTERVIEW AND SELECTION PROCESS AND VOLUNTEERING AT THE CAREER FAIR.</p>

Form and Line Reference	Explanation
Bad debt expense footnote	<p>Schedule H, part III, LINE 2/ LINE 4 NET PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS, AND NET PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THESE AMOUNTS ARE BASED PRIMARILY ON MANagements ASSESSMENT OF HISTORICAL AND EXPECTED WRITE-OFFS AND NET COLLECTIONS, ALONG WITH THE AGING STATUS FOR EACH MAJOR PAYOR SOURCE MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORICAL EXPERIENCE, A PORTION OF NORTHWESTERN MEMORIALS SELF-PAY PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THUS, A PROVISION IS RECORDED FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO THESE PATIENTS AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH NORTHWESTERN MEMORIALS POLICIES, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, NORTHWESTERN MEMORIAL RECORDS AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF PAST EXPERIENCE THESE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS AND ARE ADJUSTED AS NEEDED IN FUTURE PERIODS</p> <p>Bad debts represent the provision for uncollectible accounts reported in NMHCs fiscal year 2016 audited financial statements related to patient care services adjusted to cost consistent with the methodology used to calculate Government Sponsored Indigent Healthcare</p>

Form and Line Reference	Explanation
Medicare shortfall	Schedule H, part III, line 8 THE UNREIMBURSED COST OF MEDICARE IS DEFINED BY THE STATE OF ILLINOIS ATTORNEY GENERALS OFFICE ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFITS PLAN REPORT AS A COMMUNITY BENEFIT THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION ALSO VIEWS THE UNREIMBURSED COSTS OF MEDICARE AS PART OF A HOSPITALS COMMUNITY BENEFIT PROGRAM NMHC PROVIDES MEDICAL CARE TO MEDICARE PATIENTS AT A COST HIGHER THAN THE REIMBURSEMENT IT RECEIVES FROM MEDICARE THE AMOUNTS LISTED FOR PART III, LINE 5 THRU 7, ARE CALCULATED CONSISTENT WITH THE METHODOLOGY DESCRIBED FOR CALCULATING UNREIMBURSED COST OF MEDICAID FOR FISCAL 2016

Form and Line Reference	Explanation
Financial Assistance collection practices	Schedule H, part III, line 9b NMHCS CREDIT AND COLLECTION POLICY CONTAINS A PROVISION FOR FINANCIAL COUNSELING THE POLICY STATES THAT PATIENTS WITH SELF-PAY BALANCES AND WITHOUT THE RESOURCES TO PAY THEIR OBLIGATIONS WILL BE ASSESSED FOR FREE AND DISCOUNTED CARE ELIGIBILITY BY THE FINANCIAL COUNSELING DEPARTMENTS THE ASSESSMENT INVOLVES AND EVALUATION OF ALL LEVELS OF ASSISTANCE INCLUDING GOVERNMENTAL ASSISTANCE, EXTENDED PAY ALTERNATIVES, AND FREE OR DISCOUNTED CARE IF THE PATIENT QUALIFIES FOR FREE CARE, THE ACCOUNT IS ADJUSTED TO ZERO SO NO COLLECTION ACTIVITY OCCURS IF FINANCIAL ASSISTANCE RESULTS IN A DISCOUNTED OR REDUCED BALANCE, ONLY THE REDUCED BALANCE WILL BE SUBJECT TO THE COLLECTION PROCESS

Form and Line Reference	Explanation
Needs assessment	<p>schedule H, part VI, Line 2 OUR HOSPITALS MISSION STATEMENTS SET FORTH THE COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE AND TO ADVANCE MEDICAL RESEARCH AND EDUCATION THE COMMUNITY BENEFIT PLAN DESCRIBES THE BROAD REACHING GOALS THAT SUPPORT THIS COMMITMENT AND ADDRESS OUR RESPONSIBILITY AS A TAX-EXEMPT ORGANIZATION THE GOALS OF THE COMMUNITY BENEFIT PLAN ARE TO 1 PROVIDE QUALITY CARE BASED ON OUR CLINICAL AND ACADEMIC STRENGTHS, 2 TRAIN THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS FOR OUR HOSPITALS, COMMUNITIES AND INDUSTRY, 3 SUPPORT THE DISCOVERY OF NEW KNOWLEDGE THROUGH RESEARCH THAT CAN CURE DISEASE AND REDUCE SUFFERING, 4 DEVELOP PROGRAMS TO ADDRESS THE AFFORDABILITY AND ACCESSIBILITY OF HEALTHCARE, 5 MAKE A MEASURABLE, POSITIVE IMPACT ON THE HEALTH OF MEDICALLY UNDER SERVED RESIDENTS IN OUR COMMUNITIES, 6 THROUGH INFORMATION, EMPOWER COMMUNITY RESIDENTS TO MAKE PROACTIVE HEALTHCARE DECISIONS, 7 PROVIDE LOCAL YOUTH WITH EDUCATION, MENTORING AND EXPOSURE TO THE HEALTHCARE INDUSTRY FOR POTENTIAL CAREERS, 8 IDENTIFY AND ADDRESS COMMUNITY NEEDS WITHIN AVAILABLE RESOURCES, AND 9 PROMOTE STRONG AND LASTING RELATIONSHIPS WITH OUR COMMUNITIES ALIGNED WITH OUR MISSIONS AND COMMUNITY BENEFIT PLAN, AND IN ACCORDANCE WITH THE REQUIREMENTS OF THE ACA, EACH OF THE NMHC HOSPITALS WORK WITH COMMUNITY AND CAMPUS PARTNERS EVERY THREE YEARS TO COMPLETE A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT IDENTIFIES THE HIGHEST PRIORITY HEALTH NEEDS OF RESIDENTS OF THEIR COMMUNITIES WITH FEINBERG, NMHC BRINGS TO BEAR THE RESOURCES OF A WORLD-CLASS INTEGRATED ACADEMIC MEDICAL HEALTH SYSTEM TO ADVANCE OUR COMMUNITY BENEFIT GOALS AND CHNA INITIATIVES IN WAYS THAT COULD NOT BE ACHIEVED AS STAND-ALONE HOSPITALS 1 SEEKING ROOT CAUSES TO HEALTH CONDITIONS AND COLLABORATING WITH SCIENTISTS AND CLINICIANS TO DEVELOP SOLUTIONS, 2 ENHANCING ACCESS TO HEALTHCARE, 3 IMPROVING CLINICAL QUALITY, 4 ADVANCING MEDICAL INNOVATION, AND 5 ENSURING THAT A HIGHLY SKILLED HEALTHCARE WORKFORCE IS IN PLACE FOR DECADES TO COME THE CHNAs AND CORRESPONDING IMPLEMENTATION PLANS WERE DEVELOPED COLLABORATIVELY WITH COMMUNITY HEALTHCARE ORGANIZATIONS AND OTHER SOCIAL SERVICES AND PUBLIC ORGANIZATIONS WHO UNDERSTAND AND HELP REPRESENT THE WIDE-RANGING HEALTHCARE NEEDS OF THE RESIDENTS IN OUR COMMUNITIES THE CHNA IMPLEMENTATION PLANS ARE GROUNDED IN A PUBLIC HEALTH MODEL THAT WE HAVE WORKED WITH OUR COMMUNITY PARTNERS TO ESTABLISH, IN WHICH RESIDENTS OF OUR COMMUNITIES ARE INFORMED AND ABLE TO MAKE HEALTHY LIFESTYLE CHOICES, MANAGE THEIR CHRONIC HEALTH CONDITIONS AND RECEIVE MEDICALLY NECESSARY HEALTHCARE SERVICES IN THE MOST APPROPRIATE SETTING THE MODEL IS BASED ON THE BELIEF THAT HEALTHCARE SERVICES ARE OPTIMIZED WHEN THEY ARE COORDINATED THROUGH A PATIENT-CENTERED MEDICAL HOME THE PATIENT-CENTERED MEDICAL HOME PROVIDES HEALTH INFORMATION AND COMMUNITY RESOURCES, ASSISTANCE IN NAVIGATING THE HEALTHCARE SYSTEM, PRIMARY AND PREVENTIVE CARE AT A LOCATION CONVENIENT FOR PATIENTS AND FACILITATES ACCESS TO MORE SPECIALIZED HOSPITAL-BASED DIAGNOSTIC AND TREATMENT SERVICES WE HAVE IMPLEMENTED LARGE-SCALE PROGRAMS THROUGHOUT OUR COMMUNITIES USING THIS FRAMEWORK TO TARGET HIGH PRIORITY HEALTH CONDITIONS AND WILL CONTINUE TO USE THIS MODEL TO ADDRESS PRIORITY HEALTH NEEDS IDENTIFIED THROUGH OUR CHNAs ONGOING EFFORTS DRAW ON NMHCs AND FEINBERG'S STRENGTHS IN PUBLIC HEALTH, COMMUNICATION AND EDUCATION AND INCLUDE PROGRAMS TO ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS ACROSS THE SYSTEM OUR HOSPITALS HAVE ENDURING RELATIONSHIPS, OFTEN DECADES OLD, WITH HEALTHCARE AND COMMUNITY ORGANIZATIONS IN OUR COMMUNITIES THROUGH THESE PARTNERSHIPS WE COLLABORATE ON DETERMINING PRIORITY HEALTH NEEDS THROUGH THE CHNA PROCESS AND WORK TOGETHER TO DEVELOP SOLUTIONS THAT RESPECT THE VARIED CULTURAL, SOCIOECONOMIC AND PRACTICAL NEEDS OF OUR DIVERSE COMMUNITIES NMH HAS FORMAL AND LONGSTANDING AFFILIATIONS WITH TWO FQHCs BASED IN THE COMMUNITY NEAR NORTH AND ERIE NEAR NORTH AND ERIE WORK WITH NMH AND LFH TO IDENTIFY COMMUNITY NEEDS AND TO DEVELOP PROGRAMS AND STRATEGIES TO ADDRESS THOSE NEEDS AND EXPAND ACCESS TO CARE FORMAL PROCESSES HAVE BEEN PUT IN PLACE TO ENSURE A FLOW OF INFORMATION AMONG NMH, LFH, NEAR NORTH AND ERIE MEMBERS OF NMHs SENIOR MANAGEMENT TEAM HAVE SERVED FOR MANY YEARS AS BOARD MEMBERS AT NEAR NORTH AND ERIE NMH ALSO WORKS WITH COMMUNITYHEALTH, THE LARGEST FREE MEDICAL CLINIC IN ILLINOIS WITH LOCATIONS IN CHICAGO'S WEST TOWN AND ENGLEWOOD NEIGHBORHOODS, AND HAS REPLICATED THERE SOME OF THE DISEASE MANAGEMENT PROGRAMS THAT HAVE BEEN SUCCESSFULLY IMPLEMENTED AT NEAR NORTH AND ERIE THROUGH CHARITY CARE, OUTREACH SERVICES AND HEALTH EDUCATION PROGRAMS, LFH IMPROVES ACCESS TO HEALTHCARE SERVICES AND RESPONDS TO THE PRIORITY HEALTH NEEDS OF THE RESIDENTS OF LAKE COUNTY, ESPECIALLY AMONG THE UNINSURED OR UNDERINSURED NMHC SUPPORTED ERIE IN PLANNING FOR AND OBTAINING GRANT FUNDING TO OPEN A NEW FQHC FOR MEDICALLY UNDE</p>



Form and Line Reference	Explanation
Needs assessment	<p>RESERVED RESIDENTS IN LAKE COUNTY IN 2014 STAFF AT LFH ALSO WORK CLOSELY WITH THE LAKE COUNTY DEPARTMENT OF HEALTH AND AREA SCHOOL DISTRICTS TO ADDRESS PRIORITY HEALTH NEEDS OF THE COMMUNITY, INCLUDING RECENT EFFORTS TO ADDRESS HIGH SCHOOL-AGE SUBSTANCE ABUSE AND SUICIDE AND EXPANDING PROGRAMS TO PROMOTE AN ACTIVE, HEALTHY LIFESTYLES AMONG RESIDENTS OF LAKE COUNTY NMCDH HAS DEEP-ROOTED RELATIONSHIPS WITH SEVERAL COMMUNITY-LED, COUNTY-WIDE HEALTH COLLABORATIVES, WITH THE DUPAGE COUNTY HEALTH DEPARTMENT, LOCAL SCHOOL DISTRICTS AND SOCIAL SERVICES ORGANIZATIONS THROUGH THESE PARTNERSHIPS, NMCDH PROVIDES HEALTH EDUCATION, NAVIGATION AND OUTREACH SERVICES NMCDH HAS BEEN A MEMBER OF THE DUPAGE HEALTH COALITION SINCE ITS FOUNDING IN 2001 REPRESENTING A BROAD PARTNERSHIP OF HOSPITALS, PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICES AGENCIES AND COMMUNITY GROUPS, THE COALITION WORKS TOGETHER TO BUILD AN EFFICIENT AND EFFECTIVE HEALTH SAFETY NET, WHICH PROVIDES ACCESS TO MEDICAL SERVICES FOR THE COUNTY'S LOW-INCOME, MEDICALLY UNINSURED RESIDENTS MORE THAN 60,000 DUPAGE COUNTY RESIDENTS HAVE RECEIVED HIGH QUALITY COMPASSIONATE HEALTHCARE THROUGH ACCESS DUPAGE, A PROGRAM DEVELOPED BY THE COALITION AND FUNDED BY ITS MEMBERS THE COALITION ALSO OPERATES THE SILVER ACCESS PROGRAM, WHICH PROVIDES FINANCIAL HELP TO LOWER INCOME FAMILIES PURCHASING HEALTH INSURANCE ON THE ACA MARKETPLACE AND WOMENS HEALTH NAVIGATION SERVICES IN ADDITION TO THE SUPPORT PROVIDED FOR ACCESS DUPAGE, IN 2016, CDH PROVIDED \$17,585 IN FUNDINGS SPECIFICALLY TO THE SILVER ACCESS PROGRAM LEADERSHIP AND STAFF AT CDH WORK COLLABORATIVELY WITH THE DUPAGE HEALTH COALITION TO PROMOTE AFFORDABLE ACCESS TO CARE FOR ALL RESIDENTS OF DUPAGE COUNTY DELNOR REGULARLY ENGAGES WITH KANE COUNTY ORGANIZATIONS COMMITTED TO IMPROVING THE HEALTH OF ITS RESIDENTS, INCLUDING THE KANE COUNTY HEALTH DEPARTMENT, THE TRICITY HEALTH PARTNERSHIP, AND THE INC 708 ORGANIZATION, WHICH FOCUSES ON MENTAL HEALTH SERVICES NMKH WORKED WITH THE GREATER ELGIN FAMILY CARE CENTER (GEFCC) TO ESTABLISH THE FIRST FULL-TIME FQHC IN DEKALB COUNTY IN 2013 MEMBERS OF NMKHS MEDICAL STAFF PROVIDE PRIMARY CARE SERVICES AT GEFCC, RESULTING IN EXPANDED ACCESS TO CARE FOR THE COMMUNITY IN FISCAL YEAR 2016, NMKH PROVIDED MORE THAN \$37,000 OF IN-KIND DONATIONS TO GEFCC TO OFFSET EXPENSES ASSOCIATED WITH GEFCCS CLINIC IN SYCAMORE, ILLINOIS NMKH COLLABORATES WITH DIVERSE ORGANIZATIONS TO IDENTIFY A COMMON VISION AND PLAN TO CREATE A COLLECTIVE IMPACT ON THE OVERALL HEALTH OF THE COMMUNITY THESE ORGANIZATIONS INCLUDE THE DEKALB COUNTY HEALTH DEPARTMENT, DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD, KISHWAUKEE YMCA, NORTHERN ILLINOIS UNIVERSITY, MEDICAL PROVIDERS, COMMUNITY GROUPS, AREA SCHOOL DISTRICTS AND OTHER AGENCIES NMVWH COLLABORATES WITH DIVERSE ORGANIZATIONS TO IDENTIFY A COMMON VISION AND PLAN TO CREATE A COLLECTIVE IMPACT ON THE OVERALL HEALTH OF THE COMMUNITY THIS INCLUDES STRIVING TO COORDINATE EFFORTS FOCUSING ON COMMUNITY PRIORITIES WITH COMMUNITY STAKEHOLDERS THAT INCLUDE THE DEKALB COUNTY HEALTH DEPARTMENT, THE KENDALL COUNTY HEALTH DEPARTMENT, FOX VALLEY YMCA AND FOX VALLEY OLDER ADULTS, AS WELL AS OTHER MEDICAL, COMMUNITY AND FAITH-BASED ORGANIZATIONS M RH COORDINATES STRATEGIES WITH COMMUNITY PARTNERS AND KEY STAKEHOLDERS WHO INCLUDE, BUT ARE NOT LIMITED TO, DUPAGE COUNTY HEALTH DEPARTMENT, DUPAGE FEDERATION ON HUMAN SERVICES REF ORM, ELMHURST COMMUNITY UNIT SCHOOL DISTRICT (CUSD) 205, METROPOLITAN CHICAGO HEALTHCARE COUNCIL, NAPERVILLE SCHOOL DISTRICT 203, PEOPLES RESOURCE CENTER AND THE VILLAGE OF ADDISON</p>

Form and Line Reference	Explanation
Patient education of financial assistance eligibility	<p>Schedule H, part VI, Line 3 THERE ARE MANY WAYS THAT PATIENTS OF THE HOSPITALS ARE INFORMED OR MADE AWARE OF THE AVAILABILITY OF THE HOSPITALS VARIOUS FINANCIAL ASSISTANCE PROGRAMS A TO INCREASE AWARENESS OF FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITALS HAVE DEVELOPED BROCHURES (IN ENGLISH AND SPANISH) THAT ARE PROVIDED TO PATIENTS UPON ADMISSION AND AVAILABLE AT REGISTRATION POINTS-OF-ENTRY B ENGLISH- AND SPANISH-LANGUAGE SIGNS NOTIFYING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE ARE PRESENT AT EVERY PATIENT REGISTRATION AREA, INCLUDING THE EMERGENCY DEPARTMENT C AS PART OF THE REGISTRATION PROCESS, PATIENTS ARE PROVIDED WITH A FINANCIAL ASSISTANCE INFORMATION BROCHURE WHICH DESCRIBES THE TYPES OF ASSISTANCE AVAILABLE AND HOW TO QUALIFY FOR ONE OR MORE OF THE PROGRAMS D THE GENERAL CONSENT FORMS THAT EVERY PATIENT SIGNS CONTAINS INFORMATION ABOUT THE NMHC FINANCIAL ASSISTANCE PROGRAMS, AND IS AVAILABLE IN ENGLISH, SPANISH, RUSSIAN, AND POLISH AT NMH, WHILE NLFH HAS PROGRAMS IN ENGLISH AND SPANISH E INPATIENTS RECEIVE A PATIENT WELCOME PACKAGE THAT INCLUDES THE FINANCIAL ASSISTANCE INFORMATION F PATIENTS CAN LEARN ABOUT AND ASSESS THEIR ELIGIBILITY FOR THE HOSPITALS FINANCIAL ASSISTANCE PROGRAMS WITH THE HELP OF THE HOSPITALS TEAM OF FINANCIAL COUNSELING AND PATIENT INQUIRY REPRESENTATIVES THESE REPRESENTATIVES ARE AVAILABLE ON A WALK-IN BASIS OR THROUGH A TOLL-FREE NUMBER G PROCESSES ARE IN PLACE TO LINK PATIENTS WITH FINANCIAL COUNSELORS AND PATIENT INQUIRY REPRESENTATIVES WHEN FINANCIAL HARDSHIP IS IDENTIFIED AS A CONCERN DURING SOCIAL SERVICES ASSESSMENTS H THE ENTRY PORTAL TO THE NMH AND NLFH WEBSITES CONTAIN A PROMINENT LINK TO INFORMATION ABOUT NMHS VARIOUS FINANCIAL ASSISTANCE PROGRAMS, THE FINANCIAL ASSISTANCE BROCHURE AND DOWNLOADABLE APPLICATIONS IN MULTIPLE LANGUAGES I WORKING IN CONJUNCTION WITH CLINICAL STAFF, FINANCIAL COUNSELORS VISIT INPATIENTS NOT ENROLLED IN GOVERNMENT OR PRIVATE HEALTH PLANS WHILE THEY ARE STILL IN THE HOSPITAL TO ASSIST THEM IN DETERMINING THEIR ELIGIBILITY FOR BOTH GOVERNMENT HEALTH PROGRAMS AND FOR HOSPITAL FREE AND DISCOUNTED CARE PROGRAMS J THE HOSPITALS INFORM UNINSURED PATIENTS, AND PATIENTS WITH AN OUTSTANDING BALANCE AFTER INSURANCE, OF THE AVAILABILITY OF VARIOUS FINANCIAL ASSISTANCE PROGRAMS, INCLUDING THE FREE CARE AND DISCOUNTED CARE PROGRAM, AND THE CATASTROPHIC PROGRAM OFFERED BY THE HOSPITALS, IN WRITTEN CORRESPONDENCE SENT TO THOSE PATIENTS THIS INFORMATION INCLUDES THE TOLL-FREE PHONE NUMBER TO THE TEAM OF PATIENT ACCOUNT REPRESENTATIVES K THE HOSPITALS HAVE ON-SITE PATIENT ACCOUNT STAFF WHO ARE TRAINED AND AVAILABLE TO ASSIST PATIENTS WITH FINANCIAL ASSISTANCE L THE HOSPITALS PROVIDE PROACTIVE FINANCIAL COUNSELING FOR SELF-PAY PATIENTS WHO HAVE A SCHEDULED INPATIENT ADMISSION FINANCIAL COUNSELING INCLUDES ASSESSMENT FOR PUBLICLY OR PRIVATELY FUNDED INSURANCE AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAMS FINANCIAL ASSISTANCE PROGRAMS, INCLUDES THE FREE CARE AND DISCOUNTED CARE PROGRAMS, AND THE CATASTROPHIC PROGRAM OFFERED BY THE HOSPITALS, IN WRITTEN CORRESPONDENCE SENT TO THOSE PATIENTS THIS INFORMATION INCLUDES THE TOLL-FREE PHONE NUMBER TO THE TEAM OF PATIENT ACCOUNT REPRESENTATIVES</p>

Form and Line Reference	Explanation
Community Information	<p>Schedule H, Part VI, Line 4 THE COMMUNITIES SERVED BY NMHC HOSPITALS ARE COMPLEX AND DIVER SE, ENCOMPASSING RURAL, SUBURBAN AND URBAN AREAS, WITH A RANGE OF SOCIO-ECONOMIC STATUSES AND THE SOCIAL DETERMINANTS OF HEALTH THAT CORRESPOND TO THESE DEMOGRAPHICS NMHC IS COMMITTED TO PROVIDING CULTURALLY COMPETENT CARE THAT IS RESPONSIVE TO THE NEEDS OF ALL OUR PATIENTS NMHC WORKS CLOSELY WITH COMMUNITY PARTNERS, INCLUDING COMMUNITY HEALTH CENTERS, TO IDENTIFY PRIORITY HEALTH CONCERNS AND JOINTLY DEVELOP COMMUNITY-BASED HEALTH INITIATIVES DESIGNED TO ADDRESS HEALTHCARE DISPARITIES NMHC DEFINES HOSPITAL SERVICE AREA (HSA) AS A COMBINATION OF THE PRIMARY SERVICE AREA (PSA) AND THE SECONDARY SERVICE AREA (SSA) THAT ACCOUNT FOR A PERCENTAGE OF INPATIENT ADMISSIONS TO EACH HOSPITAL THE HSA OF EACH HOSPITAL IS DEFINED IN FURTHER DETAIL, BELOW NORTHWESTERN MEMORIAL HOSPITAL SERVICE AREA NMH SERVES A LARGE, COMPLEX AND DIVERSE AREA WITH PATIENTS COMING FROM THE CITY OF CHICAGO AND SURROUNDING COUNTIES NMHS HSA IS DEFINED AS THE CITY OF CHICAGO, WHICH PROVIDES 68 PERCENT OF INPATIENT ADMISSIONS THE COMMUNITY IN NMHS HSA IS ETHNICALLY AND RACIALLY DIVERSE WITH LARGE BLACK AND HISPANIC POPULATIONS AS WELL AS LARGE POLISH AND SPANISH-SPEAKING POPULATIONS WITHIN NMHS HSA, THE POPULATION IS EXPECTED TO GROW AT A RATE OF 0.9 PERCENT OVER THE NEXT FIVE YEARS SIGNIFICANTLY, NEARLY 20 PERCENT OF FAMILIES LIVE BELOW THE POVERTY LEVEL IN NMHS HSA NMH IS COMMITTED TO PROVIDING CULTURALLY COMPETENT CARE THAT IS RESPONSIVE TO THE NEEDS OF ALL OUR PATIENTS, REGARDLESS OF THE ABILITY TO PAY NMH WORKS WITH COMMUNITY HEALTH CENTERS IN SOME OF CHICAGO'S MEDICALLY UNDERSERVED AREAS TO IDENTIFY PRIORITY HEALTH CONCERNS AND JOINTLY DEVELOP COMMUNITY-BASED HEALTH INITIATIVES DESIGNED TO ADDRESS HEALTHCARE DISPARITIES NORTHWESTERN MEDICINE LAKE FOREST HOSPITAL SERVICE AREA LFH PRIMARILY SERVES LAKE COUNTY, WHICH HAS A FAIRLY STABLE POPULATION OF AROUND 704,000 RESIDENTS, NEARLY 90 PERCENT OF INPATIENT ADMISSIONS AT LFH ARE DERIVED FROM LAKE COUNTY WHILE LFHS HSA POPULATION IS ONLY EXPECTED TO GROW BY 0.7 PERCENT OVER THE NEXT FIVE YEARS, THE OVER-65 POPULATION IS GROWING RAPIDLY BETWEEN 2010 AND 2015, (THE MOST RECENT INFORMATION AVAILABLE,) THE NUMBER OF PERSONS IN LAKE COUNTY 65 YEARS AND OVER INCREASED BY MORE THAN 2 PERCENT A TOTAL OF 20.2% OF LAKE COUNTY RESIDENTS ARE HISPANIC OR LATINO IN LOOKING AT RACE INDEPENDENT OF ETHNICITY, 78.7% OF RESIDENTS OF LAKE COUNTY ARE WHITE AND 14.4% ARE BLACK NORTHWESTERN MEDICINE CENTRAL DUPAGE HOSPITAL SERVICE AREA LOCATED IN WINFIELD, ILLINOIS, NMCDH SERVES THE RESIDENTS OF DUPAGE COUNTY, AND BEYOND NMCDHS HSA ACCOUNTS FOR 71 PERCENT OF INPATIENT ADMISSIONS THE POPULATION OF NMCDHS HSA IS EXPECTED TO INCREASE SIGNIFICANTLY WITH A PROJECTED GROWTH OF 2.1 PERCENT IN THE NEXT FIVE YEARS THE MEDIAN AGE OF DUPAGE COUNTY IS 38 YEARS OLD, SLIGHTLY OLDER THAN THAT OF ILLINOIS OVERALL (36 YEARS) IN LOOKING AT RACE INDEPENDENT OF ETHNICITY, 80.3% OF RESIDENTS IN DUPAGE COUNTY ARE WHITE AND 4.6% ARE BLACK WHEN CONSIDERING ETHNICITY, 13.5% OF DUPAGE RESIDENTS ARE HISPANIC OR LATINO THE HISPANIC POPULATION IN DUPAGE COUNTY INCREASED BY 40,167 (49.4%) BETWEEN 2000 AND 2010 ADDITIONALLY, A TOTAL OF 5% OF THE DUPAGE COUNTY POPULATION, AGE 5 AND OVER, LIVE IN A HOME IN WHICH NO PERSON(S) AGE 14 OR OLDER ARE PROFICIENT IN ENGLISH NORTHWESTERN MEDICINE DELNOR HOSPITAL SERVICE AREA DELNOR PRIMARILY SERVES THE RESIDENTS OF KANE COUNTY, DELNORS HSA ACCOUNTS FOR 86 PERCENT OF INPATIENT ADMISSIONS THE HSA FOR DELNOR IS EXPECTED TO GROW BY A PROJECTED 1.8 PERCENT OVER THE NEXT FIVE YEARS ONE OF THE YOUNGEST COUNTIES IN ILLINOIS, KANE COUNTY'S MEDIAN AGE IS 34 YEARS, TWO YEARS YOUNGER THAN ILLINOIS OVERALL MEDIAN AGE OF 36 THE RACIAL DISTRIBUTION IN KANE COUNTY HAS CHANGED SIGNIFICANTLY FROM 2000 TO 2010 NON-HISPANIC WHITES NOW CONSTITUTE 59 PERCENT OF THE TOTAL POPULATION, A DROP FROM 68 PERCENT IN 2000, AND HISPANICS NOW COMPRISE 31 PERCENT OF THE TOTAL POPULATION, AN INCREASE FROM 24 PERCENT IN 2000 WHEN COMPARED TO ILLINOIS, THE PROPORTION OF HISPANICS IS DOUBLE IN KANE COUNTY, AND THE COUNTY HAS THE LARGEST PROPORTION OF HISPANICS IN THE STATE NORTHWESTERN MEDICINE KISHWAUKEE HOSPITAL SERVICE AREA NMKH SERVES THE LARGEST PORTION OF DEKALB COUNTY RESIDENTS, A MAJORITY OF THE COUNTY'S RESIDENTS LIVE IN THE CITIES OF DEKALB AND SYCAMORE NMKHS HSA PROVIDES 85 PERCENT OF INPATIENT ADMISSIONS THE POPULATION OF NMKHS HSA IS PROJECTED TO GROW BY 1.7 PERCENT OVER THE NEXT FIVE YEARS A SIGNIFICANT PERCENTAGE OF FAMILIES IN NMKHS HSA, 12.6 PERCENT, LIVE BELOW THE FEDERAL POVERTY LINE THE MEDIAN AGE OF DEKALB COUNTY IS SIGNIFICANTLY LOWER THAN THAT OF ILLINOIS OVERALL 29 YEARS COMPARED TO 36 YEARS, RESPECTIVELY NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL SERVICE AREA A CRITICAL ACCESS HOSPITAL IN SANDWICH, ILLINOIS, NMVWH SERVES RESIDENTS OF DEKALB, KANE, KENDALL AND LASALLE COUNTIES NMVWS HSA ACCOUNTS</p>

Form and Line Reference	Explanation
Community Information	FOR 85 PERCENT OF INPATIENT ADMISSIONS THE POPULATION OF NMVWHS HSA IS EXPECTED TO INCREASE SIGNIFICANTLY WITH 21 PERCENT GROWTH PROJECTED OVER THE NEXT FIVE YEARS MARIANJOY REHABILITATION HOSPITAL SERVICE AREA LOCATED IN WHEATON, ILLINOIS, MRH LARGELY SERVES THE RESIDENTS OF DUPAGE COUNTY HOWEVER, DUE TO THE SPECIALTY NATURE OF THE HOSPITAL, MRH ALSO SERVES AS A DESTINATION HOSPITAL RECEIVING PATIENT REFERRALS FROM SURROUNDING COUNTIES INCLUDING COOK, WILL, KANE, KENDALL, DEKALB AND LASALLE MRHS HSA PROVIDES 48 PERCENT OF INPATIENT ADMISSIONS THE POPULATION OF MRHS HSA IS EXPECTED TO GROW AT A RATE OF 15 PERCENT OVER THE NEXT FIVE YEARS

Form and Line Reference	Explanation
Promotion of Community health	<p>schedule H, Part VI, Line 5 AS DESCRIBED IN EARLIER SECTIONS, NMHC BELIEVES THAT ITS MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES IS BEST ACCOMPLISHED IN COLLABORATION WITH PARTNERS IN THE COMMUNITY THE CHNA PROCESS AND ONGOING INPUT FROM COMMUNITY PARTNERS INFORM HOW NMHC HOSPITALS PRIORITIZE AND ADDRESS COMMUNITY HEALTH NEEDS ALONG WITH OUR MANY CARE LOCATIONS, OUR COMMUNITY AFFILIATIONS HELP US TO PROVIDE CARE TO RESIDENTS NEAR WHERE THEY LIVE OR WORK, WITH STREAMLINED PATHWAYS TO ACCESS MEDICALLY NECESSARY HOSPITAL -BASED CARE ACCESS TO CARE APPROACHES TO IMPROVING ACCESS TO HIGH QUALITY, CULTURALLY APPROPRIATE HEALTHCARE SERVICES AMONG UNDERSERVED POPULATIONS OF THE HOSPITALS SERVICES AREAS INCLUDED STRATEGIES TO 1 ENSURE THAT MEMBERS OF EACH HOSPITALS DEFINED COMMUNITIES HAVE ACCESS TO HIGH QUALITY, MEDICALLY NECESSARY SERVICES IN THE MOST APPROPRIATE SETTING, IN RESPONSE TO ASSESSED NEEDS, 2 DEVELOP AND SUPPORT CULTURALLY COMPETENT CLINICAL AND EDUCATIONAL PROGRAMS TO PREVENT DISEASE, PROMOTE HEALTH AND WELLNESS AND ADDRESS DISPARITIES IN HEALTH, 3 DEVELOP AND SUPPORT MODELS OF CARE THAT ENSURE ADEQUATE PRIMARY CARE CAPACITY AND ACCESS TO MEDICALLY NECESSARY DIAGNOSTIC AND SPECIALTY CARE, ESPECIALLY FOR THE MEDICALLY UNDERSERVED, 4 DEVELOP AND MAINTAIN PROGRAMS TO ADDRESS AFFORDABILITY OF AND ACCESSIBILITY TO HEALTHCARE SERVICES NMH HAS LONGSTANDING AFFILIATIONS WITH TWO OF CHICAGO'S FQHCs , NEAR NORTH HEALTH SERVICE CORPORATION (NEAR NORTH) AND ERIE FAMILY HEALTH CENTER (ERIE) THROUGH THESE COLLABORATIVE RELATIONSHIPS, NMH HAS IMPLEMENTED A SUCCESSFUL, LONG-TERM PROGRAM TO ACHIEVE SUSTAINABLE RESULTS IN THE CARE OF INDIGENT PATIENTS WITH DIABETES, DEVELOPED A REPLICABLE AND CULTURALLY SENSITIVE MODEL FOR COMPREHENSIVELY ADDRESSING DISPARITIES IN BREAST HEALTH SERVICES, AND IS EXPANDING ACCESS TO LIFE-SAVING COLONOSCOPY SCREENING SERVICES THROUGH THESE AFFILIATIONS, COMMUNITY RESIDENTS IN NEED AND THE HOMELESS HAVE ACCESS TO CARE AND SUPPORT SERVICES SO THEY CAN RECEIVE NECESSARY HEALTHCARE IN THEIR OWN COMMUNITIES AND ACCESS TO HOSPITAL-BASED SERVICES AT NMH THE DIABETES CARE AND COLONOSCOPY SCREENING PROGRAMS HAVE BEEN REPLICATED AT COMMUNITYHEALTH, THE LARGEST FREE MEDICAL CLINIC IN ILLINOIS, WITH LOCATIONS ON CHICAGO'S SOUTH AND WEST SIDES NMHC HELPED TO ORGANIZE AND FUND THE DEVELOPMENT OF ERIE HEALTHREACH WAUKEGAN HEALTH CENTER (EHWHC), WHICH OPENED IN 2014 IN RESPONSE TO THE CRITICAL NEED FOR PRIMARY CARE SERVICES FOR THE UNINSURED, ESTIMATED AT MORE THAN 75,000 LAKE COUNTY RESIDENTS AT THAT TIME EHWHC HAS VASTLY EXPANDED ACCESS TO PRIMARY CARE FOR THOSE WITH NO INSURANCE OR THOSE UNABLE TO PAY FOR HEALTHCARE IN LAKE COUNTY THE SITE SERVES AS A PATIENT-CENTERED MEDICAL HOME, PROVIDING PRIMARY, PREVENTIVE AND DENTAL CARE HEALTH EDUCATION AND CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS ESTABLISHED AT OTHER ERIE SITES HAVE BEEN SUCCESSFULLY REPLICATED AT THE LAKE COUNTY FACILITY FOLLOWING THE MODEL IN PLACE BETWEEN NMH AND ITS AFFILIATED COMMUNITY HEALTHCARE PARTNERS IN CHICAGO, EHWHC PATIENTS ARE REFERRED TO LFH FOR MEDICALLY NECESSARY SERVICES THE DEVELOPMENT AND IMPLEMENTATION OF THE DUPAGE COUNTY ACCESS TO HEALTH SERVICES ACTION PLAN IS LED BY THE DUPAGE HEALTH COALITION THE COALITION IS A COLLABORATIVE EFFORT BY THOUSANDS OF INDIVIDUALS AND HUNDREDS OF ORGANIZATIONS IN DUPAGE COUNTY TO PROVIDE ACCESS TO MEDICAL SERVICES TO THE COUNTY'S LOW-INCOME, MEDICALLY UNINSURED RESIDENTS SINCE THE PROGRAM BEGAN IN 2001, MORE THAN 60,000 DUPAGE COUNTY RESIDENTS HAVE RECEIVED HIGH QUALITY, COMPASSIONATE HEALTHCARE WITH THE ASSISTANCE OF ACCESS DUPAGE, A NAVIGATION AND CASE MANAGEMENT PROGRAM DEVELOPED BY THE COALITION AND FUNDED BY ITS MEMBERS IN FISCAL YEAR 2016, ACCESS DUPAGE SERVED APPROXIMATELY 6,000 RESIDENTS CDH PROVIDED MORE THAN \$440,000 IN FUNDING TO ACCESS DUPAGE IN FISCAL YEAR 2016 THE DUPAGE HEALTH COALITION REPRESENTS AN EXCEPTIONAL PARTNERSHIP OF HOSPITALS, PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICES AGENCIES AND COMMUNITY GROUPS WORKING TOGETHER LOCALLY TO BUILD AN EFFICIENT AND EFFECTIVE HEALTH SAFETY NET EVERY DOLLAR OF DIRECT SERVICE PROVIDED THROUGH ACCESS DUPAGE IS MATCHED BY MORE THAN TEN DOLLARS IN DONATED HEALTHCARE GENEROUSLY PROVIDED BY EVERY HOSPITAL IN DUPAGE COUNTY AS WELL AS THOUSANDS OF VOLUNTEER PHYSICIANS AND HEALTH CLINICS ACCESS DUPAGE SITS WITHIN A GROWING NETWORK OF HEALTH SERVICES COORDINATED BY THE DUPAGE HEALTH COALITION THE COALITION ALSO OPERATES THE SILVER ACCESS PROGRAM, WHICH PROVIDES FINANCIAL HELP TO LOWER INCOME FAMILIES PURCHASING HEALTH INSURANCE ON THE ACA MARKETPLACE AND WOMENS HEALTH NAVIGATION SERVICES NM CDH LEADERSHIP AND STAFF WORK COLLABORATIVELY WITH THE DUPAGE COALITION TO PROMOTE AFFORDABLE ACCESS TO CARE FOR ALL RESIDENTS OF DUPAGE COUNTY IN 2016, NMCDH PROVIDED MORE THAN \$ 17,000 IN SUPPORTIVE FUNDING TO THE SILVER ACCESS PROGRAM IN ADDITION TO THE SUPPORT PROVIDED TO ACCESS DUPAGE LEADERSHIP AND STAFF AT NMCD</p>

Form and Line Reference	Explanation
Promotion of Community health	<p>H WORK COLLABORATIVELY WITH THE DUPAGE COALITION TO PROMOTE AFFORDABLE ACCESS TO CARE FOR ALL RESIDENTS OF DUPAGE COUNTY RESIDENTS OF DUPAGE COUNTY WITHOUT HEALTH INSURANCE MAY ALSO NEED ACCESS TO A BROADER RANGE OF SOCIAL SERVICES INCLUDING HOUSING, SUPPLEMENTAL FOOD PROGRAMS AND MENTAL HEALTHCARE RESIDENTS WITH COMPLEX NEEDS ARE AT SIGNIFICANTLY HIGHER RISK FOR A RANGE OF POOR HEALTH OUTCOMES OFTEN THE ONLY INTERFACE A PERSON WITH MULTIPLE HEALTH AND SOCIAL SERVICE NEEDS HAS WITH THE HEALTH SYSTEM IS THROUGH AN EMERGENCY ROOM VISIT, HOWEVER, EMERGENCY MEDICAL PROVIDERS ARE LIMITED IN THEIR CAPACITY TO HELP ADDRESS BROADER SOCIAL SERVICES NEEDS RECOGNIZING THIS, NMCDH IMPLEMENTED THE ENGAGE DUPAGE PROGRAM IN COLLABORATION WITH THE DUPAGE COUNTY HEALTH DEPARTMENT TO PROVIDE INTERVENTION SERVICES TO PATIENTS NEEDING ASSISTANCE CONNECTING WITH MEDICAL HOMES, SUPPORTIVE HOUSING, SUPPLEMENTAL NUTRITION PROGRAMS AND MENTAL HEALTH SERVICES THROUGH ENGAGE DUPAGE, NMCDH STAFF ACTIVELY ASSISTS DUPAGE COUNTY RESIDENTS IN COMPLETING NMHC FINANCIAL ASSISTANCE APPLICATIONS AS WELL AS ENROLLING IN OTHER AVAILABLE PROGRAMS IN FISCAL YEAR 2016, THE ENGAGE DUPAGE PROGRAM AT NMCDH SUCCESSFULLY ASSISTED 260 PATIENTS IN COMPLETING NMHC FINANCIAL ASSISTANCE APPLICATIONS, COMPLETED 1,128 MEDICAID APPLICATIONS, CONNECTED 116 FAMILIES WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS AND MADE 194 CONNECTIONS TO DUPAGE COUNTY HEALTH DEPARTMENT FOR CLINICAL SERVICES NORTHWESTERN FOLLOW-UP CLINIC HAVING AN ESTABLISHED MEDICAL HOME IS CRITICAL TO BOTH MAINTAINING GOOD HEALTH AND EFFECTIVELY ACCESSING THE BROADER HEALTHCARE SYSTEM THOSE WITHOUT A PRIMARY CARE PROVIDER OFTEN SEEK CARE IN HOSPITAL EMERGENCY DEPARTMENTS, FOR BOTH ROUTINE ILLNESSES AND TREATMENT OF UNMANAGED CHRONIC MEDICAL CONDITIONS BECAUSE HOSPITAL EMERGENCY DEPARTMENTS ARE DESIGNED FOR TREATMENT AND STABILIZATION OF ACUTE EPISODES OF INJURY AND ILLNESS, THEY ARE NOT POSITIONED TO PROVIDE PRIMARY CARE OR THE KIND OF ONGOING CARE NEEDED BY PATIENTS WITH COMPLEX OR CHRONIC ILLNESSES PATIENTS SEEN IN AN EMERGENCY DEPARTMENT ARE TYPICALLY INSTRUCTED TO SCHEDULE FOLLOW-UP CARE WITH THEIR MEDICAL HOME WHEN PATIENTS DO NOT HAVE AN ESTABLISHED MEDICAL HOME WHETHER DUE TO LACK OF HEALTH INSURANCE OR GAPS OR CHANGES IN NETWORK COVERAGE OR IF THEY EXPERIENCE ANY OF A NUMBER OF PSYCHOSOCIAL, FINANCIAL, LANGUAGE OR LITERACY CHALLENGES, IT IS UNLIKELY THAT FOLLOW-UP CARE WILL BE A PRIORITY AND THEY MANY NOT SEEK IT IN A TIMELY MANNER OR AT ALL ALL OF THIS CONTRIBUTES TO THE DETRIMENTAL CYCLE OF SEEKING CARE IN THE EMERGENCY DEPARTMENT WITHOUT THE BENEFIT OF ONGOING CARE FOR THE MANAGEMENT OF CHRONIC OR COMPLEX MEDICAL CONDITIONS, WHICH THEN OFTEN WORSEN IN RESPONSE TO THE NEED TO HELP PATIENTS CONNECT WITH A CONSISTENT MEDICAL HOME FOLLOWING EMERGENCY VISITS, NMH DEVELOPED AND OPENED THE NORTHWESTERN FOLLOW-UP CLINIC (NFC) THE NFC IS DESIGNED TO PROVIDE A BRIDGE BETWEEN EMERGENCY ROOM CARE AND ONGOING CARE WITH A PERMANENT MEDICAL HOME ACCESS TO THE NFC BEGINS IN THE EMERGENCY DEPARTMENT OR THE INPATIENT UNIT IF A PATIENT IS IDENTIFIED AS NOT HAVING A MEDICAL HOME IN THESE CASES, NMH STAFF ASSIST PATIENTS IN SCHEDULING A FOLLOW-UP APPOINTMENT AT THE NFC AS PART OF THE DISCHARGE PROCESS AT THE NFC, A BOARD-CERTIFIED INTERNAL MEDICINE PHYSICIAN OR AN ADVANCED PRACTICE NURSE TAKES A COMPREHENSIVE MEDICAL HISTORY AND PROVIDES FOLLOW-UP CARE FOR AS MANY ENCOUNTERS AS ARE NECESSARY TO ENSURE MEDICAL STABILITY, WITHOUT REGARD TO THE PATIENTS ABILITY TO PAY, INCLUDING PROVIDING MEDICALLY NECESSARY MEDICATION AT LOW OR NO COST WHEN A PATIENT IS MEDICALLY STABLE AND HAS ESTABLISHED A COMPLETE MEDICAL HISTORY, INITIATING A RELATIONSHIP WITH A PRIMARY CARE PROVIDER CAN BE EFFECTIVELY FACILITATED SOCIAL WORKERS AT THE NFC PROVIDE EDUCATIONAL, PSYCHOSOCIAL AND LITERACY SUPPORT AND ASSIST PATIENTS IN IDENTIFYING AND INITIATING CONTACT WITH THE PERMANENT PRIMARY CARE PROVIDER OR CLINIC W</p>

Form and Line Reference	Explanation
affiliated health care system	schedule h, part vi, line 6 as described throughout this form 990, the subordinates reported in this group return are all part of northwestern memorial healthcare the community benefit plan and community health needs assessment, described earlier in schedule h, give details about each subordinate's respective role in promoting the health of the communities we serve

Form and Line Reference	Explanation
state filing of community benefit report	schedule h, part vi, line 7 illinois



**Schedule H (Form 990) 2015**

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 36-4724966

**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
7

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Northwestern memorial Hospital 251 E Huron Chicago, IL 60611 www.nmh.org 0003251	X	X		X		X	X			
2	Northwestern Lake Forest Hospital 660 N Westmoreland Road Lake Forest, IL 60045 www.lfh.org 0005660	X	X		X			X			
3	Central Dupage Hospital 25 N Winfield Road Winfield, IL 60190 www.cadencehealth.org 0005744	X	X					X			
4	Delnor-Community Hospital 300 Randall Road Geneva, IL 60134 www.cadencehealth.org 0005736	X	X					X			
5	Northwestern Medicine Kishwaukee Comm 1 KISH HOSPITAL DR DEKALB, IL 60115 http://www.kishhealth.org/ 0005470	X	X					X			
6	Northwestern Medicine Valley West Hos 1302 North Main Street SANDWICH, IL 60548 http://www.kishhealth.org 0004690	X	X			X		X			
7	MARIANJOY REHABILITATION HOSPITAL 26 WEST 171 ROOSEVELT ROAD WHEATON, IL 60187 www.marianjoy.org 0001412	X								REHABILITATION SVCS	

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
1 Northwestern Memorial Hospital (NMH)	Sch H Part V section B ques 3j The CHNA report also describes Northwestern Memorial Hospitals CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V section B ques 5	<p>To solicit input from key informants, defined as those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was conducted as part of the CHNA process. A list of recommended participants was compiled by NMH and the Metropolitan Chicago Healthcare Council; this list included names and contact information for individuals including physicians, public health representatives, other healthcare professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the population with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Reminder emails were sent as needed to increase participation. In all, 37 community stakeholders took part in the Online Key Informant Survey including ten Public Health Experts, eight Community Leaders, eight Other Healthcare Providers, seven Social Service Representatives and four Physicians. Final participation included representatives from the following organizations: 1 A Safe Haven Foundation 2 Austin Childcare Providers Network 3 Chicago Department of Public Health 4 Chicago Family Health Center 5 Enlace Chicago 6 Governors State University Department of Health Administration 7 Grand Prairie Services 8 Illinois Department of Public Health, Bellwood Office 9 La Rabida Childrens Hospital 10 Loretto Hospital 11 Metropolitan Chicago Healthcare Council 12 New Moms, Inc 13 North Park University 14 PCC Community Wellness Center 15 Respond Now 16 Southland Ministerial Health Network 17 St Joseph Services 18 Swedish Covenant Hospital 19 United Way of Metropolitan Chicago 20 West Humboldt Park Development Council. Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations. In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included in NMHs CHNA Report. Findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Therefore, these findings are based on perceptions, not facts. To ensure that organizations impacting health in Chicago were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, the External Steering Committee (ESC) was established and maintained. Members include representatives from 1 Alliance for Research in Chicagoland Communities 2 Chicago Department of Public Health 3 CommunityHealth 4 Consortium to Lower Obesity in Chicago Children 5 Erie Family Health Center 6 Health and Disability Advocates 7 Kelly Hall YMCA 8 Logan Square Neighborhood Association 9 Near North Health Services Corporation 10 Northwestern University Feinberg School of Medicine 11 West Humboldt Park Development Council</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H part V section B ques 7d	In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also distributed to the following groups 1 Key community organizations 2 NMH External Steering Committee 3 Northwestern University Institute of Public Health 4 Northwestern Memorial Hospital Leadership Hospital facilitys website (list url) <a href="https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment">https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</a>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V Section B ques 11	<p>Through the prioritization process, NMH identified four Priority Health Needs: Access to Healthcare Services, Chronic Disease, Injury and Violence Prevention, and Mental Health. NMH identified health needs that would be best addressed through a coordinated response from a range of healthcare and community resources. Specific ways in which NMH is addressing the significant needs identified in its most recently conducted CHNA are defined as follows:</p> <ul style="list-style-type: none"><li><b>Access to Healthcare Services:</b> NMH aims to improve access to quality, culturally appropriate healthcare services among underserved populations in the NMH service area. Efforts include improved alignment of current NMH care coordination programs, IT solutions to improve care coordination for Medicaid patients through the Emergency Department, continued innovation and process improvement to reduce barriers (such as office hours) relating to access to care for medically underserved populations, and collaboration with external workgroups and agencies to support efforts that increase access to care. In addition to these strategies, NMH continues core work to strengthen and increase patient affiliation with high-quality patient-centered medical homes and improve models for patient care coordination for delivering care at the appropriate time and place. Having an established medical home is critical to both maintaining good health and effectively accessing the broader healthcare system. NMH has longstanding affiliations with two of Chicago's Federally Qualified Health Centers (FQHCs): Near North Health Service Corporation (Near North) and Erie Family Health Center (Erie). Through these affiliations, community residents in need and the homeless have access to care and support services so they can receive necessary healthcare in their own communities and access to hospital-based services at NMH. In response to the need to help patients access a consistent medical home following emergency visits, NMH developed and maintains the Northwestern Follow-up Clinic (NFC). The NFC is designed to provide a bridge between emergency room care and access to ongoing care with a permanent medical home. The NFC has grown into the largest touch point for transitional care medicine in NMHC. The NFC often transitions patients to Near North or Erie as a medical home, as such, patients are able to continue to receive care at NMH for medically necessary diagnostic, specialty and inpatient care.</li><li><b>Chronic Disease (Diabetes, Heart Disease, Stroke, Nutrition, Physical Activity, and Weight):</b> NMH partners with area hospitals and community-based organizations to reduce the rate of heart disease, diabetes, and obesity through increased access to care and education interventions. Efforts include continued support and expansion of diagnostic and specialty care services related to stroke, continued support of community health partners efforts to reduce the rate of heart disease, diabetes, and obesity, continued support and expansion of the Healthy Community Initiative, and collaboration with external workgroups and agencies to support efforts that impact chronic disease prevention. NMH has worked to improve coordination of care for heart disease and stroke through strengthened high quality, patient-centered medical homes. Programs such as the Keep Your Heart Healthy initiative were designed to identify Chicago residents most at risk for developing heart disease and work on an individual basis to empower those individuals to make lifestyle changes to reduce their health risks. The program links individuals with healthcare services and medical homes through referrals in an effort to control health risk factors. NMH also collaborated with community partners to create a neighborhood-specific program called the Humboldt Park Healthy Community Initiative. This initiative is tailored to improve the health of the residents of Humboldt Park based on the specific needs and challenges of the community, which include limited health literacy, violence, cultural beliefs and language barriers. The model was grounded in improved access to health information as well as safe, convenient and affordable options for learning about nutrition and engaging in physical activity in an effort to impact chronic disease. NMH continues to be a trusted source for health education and works to increase awareness, provide educational tools and encourage healthy lifestyle choices.</li><li><b>Injury and Violence:</b> NMH aims to identify and implement best practices for addressing violence in collaboration with community-based organizations. Efforts include continued utilization of effective models for ensuring victims of violent trauma have clinic and mental health support following emergency department (ED) or inpatient care, participation in community-led efforts to address violence, and collaboration with external workgroups and agencies to support efforts that impact violence prevention. While healthcare organizations have long treated victims of violence,</li></ul>

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V Section B ques 11	<p>nt trauma in emergency departments and have participated in anti-violence advocacy and policy initiatives, they have largely considered addressing the rate of violence in their communities as being outside of their role. However, it is now recognized that the best approach to healing communities blighted by violence is to undertake a comprehensive, tailored, evidence-based system of preventions and interventions that is both informed by and fully utilizes organized, committed and trusted community members. In 2014, leaders from NMHC joined with Bright Star Community Outreach (BSCO) and other healthcare leaders and community partners to support the launching of a community-based effort to reduce the rate of violence in the Bronzeville neighborhood on the South side of Chicago. The Urban Resilience Network (TURN) (formerly known as the Bronzeville Dream Center) offers a bridge to mental health services and focuses on the five core competencies of counseling, workforce, parenting, mentorship and advocacy, which collectively focus on reducing violence and providing opportunities to the residents of Greater Bronzeville. TURN utilizes local faith leaders to implement evidence-based programs based on the NATAL-Israel Trauma model and the Communities that Care (CTC) model. NMHC has played an active role in supporting development of TURN, including funding, leadership, convening members of the community, establishing governance and operational structures and supporting fundraising and grant applications. NMHC will continue to dedicate funding, public health and mental health resources, provide administrative support and help to plan for the delivery of mental health services. In addition to participating in the violence reduction effort in Bronzeville, NMH continues to partner with Cure Violence, previously known as CeaseFire, an organization founded in Chicago to reduce retaliatory actions following violent trauma. As one of only four Level I trauma centers in Chicago, NMH provides care to hundreds of Chicago residents with violence-related traumatic injuries each year. NMH pays an annual fee to Cure Violence and integrates its intervention services into the treatment protocol for appropriate violent trauma cases. Trained "violence interrupters" at NMH meet with violent trauma victims and their families and attempt to defuse feelings of anger as well as discourage victims and their families from retaliating. The violence interrupters work in tandem with violence interrupters in the victims home community. Mental Health. In support of national and local mental health service objectives, NMH will provide leadership, invest resources and work collaboratively with community partners to address mental health needs and increase access to culturally competent mental health services for underserved populations in the City of Chicago. Efforts include implementation of behavioral healthcare services within the primary care setting, feasibility evaluation of co-locating primary care and mental health services within the outpatient psychiatry clinic to increase alignment with best practices in mental health care, increased access to mental health services such as counseling and education programs, advocacy for adequate mental health services and reimbursement, and collaboration with external workgroups and agencies to support efforts that impact violence prevention. NMH provides needed mental health and co-occurring substance abuse services for all patients, regardless of medical insurance payor. This amount excludes the unreimbursed cost of charity care and government sponsored healthcare. Notwithstanding incurring significant operating losses in these programs, NMH supports a range of services for those suffering from mental illness and for those with a dual diagnosis of mental illness and substance abuse, a common co-diagnosis. In addition to providing inpatient care and offering individual and group outpatient therapies, NMH operates a 24-hour</p>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B Ques 13H	<p>Other variables used to determine amounts charged to patients include family size, extenuating circumstances and medically necessary services. Sch H Part V section B Ques 15e 09/0 1/15 01/31/16 The Financial Counseling Department is responsible for assisting patients applying for Free or Discounted Care prior to or during the course of treatment. The billing inquiry unit and the self-pay follow-up unit assist patients after services have been provided. Applications for Free Care and Discounted Care under \$2,000 may be taken over the phone by these units. The determination as to whether the patient meets the established criteria for NMHCs Free and Discounted Care Program ("Program") should be made as early as possible. (For non-emergency services, NMHC considers it preferable to make such a determination before or at the time of service.) Unless eligibility has been previously determined, the patient or guarantor is required to complete an Application for NMHC Financial Assistance Program ("Application") and supporting documentation, which provides information about the applicant's financial position and any other information which may be helpful in making a determination of eligibility for the Program. In those instances where a patient or guarantor does not provide to NMHC an Application or other evidence of eligibility, NMHC (or its collection agent), at its discretion, may assess a patient's Free or Discounted Care eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a patient's or responsible party's Program eligibility. While NMHC will make efforts to assess eligibility prior to billing and collection, this may be impractical and therefore Program eligibility may be determined after billing and collection efforts have been initiated. The Financial Assistance application described the primary and supplementary information required of an individual to provide as part of his or her application. This was documented on the 'Financial Assistance Required Supporting Documents' page included with the Financial Assistance application. Contact information of hospital facility staff who can provide an individual with information about the Financial Assistance Policy and application process was also provided 02/01/16 08/31/16 NMHCs Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided. The determination of an Applicants eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible. Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period. Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicants financial position (including, as applicable, information about the Applicants family) and other information which is necessary in making a determination of eligibility for Financial Assistance. The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously existing relationship with NMHC during the last 12 months or an upcoming appointment or admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates. NMHC (or its agent), at its discretion, may assess a Patients or Guarantors Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patients or Guarantors Program eligibility. The Financial Assistance application described the primary and supplementary information required.</p>



**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V section B Ques 13H	quired of an individual to provide as part of his or her application This was documented on the 'Financial Assistance Required Supporting Documents' page included with the Financial Assistance application Contact information of hospital facility staff who can provide an individual with information about the Financial Assistance Policy and application process was also provided

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUES 16A, 16B, 16C	<p><a href="https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance">https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance</a> sch H Part V section B Ques 22 The maximum amount that can be charged to FAP-eligible individuals is dependent upon their household income level and family size, and is always less than the calculated amounts generally billed. Emergency or other medically necessary care for individuals with household income up to 200% of the published federal poverty income levels (FPL) is provided at no charge. Care for individuals with family income from 201% to 600% of the FPL is charged at the approximate cost of the care provided, with the cost calculation based on the annual filed Medicare Cost Report. In addition, the FAP for NMHC has provisions to address catastrophic care situations. Payments under the NMHC FAP shall not exceed 21% of the patient's annual household income, for patients under 600% of FPL, and shall not exceed 35% of the patient's household income for qualifying patients above 600% of FPL.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
2 Northwestern Lake Forest Hospital (LFH)	Sch H part V section B question 3j The CHNA report also describes CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B ques 5	<p>To solicit input from key informants, defined as those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was conducted as part of the CHNA process. A list of recommended participants was compiled by LFH and the Metropolitan Chicago Healthcare Council; this list included names and contact information for individuals including physicians, public health representatives, other healthcare professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the population with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Reminder emails were sent as needed to increase participation. In all, 13 community stakeholders took part in the Online Key Informant Survey including six Public Health Experts, five Community Leaders, one Other Healthcare Provider, and one Social Service Representative. Final participation included representatives from the following organizations: 1 Antioch Area Healthcare Accessibility Alliance 2 Erie Family Health Center/Erie HealthReach Waukegan 3 Healthcare Foundation of Northern Lake County 4 Lake County Forest Preserves 5 Lake County Health Department 6 Lake County Community Health Center 7 Metropolitan Chicago Healthcare Council 8 Northwestern Lake Forest Hospital. Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations. In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included in LFH's CHNA Report. Findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Therefore, these findings are based on perceptions, not facts. To ensure that organizations impacting health in Lake County were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, the External Steering Committee (ESC) was established and maintained. Members include representatives from: 1 Lake County Health Department 2 Live Well Lake County Steering Committee 3 Mano a Mano Family Resource Center 4 National Recreation Foundation 5 Youth Build Lake County 6 Waukegan Public Library.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H part V section B ques 7d	In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also provided to a variety of community partners, including 1 Key community organizations 2 LFH External Steering Committee 3 Northwestern University Institute of Public Health 4 LFH Leadership Hospital facilitys website (list url) <a href="https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment">https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</a>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V Section B ques 11	<p>LFH, the External Steering Committee (ESC), and key community partners collaborated to address the following priority health needs: Access to Healthcare Services. LFHs goal is to improve access to quality, culturally appropriate healthcare services among underserved populations in LFHs Service Area. Efforts include continued innovation and process improvement to reduce barriers to accessing care (including specialty care and diagnostic services) for medically underserved populations, increased access to vaccines for school-aged youth, and collaboration with other Lake County-focused workgroups and agencies to support efforts that increase access to healthcare. Through charity care policies, outreach services and health education programs, LFH improves access to healthcare services and responds to the priority health needs of the residents of Lake County, especially among the uninsured or underinsured. Staff at LFH also work closely with the Lake County Health Department to increase access initiatives through the Live Well Lake County Steering Committee. These efforts included increased access to health education at appropriate health literacy levels and increased understanding of health insurance options available through the Affordable Care Act. LFH continues to provide medically necessary care, regardless of the patients ability to pay. Heart Disease and Stroke. LFHs goal is to reduce the rate of heart disease and stroke through increased access to care and education interventions among underserved populations in LFHs Service Area. Efforts include continued support and expansion of diagnostic and specialty care services related to stroke, increased coordination of hospital community education efforts, and collaboration with other Lake County-focused workgroups and agencies to support efforts that impact heart disease and stroke. Within LFHs Service Area, 79 percent of adults report suffering from, or having been diagnosed with, heart disease. More than 78 percent report one or more cardiovascular risk factors such as being overweight, smoking cigarettes, being physically inactive or having high blood pressure or cholesterol. LFH is a trusted source for heart health education and provides community programs that increase awareness and education and offers screenings for hypertension and related health conditions. In fiscal year 2016, a strategic plan was developed to increase awareness of low sodium food and drink options and to "make the healthy choice the easy choice" by teaching about healthy options that are full of flavor and low in cost. LFH also collaborates with the Lake County Health Department on a number of initiatives to improve the health of residents including the Live Well Lake County Steering Committee. Mental Health and Substance Abuse. In support of national and local mental health service objectives, LFH will provide leadership, invest resources and work collaboratively with community partners to address mental health needs and increase access to culturally competent mental health services for underserved populations within its Service Area. Efforts include the implementation of behavioral healthcare services within the primary care settings, advocacy for adequate mental health services and reimbursement, and collaboration with other Lake County-focused workgroups and agencies to support efforts that impact mental health. In 2012, a suicide cluster in Lake County prompted the formation of the Lake County Suicide Prevention Task Force, which developed a model to help prevent teen suicides. The replicable model was informed by child psychiatry experts from Northwestern Universitys Feinberg School of Medicine and includes components of community awareness, assessment and careening, linked to best-known interventions and implementation strategies. LFH and NMHC staff participated in efforts to expand suicide prevention programs and continue to serve on the task force, now known as the Community Wellness Task Force. LFH staff members also participate on the Lake County Health Department Behavioral Health Action Team. After conducting a behavioral health needs assessment, this team developed a strategic plan with four action areas including provider workforce, coordination/continuum of care, access and awareness. Within the action areas, 13 strategies were identified for implementation and LFH experts serve as members of the action team to address these strategies. To meet the needs of the community, LFHs medical staff has added a physician specializing in psychiatry as well as a clinically licensed social worker. These additions significantly expanded access to psychiatry and behavioral health services in Lake County. The CHNA report identified areas of opportunity for health improvement for which LFH and its ESC determined it would not prepare an implementation plan and strategy. These areas of opportunity and the reasons for not addressing are below. Cancer. LFH provides clinical services to</p>

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V Section B ques 11	<p>o treat and screen for cancer LFH will continue to sustain these services and work to str engthen community-based outreach The ESC recommended focusing efforts on other health con ditions for which LFH could have a greater impact Diabetes LFH provides clinical services to treat diabetes As part of the Heart Disease and Stroke Strategy, LFH will work to inc rease access to healthy lifestyle activities and education programs which will also impact diabetes Immunization and Infectious Disease LFH provides clinical services to treat pn eumonia and Hepatitis B As part of the Access to Healthcare Services strategy, LFH will work to increase access to vaccines for school-aged youth Injury and Violence The ESC rec ommended focusing efforts on other health conditions for which LFH could have a greater im pact Nutrition, Physical Activity, and Weight As part of the Heart Disease and Stroke st rategy, LFH will work to increase access to healthy lifestyle activities and education pro grams which will also impact this area of opportunity Potentially Disabling conditions T he ESC recommended focusing efforts on other health conditions for which LFH could have a greater impact Tobacco Use LFH supports public policies aimed at reducing tobacco use T he ESC recommended focusing efforts on other health conditions for which LFH could have a greater impact Many health organizations in Lake County were identified as providers of s ervices to treat these health needs (see CHNA Report)</p>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B Ques 13h	<p>Other variables used to determine amounts charged to patients include family size, extenuating circumstances and medically necessary services. Sch H Part V section B Ques 15e 09/0 1/15 01/31/16 The Financial Counseling Department is responsible for assisting patients applying for Free or Discounted Care prior to or during the course of treatment. The billing inquiry unit and the self-pay follow-up unit assist patients after services have been provided. Applications for Free Care and Discounted Care under \$2,000 may be taken over the phone by these units. The determination as to whether the patient meets the established criteria for NMHCs Free and Discounted Care Program ("Program") should be made as early as possible. (For non-emergency services, NMHC considers it preferable to make such a determination before or at the time of service.) Unless eligibility has been previously determined, the patient or guarantor is required to complete an Application for NMHC Financial Assistance Program ("Application") and supporting documentation, which provides information about the applicant's financial position and any other information which may be helpful in making a determination of eligibility for the Program. In those instances where a patient or guarantor does not provide to NMHC an Application or other evidence of eligibility, NMHC (or its collection agent), at its discretion, may assess a patient's Free or Discounted Care eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a patient's or responsible party's Program eligibility. While NMHC will make efforts to assess eligibility prior to billing and collection, this may be impractical and therefore Program eligibility may be determined after billing and collection efforts have been initiated. The Financial Assistance application described the primary and supplementary information required of an individual to provide as part of his or her application. This was documented on the 'Financial Assistance Required Supporting Documents' page included with the Financial Assistance application. Contact information of hospital facility staff who can provide an individual with information about the Financial Assistance Policy and application process was also provided 02/01/16 08/31/16 NMHCs Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided. The determination of an Applicants eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible. Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period. Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicants financial position (including, as applicable, information about the Applicants family) and other information which is necessary in making a determination of eligibility for Financial Assistance. The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously existing relationship with NMHC during the last 12 months or an upcoming appointment or admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates. NMHC (or its agent), at its discretion, may assess a Patients or Guarantors Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patients or Guarantors Program eligibility. The Financial Assistance application described the primary and supplementary information required.</p>



**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V section B Ques 13h	quired of an individual to provide as part of his or her application This was documented on the 'Financial Assistance Required Supporting Documents' page included with the Financial Assistance application Contact information of hospital facility staff who can provide an individual with information about the Financial Assistance Policy and application process was also provided

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUES 16A, 16B, 16C	<p><a href="https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance">https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance</a> sch H Part V section B Ques 22 The maximum amount that can be charged to FAP-eligible individuals is dependent upon their household income level and family size, and is always less than the calculated amounts generally billed. Emergency or other medically necessary care for individuals with household income up to 200% of the published federal poverty income levels (FPL) is provided at no charge. Care for individuals with family income from 201% to 600% of the FPL is charged at the approximate cost of the care provided, with the cost calculation based on the annual filed Medicare Cost Report. In addition, the FAP for NMHC has provisions to address catastrophic care situations. Payments under the NMHC FAP shall not exceed 21% of the patient's annual household income, for patients under 600% of FPL, and shall not exceed 35% of the patient's household income for qualifying patients above 600% of FPL.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
3 Central Dupage Hospital (NWCDH)	Part V, Section B Question 2 Central DuPage Hospital (NWCDH) was acquired as part of NMHC's acquisition of NWCDH's parent, CDH-Delnor Health System Fiscal and tax years for NWCDH changed as a result of this acquisition to coincide with NMHC's fiscal and tax years ending August 31 NMCDH's originally planned completion date for the CHNA assessment and report was June 30, 2016, based on having completed its prior CHNA in its tax year ending June 30, 2013 NMCDH accelerated its CHNA process upon its acquisition by NMHC, and completed its CHNA survey of the community to identify significant health needs by August 31, 2015 The final CHNA report had not yet been completed or made widely available to the public as of August 31, 2015 Sch H part V section B question 3j The CHNA report also describes Central DuPage Hospitals CHNA goals and objectives, public dissemination plan, and the process for the development of the Implementation Plan

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B ques 5	<p>To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the CHNA process. A list of recommended participants was provided by NMCDH and the Metropolitan Chicago Healthcare Council, this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the population with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Reminder emails were sent as needed to increase participation. In all, ten community stakeholders took part in the Online Key Informant Survey including representatives of the organizations below:</p> <ol style="list-style-type: none"> <li>1 DuPage County Health Department</li> <li>2 DuPage Federation on Human Services Reform</li> <li>3 Elmhurst CUSD 205</li> <li>4 Metropolitan Chicago Healthcare Council</li> <li>5 Naperville School District 203</li> <li>6 Peoples Resource Center</li> <li>7 Village of Addison</li> </ol> <p>Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations. In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might be better addressed. Findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Therefore, these findings are based on perceptions, not facts. To ensure that organizations impacting health in DuPage County were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, the External Steering Committee (ESC) was established and maintained.</p> <p>SCH H PART V SECTION B QUESTION 6B METROPOLITAN CHICAGO HEALTHCARE COUNCIL</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H part V section B question 7d	In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also distributed to the following 1 Key community organizations and leaders 2 Central DuPage Hospital External Steering Committee 3 Central DuPage Hospital Leadership Hospital facilitys website (list url) <a href="https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment">https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</a>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H part V section B ques 11	<p>In selecting priorities and initiatives to address those priorities, NMCDH considered the degree of community need for additional resources, the capacity of other agencies to meet the need and the suitability of its own expertise and resources to address the issue. NMCDH addressed the priority needs listed below:</p> <p>Access to Healthcare Services: NMCDH will continue to support efforts to increase access to care by providing leadership, investing resources and working collaboratively with other community organizations throughout the county. NMCDH will support the maintenance and expansion of an efficient and effective continuum of care offering medical homes (including primary and specialty care), pharmaceuticals, inpatient, outpatient and emergent care to uninsured adult residents of DuPage County. Additionally, NMCDH will offer a comprehensive financial assistance program to patients who are unable to afford the cost of necessary medical care. NMCDH will also seek to engage and maintain a multicultural workforce of primary care providers, specialists, mid-level practitioners, registered professional nurses and other specialties committed to working in an evidence-based practice setting. In order to meet our goal to support efforts to increase access to care, NMCDH will implement the following strategies:</p> <ol style="list-style-type: none"><li>1 Offer financial assistance policies that are easily accessible, user-friendly, respectful and meet all regulatory requirements.</li><li>2 Continue to provide medically necessary inpatient and outpatient hospital services to uninsured and underinsured patients in accordance with the hospital's financial assistance policies.</li><li>3 Continue to address the needs of individuals identified as potentially eligible for public health insurance by facilitating their application for government-sponsored healthcare coverage.</li><li>4 Continue representation on various task forces and work groups related to the collaborative work occurring on access to care issues.</li><li>5 Provide operational grants to the DuPage Health Coalition in support of their coordination of the DuPage County health safety net system.</li><li>6 Provide supportive funding to the Silver Access DuPage Program.</li><li>7 Continue to provide free inpatient and outpatient care to Access DuPage clients in accordance with presumptive eligibility and existing NMCDH financial assistance policies.</li><li>8 Provide resources for people who do not have health insurance or cannot afford breast cancer screening through the Why Wait? program.</li><li>9 Provide operational support to the Engage DuPage program.</li><li>10 Serve as a training center for nursing and other allied health professions.</li><li>11 Provide trained professional healthcare interpreters and offer language assistance programs.</li><li>12 Continue to offer a downloadable application entitled In Case Emergency (ICE).</li><li>13 Continue to offer the Moms 2b Email program.</li><li>14 Support care rendered to the underserved clients of Tri-City Health Partnership (TCHP).</li><li>15 Provide office space and support to the Senior Health Insurance Program (SHIP).</li><li>16 Provide grant funding to the Winfield Fire Department to lead efforts in local emergency disaster planning.</li><li>17 Engage in a formal agreement with VNA Healthcare to promote access to primary and specialty care to Medicaid recipients in the service area.</li></ol> <p>Mental Health and Substance Abuse: In support of national and local mental health service objectives, NMCDH will provide leadership, invest resources, and work collaboratively with community partners in a county-wide mental health/substance abuse coalition. The purpose of the coalition will be to study the issues and needs, and develop planned responses that will ultimately improve the quantity, quality and continuity of mental health services available in the county. To meet this goal, NMCDH will:</p> <ol style="list-style-type: none"><li>1 Work collaboratively with the DuPage Behavioral Health Collaborative to identify key community partners and best practices in the areas of mental health crisis intervention.</li><li>2 Provide in-kind leadership and support to the implementation of the Behavioral Health Treatment Action Plan that has been developed by the DuPage County Behavioral Health Collaborative.</li><li>3 Provide in-kind leadership and support to the implementation of the Substance Abuse Action Plan developed by the DuPage Behavioral Health Collaborative.</li><li>4 Offer evidence-based wellness programs in the areas of mental health and substance abuse via programmatic venues including but not limited to Dinner with the Doc series, clinician-led educational offerings, self-help groups, rehabilitation services programs, support groups and professional development.</li><li>5 Offer community benefit grants targeted to address mental health needs in the NMCDH service area.</li><li>6 Implement the National Council for Behavioral Health's Mental Health First Aid Program and offer programming to members of the community.</li></ol> <p>Chronic Disease: In support of national objectives to reduce the prevalence and burden of chronic disease, NMCDH will continue to pr</p>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H part V section B ques 11	<p>Provide community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidenced-based secondary interventions (screening), and evidenced-based tertiary interventions (education to individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness) NMCDH will also continue to bring leading-edge, acute chronic disease and chronic disease management care to all individuals regardless of ability to pay NMCDH adopted the below strategies to meet this goal 1 Host/offer evidence-based community health and wellness programming in the areas of cardiovascular and peripheral vascular disease 2 Host/offer evidence-based community health and wellness programming in the area of cancer, including but not limited to, the topics of breast and colon cancer, brain tumors, proton therapy, yoga classes for cancer patients, palliative care and hospice 3 Host/offer evidence-based community health and wellness programming in various other areas related to chronic disease including, but not limited to, obesity, injury prevention, arthritis, maternal and child health, joint replacement, fall prevention, chronic lung disease, epilepsy and Parkinsons disease 4 Offer a community-based heart failure program to all patients with an active diagnosis of heart failure (HF) who have not been referred for or are not receiving other nursing services The goal of the HF Program is to empower HF patients with a comprehensive, educational chronic disease management program designed to promote effective self-care behaviors aimed at decreasing hospital readmission rates while enhancing client perceived quality of life 5 Provide in-kind leadership and financial support to the Forward Project 6 Work with local schools to implement the Coordinated Approach to Child Health (CATCH) program Emphasis will be on parents and children attending the 4 year old program and all preschool program teachers 7 Provide "Kits for Kids" an educational program that may be utilized by parents, teachers, scout leaders and other individuals to assist children in learning about good handwashing, bicycle safety and nutrition 8 Continue efforts to promote referral patterns of physicians and ancillary staff to smoking cessation resources Two additional needs were identified in the CHNA for which NMCDH and ESC determined it would not prepare an implementation plan and strategy While these are still considered important needs, the most effective way to respond is by continuing to participate in county-led initiatives and support the work of qualified organizations providing ambulatory care to the underserved These areas of opportunity and the reasons for not addressing are below Child and Maternal Health As identified by the CHNA, there is a need for additional effort to improve prenatal and perinatal care, and to target high-risk groups such as teenagers and older women in addition to monitoring historically higher infant mortality rates among African-Americans residents of DuPage County, suggesting that interventions targeting this population may help While we consider this an important need, we believe that we are best suited to assist in meeting these needs in two ways (1) through the support of local medical home providers for the underserved and (2) by continuing to offer state of the art prenatal education services to all members of our community Infectious and Sexually Transmitted Diseases The CHNA identified infectious and sexually transmitted disease rates above targets as an area of opportunity in our community While this was not selected as a priority need, NMCDH will continue to participate in county-led initiatives in these areas in addition to supporting the work of healthcare providers for the underserved Sch H part V section B ques 15e An application will be used by patients to apply for Free and Discounted Care Patients who do not ha</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUES 16A, 16B, 16C	<p><a href="https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance">https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance</a> Sch H Part V Section B ques 22D A 100% discount is given to FAP eligible patients at or below 300% of the federal poverty guideline A discount is given to FAP-eligible patients whose income is between 301% and 600% FPG, with the maximum amount charged to FAP eligible patients being calculated using the state of illinois hospital uninsured patients discount act guidelines which specify that eligible patients up to 600% FPG should be charged no more than 135% of hospital costs, which for NWCDH approximates 30% of charges</p>



**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
4 Delnor-Community Hospital (Delnor)	Part V, Section B Question 2 Delnor was acquired as part of NMHC's acquisition of Delnor's parent, CDH-Delnor Health System Fiscal and tax years for Delnor changed as a result of this acquisition to coincide with NMHC's fiscal and tax years ending August 31 Delnor's originally planned completion date for the CHNA assessment and report was June 30, 2016, based on having completed its prior CHNA in its tax year ending June 30, 2013 Delnor accelerated its CHNA process upon its acquisition by NMHC, and completed its CHNA survey of the community to identify significant health needs by August 31, 2015 The final CHNA report had not yet been completed or made widely available to the public as of August 31, 2015 Sch H Part V section B ques 3j The CHNA report also describes CHNA goals and objectives, public dissemination plan, and the process for the development of the Implementation Plan

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H part V section B question 5	<p>As part of the CHNA, three focus groups were held among key stakeholders representing public health, physicians, other healthcare professionals, social service providers and other community leaders from central Kane County. A list of recommended participants for the focus groups was provided by Delnor Hospital (Delnor). Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they live and work, as well as the community overall. Focus group candidates were contacted by email and via phone. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout. Findings from the focus groups represent qualitative data on the needs of the community. The group was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. In total, three focus groups were held as part of this CHNA, incorporating input from 30 key informants or community stakeholders, with special emphasis on persons who work with or have special knowledge about vulnerable populations in central Kane County including low-income individuals, minority populations, those with chronic conditions and other medically underserved residents. A list of the organizations in which the participants represented is provided below: 1. AIM Independent Living Center 2. Batavia School District #101 3. City of Aurora Fire Department 4. City of Batavia Police Department 5. City of Elgin Parks and Recreation 6. City of Elgin Planning 7. Community Unit School District 300 8. deLacey Family Education Center 9. Dreyer Medical Clinic 10. Ecker Center 11. Elderday Center 12. Elgin Area Chamber 13. Gail Borden Public Library 14. Inc 708 Board 15. Kane County Board 16. Kane County Development and Community Services Department 17. Kane County Division of Transportation 18. Kane County Health Department 19. Kid Care Medical 20. Kuipers Family Farm 21. Northern Illinois University 22. Open Door Clinic 23. Rush-Copley Medical Center 24. St. Charles Park District 25. St. Charles School District 303 26. Tri-Cities Family Services 27. United Way of Elgin 28. Village of Montgomery 29. VNA Healthcare 30. Waubensee Community College. To ensure that organizations impacting health in central Kane County were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, the External Steering Committee (ESC) was established and maintained. Members include representatives from 1. Aunt Marthas 2. AID 3. Community Unit School District 300 4. Day One 5. Gail Borden Community Library 6. Geneva Community Chest 7. Inc 708 Board 8. Kane County Health Department 9. United Way of Central Kane County 10. VNA Healthcare 11. Waubensee Community College.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
SCH H PART V SECTION B QUESTION 6 A AND 6 B	6A SHERMAN HOSPITAL RUSH-COPLEY MEDICAL CENTER ST JOSEPH HOSPITAL MERCY HOSPITAL 6B KANE COUNTY HEALTH DEPARTMENT INC 708 BOARD Sch H part V section B ques 7d In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also distributed to the following 1 Key community organizations and leaders 2 Delnor External Steering Committee 3 Delnor Leadership Hospital facilitys website (list url) <a href="https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment">https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</a>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V Section B ques 11	<p>In selecting priorities and initiatives to address those priorities, Delnor considered the degree of community need for additional resources, the capacity of other agencies to meet the need and the suitability of its own expertise and resources to address the issue. The following Priority Health Needs were selected: Access to Health Care: An aging population, a challenging economy and an increasing prevalence of chronic diseases create a variety of access-to-care issues relating to both the affordability and availability of care. Deln or supported national and local efforts to increase access to care by providing leadership, investing resources and working collaboratively with other key community stakeholders and organizations throughout the county. Additionally, Delnor offered a comprehensive financial assistance program to patients who were unable to afford the cost of medically necessary healthcare services. Delnor maintained a multicultural workforce of primary care providers, specialists, mid-level practitioners, registered professional nurses and other specialties committed to working in an evidence-based practice setting. Delnor worked with the Kane County Health Department and local healthcare providers to offer vaccine clinics to underserved children and adolescents in Kane County who lack access to routine childhood immunizations. Delnor conducted self-audits of immunization compliance rates in an effort to meet/exceed state and local benchmarks for two-year-olds, children entering kindergarten and adolescents. Delnor assessed whether patients who utilize the vaccine clinics are receiving anticipatory guidance and basic health promotion and prevention information. Additionally, Delnor collaborated with the Kane County Health Department as well as state and local healthcare providers to respond to the spike in tuberculosis cases in Kane County. Actions taken to address this need include: 1) Maintained an easily accessible, user-friendly, respectful financial assistance program that complied with all regulatory requirements 2) Supported patients identified as potentially eligible for government-sponsored healthcare coverage in enrolling in Medicaid or other programs 3) Initiated a presumptive eligibility program to improve access to financial assistance programs and coverage 4) Provided in-kind leadership and resources to Kane County healthcare organizations undertaking efforts to address access to care, including the Kane County Health Department, the Kane County Health Access Integration Network, and the TriCity Health Partnership Free Clinic 5) Served as a training center for nursing and allied health professions 6) Provided interpretation and language assistance programs for patients for whom English is not their first language 7) Underwrote the cost of hospital-based services for patients from TriCity Health Partnership 8) Sought ways to link Emergency Department patients without medical homes to a primary care provider 9) Provided grant support and office space to a program offering support to seniors in navigating Medicare enrollment and finding covered healthcare resources 10) Awarded grants to area organizations to offset the cost of providing mental health services and lung cancer screenings to underserved residents 11) Developed and offered for free an "In Case of Emergency" app to enable emergency responders and emergency room staff to rapidly locate key health information and emergency information 12) Developed an electronic communication resource for expectant and new mothers to provide health information and increase awareness of healthcare resources 13) Operated vaccine clinics that were accessible to working and non-working families and met all regulatory requirements 14) Implemented measures to achieve and maintain vaccination coverage levels consistent with universally recommended vaccines among young children 15) Implemented measures to achieve recommended vaccination levels for children aged 19-35 months for DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines 16) Ensured vaccination coverage levels for children in kindergarten 17) Worked to improve routine vaccination levels for adolescents 13-15 years old 18) Worked with the Kane County Health Department and local healthcare providers to improve screening and ensure continued care for individuals suspected of or diagnosed with tuberculosis 19) Awarded grants to area healthcare organizations seeking to reduce spread of communicable disease. The impacts of these actions include: 1) Increased distribution and completion of financial assistance applications 2) Provided training for healthcare providers in many shortage areas, including nursing, laboratories and allied health 3) Initiated a free mammography screening service at TriCity Health Partnership, linked to diagnostic and specialty services provided at no cost 4) Doubled the amount of free care provided to TriCity Health Partnership between FY2013 and FY2016 5) Ena</p>

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V Section B ques 11	<p>bled community organizations to provide mental health services to nearly 100 clients, resulting in documented improvements in mental health status 6) Assisted more than 800 seniors in navigating Medicare enrollment and services 7) Provided lung cancer education and vouchers for 50 lung cancer screenings to underserved individuals 8) Annually achieved 98-100% compliance with vaccination recommendations for young children for DTaP, Hib, hepatitis B, MMR, polio, and pneumococcal vaccines 9) Improved the rate of vaccination for young children for Hepatitis A from 72% to 96% and for rotavirus from 74% to 82% from FY2013 to FY2015 10) Exceeded Healthy People 2020 goal for vaccination rates for children aged 19-35 months for DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines 11) Exceeded Healthy People 2020 goal for kindergarten vaccinations, achieving 96% to 100% compliance for DTaP, MMR, polio, hepatitis B and varicella vaccines 12) Exceeded Healthy People 2020 goal for vaccinations among 13-15 year olds, achieving 96% - 100% compliance for Tdap booster, varicella and MCV vaccines 13) Reached 88% of 13-15 year olds starting or completing vaccination series for HPV 14) Provided Tdap vaccines to parents and caregivers in the community during pertussis outbreak 15) Supported the Kane County Health Department in managing tuberculosis outbreak through grant funding and partnership activities and enabled it to implement CDC recommendations Chronic Disease In support of national objectives to reduce the prevalence and burden of chronic disease, Delnor provided community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidenced-based secondary interventions (screening), and evidenced-based tertiary interventions (education to individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness) Additionally, Delnor developed and implemented a post-discharge Community Heart Failure Program designed to improve the quality of life and reduce readmissions in patients with heart failure Delnor provided leading-edge, acute chronic disease care to all individuals regardless of their ability to pay as per the Delnor Financial Assistance Policy The problem of adult/child obesity has reached epidemic levels, both nationally and in Kane County As of 2015, 63.9 percent of Kane County adults and more than 32% of children five years old or younger were considered overweight and/or obese It is widely recognized that being overweight or obese can lead to a variety of chronic diseases including heart disease, diabetes, hypertension, cancer, stroke and osteoarthritis With both a large young population and an aging population, it is critical to address this issue to enhance health and well-being and reduce healthcare costs over the long term Actions taken to address this need include 1) Participated in and supported the Kane County Fit for Kids 2020 Coalition 2) Maintained a safe walking path around Delnor's medical campus for use by community residents 3) Annually underwrote the cost of 15-20 community garden plots for employees and community residents to promote consumption of fresh fruits and vegetables 4) Awarded grants to area organizations responding to the problems of obesity and poor nutrition 5) Worked with an area park district preschool program to implement the nationally recognized Coordinated Approach To Child Health program, educating young children and parents about healthy food choices 6) Provided funding to regional park districts and athletic agencies to provide scholarships to individuals and families otherwise unable to afford park district activities 7) Developed and distributed educational kits with information on healthy habits, safety and nutrition to area parents, scout leaders and teachers 8) Hosted or offered evidence-based community health and wellness programming for common chronic condition</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUES 16A, 16B, 16C	<p><a href="https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance">https://www.nm.org/patients-and-visitors/billing-and-insurance/financial-assistance</a> Sch H Part V Section B ques 22d a 100% discount is given to FAP eligible patients at or below 300% of the federal poverty guideline. A discount is given to FAP-eligible patients whose income is between 301% and 600% FPG, with the maximum amount charged to FAP eligible patients being calculated using the state of Illinois hospital uninsured patients discount act guidelines which specify that eligible patients up to 600% FPG should be charged no more than 135% of hospital costs, which for Delnor approximates 30% of charges.</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
5 Northwestern Medicine Kishwaukee Hospital (NMKH)	SCH H PART V SECTION B QUES 2 ON DECEMBER 1, 2015, NMHC BECAME THE SOLE MEMBER OF KISHHEALTH SYSTEM AND ITS SUBSIDIARIES THE HEALTH SYSTEM IS COMPRISED OF KISHWAUKEE HOSPITAL IN DEKALB, VALLEY WEST HOSPITAL IN SANDWICH, CANCER CENTER LOCATIONS IN AURORA, DEKALB, ROCHELLE, AND SANDWICH, HOSPICE, THE CENTER FOR FAMILY HEALTH, MALTA, FOUNDATION, BEHAVIORAL HEALTH SERVICES IN SANDWICH AND SYCAMORE, DIABETES EDUCATION CENTERS IN DEKALB AND SANDWICH, EMERGENCY MEDICAL SERVICES, HOME CARE, LABORATORIES IN SYCAMORE AND ROCHELLE, PHYSICAL THERAPY CENTERS IN GENOA, HAMPSHIRE, SANDWICH, AND SYCAMORE, AND KISHHEALTH SYSTEM PHYSICIAN GROUP WITH LOCATIONS IN AURORA, DEKALB, GENOA, PLANO, ROCHELLE, SANDWICH, SYCAMORE, AND WATERMAN THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD UNANIMOUSLY APPROVED THE APPLICATION FOR KISHHEALTH TO JOIN NMHC IN NOVEMBER 2015 Sch H Part V section B ques 3j The CHNA report also describes CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V section B ques 5	<p>As part of the CHNA, individuals representing Northwestern Medicine Kishwaukee Hospital (NMKH) met periodically from April 2015 throughout October 2015 and reviewed population demographics, birth and death data, and social and health indicators to prioritize health problems. Based on the outcomes of these meetings, health priorities were narrowed down to five areas for consideration, cardiovascular disease, cancer, respiratory health, maternal child health, and diabetes/kidney disease. In November 2015, health system team members presented the health priorities to an external community committee, which included a variety of individuals from local and state governmental agencies, leaders from community-based organizations, foundations, school districts, colleges and local non-profit organizations. These participants are experts in health care, social determinants of health, and health and social services. External Committee members were contacted by letter to request their participation. The input from the external group helped to ensure that needs were identified and will be responded to. In addition, the participants engaged in the CHNA process are persons who work with or have special knowledge on vulnerable populations throughout DeKalb and Sycamore, including low income individuals, minority populations, medically underserved, and those with chronic disease. Participating organizations included:</p> <ol style="list-style-type: none"><li>1 Community Mental Health Board &amp; Community Services</li><li>2 Kishwaukee Physician Group</li><li>3 Kishwaukee United Way</li><li>4 Kishwaukee Family YMCA</li><li>5 DeKalb County Health Department</li><li>6 DeKalb School District #4</li><li>7 Sycamore School District</li><li>8 DeKalb County Community Foundation</li><li>9 Indian Valley Vocational Center</li></ol> <p>NMKH has developed three overarching strategies to give guidance to address identified community health needs:</p> <ol style="list-style-type: none"><li>1 Community Partnerships Focus: NMKH will collaborate with diverse organizations to identify a common vision and plan to create a collective impact on the overall health of the community.</li><li>2 Coordination of Community Services Focus: NMKH is committed to improving access to healthcare services, with emphasis on a coordinated patient centered approach, measuring patient and population health status within our healthcare delivery services areas.</li><li>3 Preventative Care Focus: NMKH will focus on wellness and prevention, with special emphasis on the most preventable health conditions and lifestyle behaviors impacting the health of individuals and the community through health promotion activities, policy development and environmental change.</li></ol>



**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V section B ques 6A	Northwestern Medicine Valley West Hospital Sch H Part V section B ques 7d In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also distributed to the following 1 Key community organizations and leaders 2 NMKH External Steering Committee 3 NMKH Leadership Hospital facilitys website (list url) <a href="http://www.kishhealth.org/about-kishhealth/health-needs-assessment/">http //www kishhealth org/about-kishhealth/health-needs -assessment/</a>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B ques 10 url	<p><a href="http://www.kishhealth.org/app/files/public/1852/implementation-plan_kishwa_ukee-hospital-1.5.pdf">http://www.kishhealth.org/app/files/public/1852/implementation-plan_kishwa_ukee-hospital-1.5.pdf</a> Sch H Part V section B ques 11 Members of the internal team at NMKH and key community partners collaborated to address the below priority health needs. Cancer: NMKH continues to provide support and education to help address cancer as a priority area within the county. The American Respiratory Association's Courage to Quit smoking cessation programs are offered throughout the year to the community and businesses to assist with smoking cessation efforts. Smoking cessation programs have proven effective in decreasing the incidence of cancer, heart disease and stroke. NMKH also works to directly or indirectly support activities related to smoking prevention programs in school age children through collaboration with local school districts. NMKH supports the work of DeKalb County Health Departments Women, Infants, and Children (WIC) population on the effects of smoking during pregnancy. In partnership with the DeKalb County Health Department meetings were held and campaign material designed with messaging related to the effects of smoking during pregnancy and exposure to second hand smoke. Clients receive the information at each appointment at the health department. Efforts are made to promote free and reduced mammograms to women with the following criteria, between the ages of 40-64 years old, reside within DeKalb County, and no insurance/under insured or high deductible. Lastly, information related to skin cancer prevention and education is provided at various events and educational opportunities throughout the service area. Cardiovascular Disease: Cardiovascular disease is the most widespread and costly health problem, although heart disease and stroke are often preventable. Better prevention of the management of high cholesterol, high blood pressure, or diabetes help to lower risk for heart disease. NMKH continues to provide, participate and partner in community based health education, nutrition and adult/child activity programs focused on reducing the risk of heart disease and stroke. The hospital supports the work of Live Healthy DeKalb County through its policy and environmental changes to motivate people to eat healthy and be physically active every day. The work includes the assistance of changing policies, systems and environments within businesses and schools to be more conducive of positive health practices. Through the Leishman Center for Culinary Health, identified high risk populations are targeted for "Eat to Beat" series, which promotes healthier diet choices and food preparation through education and instruction to the chronically ill, high risk participants. The community has access to free of charge monthly Know Your Numbers appointments at the hospital, a screening designed to provide a participant with their individual cardiovascular risk factors, including fasting glucose, total cholesterol, Body Mass Index (BMI), blood pressure, and waist measurement. The community also has access to education and promotion efforts for sodium reduction in the diet intended to encourage healthy lifestyle choices. In addition, blood pressure checks are offered weekly free of charge for community members and patients aimed at improving awareness of ones own blood pressure number, an indicator used for heart disease risk factors. Maternal Child Health: Birth weight is a leading indicator for the health of a population. In DeKalb County, low birth weight babies reached a 30-year high and the proportion of both black and Hispanic low birth weights tripled from 2009 to 2012. In addition, the service area experienced a significant increase in pregnant women who smoke. Understanding and addressing maternal child health issues helps to improve the well-being of mothers and infants and children. Respiratory issues continue to be the leading cause for ED visits in children under the age of 18. NMKH supports the work of DeKalb County Health Departments Women, Infants, and Children (WIC) population on the effects of smoking during pregnancy. In partnership with the DeKalb County Health Department meetings were held and campaign material designed with messaging related to the effects of smoking during pregnancy and exposure to second hand smoke. Clients receive the information at each appointment at the health department. The Northwestern Medicine Community Wellness Department continues to offer the Respiratory Health Association's Courage to Quit smoking cessation programs to women who are receiving services at the DeKalb County Health Department. The planning and implementation of the Asthma and Allergy Foundations of America's Wee Breathers program has also been initiated. This program is aimed at discussing asthma signs, symptoms, management plans, and medication options in an effort to educate parents of asthmatic children to reduce costly emergency department visits. The CHNA report identified areas of opportunity for</p>

**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B ques 10 url	<p>health improvement for which NMKH and its External Committee determined it would not prep are an implementation plan and strategy These identified areas and the reasons for not addressing are listed below Respiratory Health Respiratory health may be indirectly addressed as a contributing health factor and because of the work on other identified health priorities including, cardiovascular disease and cancer Diabetes/Kidney Disease Diabetes may be indirectly addressed as a contributing health factor and because of work on other identified health priorities including, cardiovascular disease and cancer Patients and community members will continue to have access to the Center for Diabetes Management at Northwestern Medicine Kishwaukee Hospital SCHEDULE H, PART V, SECTION B, QUES 16A, 16B, 16C <a href="http://www.kishhealth.org/patients-visitors/financial-assistance/SCHEDULE_H,_PART_VI,_SECTION_B,_QUES_22D">http://www.kishhealth.org/patients-visitors/financial-assistance/SCHEDULE H, PART VI, SECTION B, QUES 22D</a> A 100% discount is given to FAP eligible patients at or below 300% of the federal poverty guideline A discount is given to FAP eligible patients whose income is between 301% and 600% FPG, with the maximum amount charged to FAP eligible patients being calculated using the State of Illinois Hospital Uninsured Patients Discount Act guidelines which specify that eligible patients up to 600% FPG should be charged no more than 135% of hospital costs, which for Kishwaukee Hospital approximates 35% of charges and for Valley West Hospital approximates 47% of charges</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
6 Northwestern Medicine Valley West Hospital (NWMVH)	SCH H PART V SECTION B QUES 2 ON DECEMBER 1, 2015, NMHC BECAME THE SOLE MEMBER OF KISHHEALTH SYSTEM AND ITS SUBSIDIARIES THE HEALTH SYSTEM IS COMPRISED OF KISHWAUKEE HOSPITAL IN DEKALB, VALLEY WEST HOSPITAL IN SANDWICH, CANCER CENTER LOCATIONS IN AURORA, DEKALB, ROCHELLE, AND SANDWICH, HOSPICE, THE CENTER FOR FAMILY HEALTH, MALTA, FOUNDATION, BEHAVIORAL HEALTH SERVICES IN SANDWICH AND SYCAMORE, DIABETES EDUCATION CENTERS IN DEKALB AND SANDWICH, EMERGENCY MEDICAL SERVICES, HOME CARE, LABORATORIES IN SYCAMORE AND ROCHELLE, PHYSICAL THERAPY CENTERS IN GENOA, HAMPSHIRE, SANDWICH, AND SYCAMORE, AND KISHHEALTH SYSTEM PHYSICIAN GROUP WITH LOCATIONS IN AURORA, DEKALB, GENOA, PLANO, ROCHELLE, SANDWICH, SYCAMORE, AND WATERMAN THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD UNANIMOUSLY APPROVED THE APPLICATION FOR KISHHEALTH TO JOIN NMHC IN NOVEMBER 2015 Sch H Part V section B ques 3j The CHNA report also describes Northwestern Medicine Valley West Hospitals CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Sch H Part V section B ques 5	<p>As part of the CHNA, individuals representing Northwestern Medicine Valley West Hospital (NMVWH) met periodically from April 2015 throughout October 2015 and reviewed population demographics, birth and death data, and social and health indicators to prioritize health problems. Based on the outcomes of these meetings, health priorities were narrowed down to five areas for consideration: cardiovascular disease, cancer, respiratory health, maternal child health, and diabetes/kidney disease. In November 2015, members from NMVWH presented health priorities to an external community committee ("External Committee"), which included a variety of individuals from local and state governmental agencies, leaders from community-based organizations, local foundations, school districts, colleges and non-profit organizations. These participants are experts in healthcare, social determinants of health, and health and social services. External Committee members were contacted by letter to request their participation. The input from the external group helped to ensure that community needs were identified and will be responded to. In addition, the participants engaged in the CHNA process are persons who work with, or have special knowledge of, vulnerable populations throughout Plano, Sandwich and Somonauk, including low income individuals, minority populations, medically underserved, and those with chronic disease. Participants included representatives from: 1 Cornerstone Church 2 Cornerstone Food Pantry 3 Fox Valley Family YMCA 4 Open Door Rehabilitation Center 5 Sandwich School District #430 6 City of Plano 7 American Cancer Society 8 Village of Somonauk 9 Indian Valley Vocational Center 10 Somonauk School District #432 11 Sandwich Park District 12 Kendall County Health Department. NMVWH has developed three overarching strategies to give guidance to address identified community health needs: 1 Community Partnerships Focus: NMVWH will collaborate with diverse organizations to identify a common vision and plan to create a collective impact on the overall health of the community. 2 Coordination of Community Services Focus: NMVWH is committed to improving access to healthcare services, with emphasis on a coordinated patient-centered approach, measuring patient and population health status within our healthcare delivery services areas. 3 Preventative Care Focus: NMVWH will focus on wellness and prevention, with special emphasis on the most preventable health conditions and lifestyle behaviors impacting the health of individuals and the community through health promotion activities, policy development and environmental change.</p>

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Form and Line Reference	Explanation
Sch H Part V section B ques 6A	NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL Sch H Part V section B ques 7d In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also distributed to the following 1 Key community organizations and leaders 2 NMVWH External Steering Committee 3 NMVWH Leadership Hospital facilitys website (list url) <a href="http://www.kishhealth.org/about-kishhealth/health-needs-assessment/">http //www kishhealth org/about-kishhealth/health-needs-assessment/</a>

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Form and Line Reference	Explanation
<p>SCHEDULE H, Part V, section B ques 10A</p>	<p><a href="http://www.kishhealth.org/app/files/public/1853/implementation-plan_valley-west-15.pdf">http://www.kishhealth.org/app/files/public/1853/implementation-plan_valley-west-15.pdf</a> Sc H Part V section B ques 11</p> <p>Members of the internal team at NMVWH and key community partners collaborated to address the below priority health needs. Cancer: NMVWH continues to provide support and education to help address cancer as a priority area within the county. The American Respiratory Associations, Courage to Quit smoking cessation programs are offered throughout the year to the community and businesses to assist with smoking cessation efforts. Smoking cessation programs have proven effective in decreasing the incidence of cancer, heart disease and stroke. NMVWH also works to directly or indirectly support activities related to smoking prevention programs in school age children through collaboration with local districts. NMVWH supports the work of DeKalb County Health Departments Women, Infants, and Children (WIC) population on the effects of smoking during pregnancy. In partnership with the DeKalb County Health Department meetings were held and campaign material designed with messaging related to the effects of smoking during pregnancy and exposure to second hand smoke. Clients receive the information at each appointment at the health department. Efforts are made to promote free and reduced mammograms to women with the following criteria, between the ages of 40-64 years old, reside within DeKalb County, and no insurance/under insured or high deductible. Lastly, information related to skin cancer prevention and education is provided at various events and educational opportunities throughout the service area.</p> <p><b>Cardiovascular Disease</b> Cardiovascular disease is the most widespread and costly health problem, although heart disease and stroke are often preventable. Better prevention of the management of high cholesterol, high blood pressure, or diabetes help to lower risk for heart disease. NMVWH continues to provide funding and partner with community-based health education, nutrition and adult/child activity programs focused on reducing the risk of heart disease and stroke. The hospital supports the work of Live Healthy DeKalb County through its policy and environmental changes to motivate people to eat healthy and be physically active every day. The work includes the assistance of changing policies, systems and environments within businesses and schools to be more conducive of positive health practices. Through the Leishman Center for Culinary Health, identified high risk populations are targeted for Eat to Beat series which promote healthier diet choices and food preparation through education and instruction to the chronically ill, high risk participants. The community has access to free of charge monthly Know Your Numbers appointments at the hospital, a screening designed to provide a participant with their individual cardiovascular risk factors, including fasting glucose, total cholesterol, Body Mass Index (BMI), blood pressure, and waist measurement. The community also has access to education and promotion efforts around sodium reduction in the diet intended to encourage healthy lifestyles choices. In addition, blood pressure checks are offered weekly free of charge for community members and patients aimed at improving awareness of ones own blood pressure number, an indicator used for heart disease risk factors.</p> <p><b>Diabetes/Kidney Disease</b> Diabetes is a disease marked by high levels of blood glucose and can lead to serious complications and premature death. NMVWH Center for Diabetes offers diabetes screenings, diet and nutrition counseling, and mindful eating program for prediabetes and diabetes to assist with management of this chronic disease. The CHNA report identified areas of opportunity for health improvement for which NMVWH and its External Committee determined it would not prepare an implementation plan and strategy. These identified areas and the reasons for not addressing are listed below.</p> <p><b>Respiratory Health</b> Respiratory Health may be indirectly addressed as a contributing health factor and because of the work on other identified health priorities including, cardiovascular disease and cancer. <b>Maternal Child Health</b> Maternal Child Health may be indirectly addressed as work on the identified health priorities continues. Since rates of smoking in pregnant women have increased significantly since the 2012 survey, it was recommended from the External Committee that cessation be addressed under the identified priority of cancer.</p> <p>SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B, 16C  <a href="http://www.kishhealth.org/patients-visitors/financial-assistance/">http://www.kishhealth.org/patients-visitors/financial-assistance/</a> SCHEDULE H, PART V, SECTION B, QUESTION 22D A 100% discount is given to FAP eligible patients at or below 300% of the federal poverty guideline. A discount is given to FAP eligible patients whose income is between 301% and 600% FPG, with the maximum amount charged to FAP eligible patients being calculated using the State of Illinois Hospital Uninsured Patients Di</p>

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, Part V, section B ques 10A	scout Act guidelines which specify that eligible patients up to 600% FPG should be charge d no more than 135% of hospital costs, which for Kishwaukee Hospital approximates 35% of c harges and for Valley West Hospital approximates 47% of charges



**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>7 MARIANJOY REHABILITATION HOSPITAL (MRH)</p>	<p>SCHEDULE H, PART V, SECTION B, LINE 2 ON MARCH 1, 2016, NMHC BECAME THE SOLE MEMBER OF MARIANJOY, INC AND ITS SUBSIDIARIES MARIANJOY, INC , ALONG WITH ITS RELATED ENTITIES, MARIANJOY REHABILITATION HOSPITAL AND CLINICS, INC AND REHABILITATION MEDICINE CENTER, INC OFFER MEDICAL CLINIC AND OUTPATIENT THERAPY SERVICES IN WHEATON, OAKBROOK TERRACE, DOWNERS GROVE, AURORA, OAK PARK, AND PALOS HEIGHTS THE PHYSICIANS AND CLINICIANS AT MARIANJOY ALSO PROVIDE MEDICAL AND REHABILITATION MANAGEMENT OVERSIGHT AT ELMHURST MEMORIAL HOSPITAL, LOYOLA UNIVERSITY MEDICAL CENTER IN MAYWOOD, WEST LAKE HOSPITAL IN MELROSE PARK, WEST SUBURBAN HOSPITAL IN OAK PARK, RUSH COPLEY MEDICAL CENTER IN AURORA, AND RUSH OAK PARK HOSPITAL SUB-ACUTE CARE AND REHABILITATION PROGRAMS ARE AVAILABLE TO PATIENTS IN WHEATON, ELMHURST, DOWNERS GROVE, OAK PARK, HOMER GLEN, AND PALOS HEIGHTS ADDITIONALLY, THE PHYSICIANS OF THE MARIANJOY MEDICAL GROUP SERVE PATIENTS IN APPROXIMATELY 30 MEDICAL CLINIC AND SUB-ACUTE LOCATIONS THROUGHOUT THE SUBURBAN CHICAGO AREA NMHC AND WHEATON FRANCISCAN HEALTHCARE SIGNED A LETTER OF INTENT TO TRANSFER MARIANJOY IN OCTOBER 2015 THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPROVED THE CHANGE IN OWNERSHIP IN DECEMBER 2015 SCHEDULE H, PART V, SECTION B, LINE 5 To solicit input from key informants, those individuals who have a broad interest in the health of the community, an online key informant survey was implemented as part of the CHNA process The list of participants was developed by local hospitals and the Metropolitan Chicago Healthcare Council, and included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders Potential participants were chosen because of their ability to identify primary concerns of the population with whom they work, as well as of the community overall Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online Reminder emails were sent as needed to increase participation In all, ten community stakeholders took part in the online key informant survey including representatives of the organizations below 1 DuPage County Health Department 2 DuPage Federation on Human Services Reform 3 Elmhurst CUSD 205 4 Metropolitan Chicago Healthcare Council 5 Naperville School District 203 6 Peoples Resource Center 7 Village of Addison Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community Follow-up questions asked them to describe why they identified problem areas as such and how these might be better addressed Finding represent qualitative rather than quantitative data The online key informant survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area Therefore, these findings are based on perceptions, not facts</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	HTTPS //WWW NM ORG/ABOUT-US/COMMUNITY-INITIATIVES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SELECT MARIANJOY REHABILITATION HOSPITAL SCHEDULE H, PART V, SECTION B, LINE 7B HTTP //MARIANJOY ORG/ABOUTUS/COMMUNITYBENEFITS ASPX SELECT MARIANJOY 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>THE PURPOSE OF THE MARIANJOY REHABILITATION HOSPITAL (MRH) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS TO GAIN BETTER INSIGHT INTO THE HEALTH CONCERNS AND NEEDS OF THE SPECIFIC COMMUNITIES SERVED BY MRH, FOCUSING ON THOSE MEMBERS OF THE COMMUNITY WITH DISABILITIES AND IMPAIRMENTS. IT WAS CONDUCTED USING A DATA-DRIVEN APPROACH, UTILIZING BOTH ONLINE KEY INFORMANT SURVEYS IN ADDITION TO VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA. IT SPOTLIGHTED DISPARATE, VULNERABLE POPULATIONS INCLUDING THE DISABLED, INDIVIDUALS EXPERIENCING MENTAL HEALTH AND SUBSTANCE ABUSE CONCERNS, DECREASED ACCESS TO AFFORDABLE HEALTHCARE SERVICES, AND LIMITED-ENGLISH PROFICIENT INDIVIDUALS. TEN POTENTIAL AREAS OF OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT WERE IDENTIFIED THROUGH THE MRH CHNA, INCLUDING: 1. ACCESS TO HEALTHCARE SERVICES 2. HEART DISEASE AND STROKE 3. IMMUNIZATION AND INFECTIOUS DISEASE 4. MENTAL HEALTH 5. SUBSTANCE ABUSE 6. INJURY AND VIOLENCE 7. NUTRITION, PHYSICAL ACTIVITY AND WEIGHT 8. POTENTIALLY DISABLING CONDITIONS 9. ACCESS TO HEALTH PROMOTION ACTIVITIES 10. MEETING THE SPECIALTY NEEDS OF DISABLED INDIVIDUALS. GUIDED BY THE EXTERNAL STEERING COMMITTEE (ESC), MRH CONSIDERED NOT ONLY THE LEVEL OF NEED, BUT ALSO THE EXPERTISE AND SCOPE OF SERVICES THAT MRH IS UNIQUELY QUALIFIED TO PROVIDE. FURTHER CONSIDERATION WAS GIVEN TO THE EXISTING RESOURCES AND EXPERTISE AVAILABLE THROUGH OTHER PROVIDERS, BOTH WITHIN NORTH WESTERN MEMORIAL HEALTHCARE (NMHC) AND EXTERNALLY (INCLUDING THE GOVERNMENT, PUBLIC HEALTH ORGANIZATIONS, FEDERALLY QUALIFIED HEALTH CENTERS AND COMMUNITY GROUPS). IT WAS DETERMINED THAT MRH'S PRIORITY HEALTH NEEDS WOULD INCLUDE: 1. ACCESS TO HEALTHCARE SERVICES 2. MEETING THE SPECIALTY NEEDS OF DISABLED INDIVIDUALS 3. CHRONIC DISEASE MANAGEMENT AND REHABILITATION 4. INJURY AND VIOLENCE ACCESS TO HEALTHCARE SERVICES. MRH ENSURES THAT RESIDENTS OF OUR COMMUNITY HAVE ACCESS TO HIGH QUALITY MEDICALLY NECESSARY HEALTHCARE SERVICES IN THE MOST APPROPRIATE SETTING. DEDICATED TO THE DELIVERY OF PHYSICAL MEDICINE AND REHABILITATION, MRH OFFERS SPECIALTY PROGRAMS FOR ADULT AND PEDIATRIC PATIENTS RECOVERING FROM INJURY OR ILLNESS IN BOTH THE INPATIENT AND OUTPATIENT SETTINGS. MRH IS COMMITTED TO DEVELOPING AND MAINTAINING PROGRAMS THAT ADDRESS THE AFFORDABILITY OF AND ACCESSIBILITY TO HEALTHCARE SERVICES. ADDITIONALLY, MRH OFFERS A COMPREHENSIVE FINANCIAL ASSISTANCE PROGRAM TO PATIENTS WHO ARE UNABLE TO AFFORD THE COST OF NECESSARY MEDICAL CARE. MRH SEEKS TO ENGAGE AND MAINTAIN A MULTICULTURAL WORKFORCE OF PRIMARY CARE PROVIDERS, SPECIALISTS, MIDLEVEL PRACTITIONERS, REGISTERED PROFESSIONAL NURSES AND OTHER SPECIALTIES COMMITTED TO WORKING IN AN EVIDENCE-BASED PRACTICE SETTING BY PROVIDING A CLINICAL SITE FOR EDUCATIONAL EXPERIENCES. THE DEVELOPMENT AND IMPLEMENTATION OF THE DUPAGE COUNTY ACCESS TO HEALTH SERVICES ACTION PLAN IS LED BY THE DUPAGE HEALTH COALITION. FORMERLY KNOWN AS ACCESS DUPAGE, THE COALITION IS A COLLABORATIVE EFFORT BY THOUSANDS OF INDIVIDUALS AND HUNDREDS OF ORGANIZATIONS IN DUPAGE COUNTY TO PROVIDE ACCESS TO MEDICAL SERVICES TO THE COUNTY'S LOW-INCOME, MEDICALLY UNINSURED RESIDENTS. THE DUPAGE HEALTH COALITION ALSO OPERATES THE SILVER ACCESS PROGRAM, WHICH PROVIDES FINANCIAL HELP TO LOWER INCOME FAMILIES PURCHASING HEALTH INSURANCE THROUGH THE AFFORDABLE CARE ACTS HEALTHCARE MARKETPLACE. IN EARLY 2017, THE DUPAGE HEALTH COALITION WILL OPEN THE DUPAGE DISPENSARY OF HOPE, A NEW FREE PHARMACY PROGRAM IN WHEATON, OFFERED IN PARTNERSHIP WITH DUPAGE COUNTY. MRH LEADERSHIP AND STAFF WORK COLLABORATIVELY WITH THE DUPAGE COALITION TO PROMOTE AFFORDABLE ACCESS TO CARE FOR ALL RESIDENTS OF DUPAGE COUNTY. MRH WILL CONTINUE TO SUPPORT NATIONAL AND LOCAL EFFORTS TO INCREASE ACCESS TO CARE BY PROVIDING LEADERSHIP, INVESTING RESOURCES AND WORKING COLLABORATIVELY WITH OTHER COMMUNITY ORGANIZATIONS THROUGHOUT THE COUNTY. IN CONJUNCTION WITH DUPAGE HEALTH COALITIONS ACCESS DUPAGE PROGRAM AND INDEPENDENT MEDICAL PROVIDERS, WE WILL SUPPORT THE MAINTENANCE OF AN EFFICIENT AND EFFECTIVE CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES, OFFERING INPATIENT AND OUTPATIENT REHABILITATION SERVICES TO THOSE IN NEED MEETING THE SPECIALTY NEEDS OF DISABLED INDIVIDUALS. THE PHYSICIANS AND CLINICIANS AT MRH ARE TRAINED IN THE PROVISION OF SPECIALTY TREATMENTS AND REHABILITATION FOR INDIVIDUALS WITH DISABILITIES RESULTING FROM INJURIES, ACCIDENTS, ILLNESSES, OR CONGENITAL DEFECTS. FITNESS AND WELLNESS PROGRAMS TAILORED TO PEOPLE WITH DISABILITIES AND OTHER HEALTH ISSUES HELP ENSURE THESE VULNERABLE POPULATIONS ARE ENGAGED IN MODERATE PHYSICAL ACTIVITY DESIGNED TO IMPROVE STRENGTH AND INCREASE FLEXIBILITY, TO PROTECT AGAINST FURTHER DISABILITY AND ENHANCE FUNCTIONAL INDEPENDENCE. THE ADDITION OF THE MARIANJOY FITNESS CENTER HAS OPENED NEW OPPORTUNITIES FOR INDIVIDUALS WHO MAY NOT HAVE FELT PHYSICALLY ABLE OR COMFORTABLE IN OTHER EXERCISE SETTINGS. THROUGHOUT THE YEAR, MRH OFFERS A VARIETY OF FREE AND PUBLIC CLASSES. A</p>

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>ND LECTURES (FOCUSED ON HEALTH AND WELLNESS) TO SUPPORT AND PROMOTE THE INDEPENDENCE OF DISABLED INDIVIDUALS. ADDITIONALLY, MRH SPONSORS A VARIETY OF SUPPORT GROUPS AT NO COST AND OPEN TO THE PUBLIC INCLUDING AMPUTATION, APHASIA, BRAIN INJURY, CHRONIC PAIN, AND STROKE. MRH WORKS CLOSELY WITH ITS COMMUNITY PARTNERS TO PROMOTE INDEPENDENCE OF DISABLED INDIVIDUALS. PARTNERS INCLUDE, BUT ARE NOT LIMITED TO THE DUPAGE COUNTY HEALTH DEPARTMENT, DUPAGE FEDERATION ON HUMAN SERVICE REFORM, LOCAL SCHOOL DISTRICTS, OFFICE OF THE SECRETARY OF STATE, DUPAGE WORKFORCE BOARD AND ABILITYLINKS, A NATIONAL, WEB-BASED COMMUNITY WHERE QUALIFIED JOB SEEKERS WITH DISABILITIES GAIN ACCESS TO VALUABLE NETWORKING OPPORTUNITIES. CHRONIC DISEASE MANAGEMENT AND REHABILITATION. IN GENERAL, INDIVIDUALS WITH DISABILITIES TEND TO EXPERIENCE HIGHER PERCENTAGES OF HEALTH DISPARITIES THAN THE LARGER POPULATION. THESE ADDED CHALLENGES CAN RESULT IN FURTHER IMPAIRED MOBILITY, NUTRITIONAL DEFICITS AND AN INCREASED SUSCEPTIBILITY TO CHRONIC MEDICAL CONDITIONS. COMMON PRECURSORS OF CHRONIC DISEASES, INCLUDING PHYSICAL INACTIVITY, OBESITY, HYPERTENSION AND HIGH CHOLESTEROL, ARE MORE PREVALENT AMONG PERSONS WITH DISABILITIES THAN THOSE WITHOUT. DESPITE INCREASED HEALTH RISKS, PEOPLE WITH DISABILITIES ARE RARELY TARGETED BY SPECIFIC HEALTH-PROMOTION AND DISEASE-PREVENTION EFFORTS. GIVEN THE INCREASING PREVALENCE OF DISABILITY AS THE POPULATION AGES, THE NEED FOR COMMUNITY HEALTH SERVICES FOCUSING ON THE REHABILITATION NEEDS OF THOSE SERVED WILL LIKELY INCREASE AT A PROPORTIONAL RATE. A BROAD RANGE OF INTERVENTION EXISTS TO ADDRESS THE ISSUE OF CHRONIC DISEASE INCLUDING HEALTH EDUCATION, HEALTH SCREENINGS, SUPPORTING LINKAGES TO MEDICAL HOMES, AND CHRONIC DISEASE MANAGEMENT PROGRAMS. MRH UTILIZES A COLLABORATIVE, EVIDENCE-BASED APPROACH TO PREVENTION, SCREENING AND CHRONIC DISEASE MANAGEMENT AIMED AT REDUCING AND ELIMINATING MANY OF THE PROMINENT CONTRIBUTORS TO MORTALITY IN THE UNITED STATES. PROGRAMS SUCH AS ACCESS DUPAGE AND ENGAGE DUPAGE ENSURE ACCESS TO ROUTINE HEALTHCARE, SCREENING, PRIMARY CARE PROVIDERS, SPECIALISTS, MEDICATIONS AND MEDICAL HOMES. MRH OFFERS A COMPREHENSIVE FINANCIAL ASSISTANCE PROGRAM TO INDIVIDUALS UNABLE TO AFFORD THE COST OF THEIR ACUTE MEDICAL CARE. IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE ARRAY OF COMMUNITY EDUCATION PROGRAMING AND SERVICES TO SUPPORT BOTH PRIMARY AND TERTIARY INTERVENTIONS. INJURY AND VIOLENCE. MRH OFFERS A VARIETY OF PROGRAMS, BOTH THROUGH INPATIENT AND OUTPATIENT SERVICES, TO ADDRESS INJURY PREVENTION. EVIDENCE-BASED, COMMUNITY HEALTH AND WELLNESS PROGRAMMING ARE OFFERED BY MRH IN THE AREAS OF CHRONIC DISEASE MANAGEMENT AND REHABILITATION AND OVERCOMING THE LIMITATIONS OF CHRONIC DISABILITIES. SOME TOPICS INCLUDE CORE YOGA TO INCREASE STRENGTH AND BALANCE IN INDIVIDUALS WITH DISABILITIES, UNDERSTANDING, IDENTIFYING AND PREVENTING RUNNING INJURIES, AND HOW AGING AFFECTS YOUR BALANCE. THESE PROGRAMS ADDRESS THE PREVENTION OF INJURY FOR BOTH PERSONS WITH OR WITHOUT DISABILITIES. MRH OFFERS THE CARFIT PROGRAM FOR SENIORS, WHICH ALLOWS OLDER ADULTS THE OPPORTUNITY TO CHECK HOW WELL THEIR PERSONAL VEHICLES FIT THEM. THE CARFIT PROGRAM IS AIMED AT PREVENTING INJURY FOR SENIORS. MRH WORKS CLOSELY WITH ITS COMMUNITY PARTNERS TO ADDRESS THE ISSUE OF INJURY PREVENTION. PARTNERS INCLUDE, BUT ARE NOT LIMITED TO THE DUPAGE COUNTY HEALTH DEPARTMENT, NORTHWESTERN MEMORIAL CENTRAL DUPAGE HOSPITAL AND LOCAL SCHOOL DISTRICTS. MRHS CHNA IDENTIFIED A REAS OF OPPORTUNITY FOR HEALTH IMPROVEMENT FOR WHICH MRH AND ITS ESC DETERMINED IT WOULD NOT PREPARE AN IMPLEMENTATION PLAN AND STRATEGY. THESE AREAS OF OPPORTUNITY AND THE REASONS FOR NOT ADDRESSING ARE BELOW. MENTAL HEALTH AND SUBSTANCE ABUSE. THE DUPAGE BEHAVIORAL HEALTH COLLABORATIVE WAS FORMED IN RESPONSE TO THE MENTAL HEALTH FINDINGS AND NEEDS NOTED IN THE DUPAGE COUNTY IPLAN. THE MISSION OF THE GROUP IS TO WORK COLLABORATIVELY TO IDENTIFY AND IMPLEMENT DATA-DRIVEN STRATEGIES THAT</p>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>1</b> Clark Street Galleria 1030 N Clark Chicago, IL 60611	MOB
<b>1</b> Garland Bldg 111 N Wabash Chicago, IL 60602	MOB
<b>2</b> 111 W Washington 111 W Washington Chicago, IL 60602	MOB
<b>3</b> Northwestern Medicine South Loop 1135 S Delano Court Chicago, IL 60605	Medical Office Building
<b>4</b> Northwestern Medicine Lakeview 1333 W Belmont Avenue STE 100/200 Chicago, IL 60657	Medical Office Building
<b>5</b> Northwestern Medicine Immediate Care 1333 W Belmont Avenue STE 100/200 Chicago, IL 60657	Urgent Care
<b>6</b> Northwestern Medicine SoNO 1460 N Halsted Street STE 203/502 Chicago, IL 60642	Medical Office Building
<b>7</b> Northwestern Medicine Chicago 150 E Huron Street Chicago, IL 60611	Medical Office Building
<b>8</b> Northwestern Medicine Crest Hill 16151 Weber Road STE 107 Crest Hill, IL 60403	Medical Office Building
<b>9</b> Northwestern Medicine Bucktown 1776 Milwaukee Ave Chicago, IL 60647	Medical Office Building
<b>10</b> Bucktown North Ave Ofc 1913 W North Avenue Chicago, IL 60622	OUTPATIENT
<b>11</b> Northwestern Medicine Loop South Clark 20 S Clark Street STE 1100 Chicago, IL 60603	Medical Office Building
<b>12</b> Northwestern Medicine Washington 201 N Cummings Lane Washington, IL 61571	Medical Office Building
<b>13</b> Northwestern Medicine Chicago Ave 211 E Chicago Ave Chicago, IL 60611	Medical Office Building
<b>14</b> Streeterville CTR 233 E Erie Chicago, IL 60611	MOB

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>16</b> Northwestern Medicine Oak Brook 2425 W 22nd Street STE 203B Oak Brook, IL 60523	Medical Office Building
<b>1</b> Northwestern Med Prentice Women's Hosp 250 E Superior St Chicago, IL 60611	Hospital
<b>2</b> Robert H Lurie Comprehensive Cancer CTR 250 E Superior St STE 420 Chicago, IL 60611	Cancer Center
<b>3</b> Maggie Daley CTR for Women's Cancer Care 250 E Superior Street Fourth Floo Chicago, IL 60611	Cancer Center
<b>4</b> Northwestern Memorial Hospital-Feinberg 251 E Huron Street Chicago, IL 60611	Hospital
<b>5</b> Northwestern Memorial Hospital -Lavin FP 259 E Erie Street Chicago, IL 60611	Medical Office Building
<b>6</b> 2701 S Western Ave 2701 S Western Ave Chicago, IL 60608	MOB
<b>7</b> Lincoln Park Office 2835 N Sheffield Chicago, IL 60657	MOB
<b>8</b> River North Office 310 W Superior Chicago, IL 60610	MOB
<b>9</b> 321 N Clark Street 321 N Clark Street Chicago, IL 606545313	MOB
<b>10</b> Halsted Radiology 3245 N Halsted Chicago, IL 60657	MOB
<b>11</b> CNA Bldg 333 S Wabash Chicago, IL 60604	SUPPORT
<b>12</b> Northwestern Medicine Portage Indiana 3691 Willowcreek Road STE 100 Portage, IN 46368	Medical Office Building
<b>13</b> Northwestern Medicine River Forest 420 Thatcher Avenue River Forest, IL 60305	Medical Office Building
<b>14</b> Northwestern Medicine Laboratory Chicago 4255 W 63rd Street Chicago, IL 60629	Laboratory

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(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>31</b> Northwestern Memorial Hospital 446 E Ontario St Chicago, IL 60611	Medical Office Building
<b>1</b> Northwestern Medicine Sauganash 4801 W Peterson STE 406 Chicago, IL 60646	Medical Office Building
<b>2</b> Northwestern Medicine Moline 515 Valley View Drive Moline, IL 61265	Medical Office Building
<b>3</b> Northwestern Medicine River North 635 N Dearborn Street STE 100 Chicago, IL 60654	Medical Office Building
<b>4</b> Northwestern Medicine Immediate Care Riv 635 N Dearborn Street STE 100 Chicago, IL 60654	Urgent Care
<b>5</b> Northwestern Memorial Hospital (Galter) 675 N St Clair Street Chicago, IL 60611	Hospital
<b>6</b> Northwestern Memorial Hospital Arkes 676 N St Clair Street Chicago, IL 60611	Medical Office Building
<b>7</b> Northwestern Medicine Streeterville 680 N Lake Shore Drive STE 810 Chicago, IL 60611	Medical Office Building
<b>8</b> Northwestern Medicine Chicago N Michigan 737 N Michigan Avenue STE 700 Chicago, IL 60611	Medical Office Building
<b>9</b> Northwestern Medicine Chicago 750 N Lake Shore Drive Chicago, IL 60611	Medical Office Building
<b>10</b> 10024 Skokie Blvd 10024 Skokie Blvd STE 304 Skokie, IL 60077	MOB
<b>11</b> Northwestern Medicine Lake Forest Health 1200 N Westmoreland Lake Forest, IL 60045	Fitness Center
<b>12</b> Northwestern Medicine Grayslake 1275 E Belvidere Grayslake, IL 60030	Medical Office Building
<b>13</b> Northwestern Medicine Grayslake - OP 1475 E Belvidere Road Grayslake, IL 60030	Medical Office Building
<b>14</b> Northwestern Medicine Emergency CTR 1475 E Belvidere Road Grayslake, IL 60030	Urgent Care

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(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>46</b> Northwestern Medicine Cancer CTR 1475 East Belvidere Road Grayslake, IL 60030	Cancer Center
<b>1</b> Glenview Carillon Sq 1500 Waukegan Road Glenview, IL 60025	MOB
<b>2</b> 1632 W Central Road 1632 W Central Road Arlington Heights, IL 60005	MOB
<b>3</b> Northwestern Medicine Evanston 1704 Maple Avenue Evanston, IL 60021	Medical Office Building
<b>4</b> Northwestern Medicine Immediate Care 1704 Maple Avenue Evanston, IL 60021	Urgent Care
<b>5</b> Northwestern Medicine Laboratory Vernon 175 E Hawthorn Parkway Vernon Hills, IL 60061	Laboratory
<b>6</b> Highland Park ofc 1770 1st Avenue Highland Park, IL 60063	MOB
<b>7</b> Libertyville Hollister 1800 Hollister Drive Libertyville, IL 60048	MOB
<b>8</b> Libertyville Med Bldg 1900 USG Drive Libertyville, IL 60048	MOB
<b>9</b> LFH Bannockburn 2151 Waukegan Road Bannockburn, IL 60015	MOB
<b>10</b> Northwestern Medicine Gurnee 25 Tower Court Gurnee, IL 60031	Imaging
<b>11</b> Northwestern Medicine Glenview 2501 Compass Road Glenview, IL 60025	Medical Office Building
<b>12</b> Northwestern Medicine Glenview - OP 2701 Patriot Boulevard Glenview, IL 60026	Medical Office Building
<b>13</b> Northwestern Medicine Immediate Care 2701 Patriot Boulevard Glenview, IL 60026	Urgent Care
<b>14</b> Northwestern Medicine Lindenhurst Health 3098 Fallingwaters Boulevard Lindenhurst, IL 60046	Fitness Center



**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

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Name and address	Type of Facility (describe)
<b>61</b> Northwestern Medicine Deerfield 350 S Waukegan Deerfield, IL 60015	Medical Office Building
<b>1</b> Northwestern Medicine Immediate Care 350 S Waukegan Deerfield, IL 60015	Urgent Care
<b>2</b> Northwestern Medicine Gurnee 36100 N Brookside Gurnee, IL 60031	Medical Office Building
<b>3</b> 3633 W Lake Ave 3633 W Lake Ave Glenview, IL 60026	MOB
<b>4</b> Northwestern Medicine Highland Park 600 Central Avenue Highland Park, IL 60035	Medical Office Building
<b>5</b> Northwestern Medicine Lake Forest Hosp 660 N Westmoreland Lake Forest, IL 60045	Hospital
<b>6</b> LFH Womens CTR 660 N Westmoreland Lake Forest, IL 60045	MOB
<b>7</b> LFH Westmoreland Bldg 660 N Westmoreland Lake Forest, IL 60045	OUTPATIENT
<b>8</b> Northwestern Medicine Lake Forest Hosp 660 N Westmoreland Rd Lake Forest, IL 60045	Urgent Care
<b>9</b> Northwestern Medicine Lake Forest Hospit 700 N Westmoreland Lake Forest, IL 60045	Medical Office Building
<b>10</b> 740 N Waukegan Road 740 N Waukegan Road Deerfield, IL 60015	MOB
<b>11</b> Northwestern Medicine Lake Forest Hospit 800 N Westmoreland Lake Forest, IL 60045	Medical Office Building
<b>12</b> Gurnee Radiology CTR 83 Ambrogio Drive Gurnee, IL 60031	MOB
<b>13</b> Northwestern Medicine Vernon Hills 870 N Milwaukee Vernon Hills, IL 60061	Medical Office Building
<b>14</b> Northwestern Medicine Immediate Care 870 N Milwaukee Vernon Hills, IL 60061	Urgent Care

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>76</b> Vernon Hills Med Bldg 870 West End Ct Vernon Hills, IL 60061	MOB
<b>1</b> Northwestern Medicine Arlington Heights 880 W Central Road Arlington Heights, IL 60005	Medical Office Building
<b>2</b> Northwestern Medicine Lake Forest Hosp 900 N Westmoreland Lake Forest, IL 60045	Medical Office Building
<b>3</b> 9555 Gross Point Road 9555 Gross Point Road Skokie, IL 60076	MOB
<b>4</b> Community Alliance 1 Merchants Plaza 2nd FL Oswego, IL 60543	MOB
<b>5</b> Northwestern Medicine Naperville 101 E 75th Street Naperville, IL 60563	Medical Office Building
<b>6</b> Northwestern Medicine Lisle 1019 School Street Lisle, IL 60532	Medical Office Building
<b>7</b> Northwestern Medicine Batavia 1049 E Wilson Street Batavia, IL 60510	Medical Office Building
<b>8</b> Elmhurst Memorial Hosp 1200 York Road Elmhurst, IL 60126	MOB
<b>9</b> Northwestern Medicine HealthLab 1311 N Arlington Ave Indianapolis, IN 46219	HealthLab - Draw Station
<b>10</b> Oak Brook Regency 1415 West 22nd Street STE 750E Oakbrook, IL 60523	MOB
<b>11</b> CPG Rheumatology 1425 N McLean Blvd Suite 400 Elgin, IL 60123	MOB
<b>12</b> Northwestern Medicine Elgin 1600 North Randall Road Elgin, IL 60123	Medical Office Building
<b>13</b> Wheaton Med MOB 1800 N Main St Wheaton, IL 60187	MOB
<b>14</b> Northwestern Medicine Sycamore 1830 Mediterranean Drive Sycamore, IL 60178	Medical Office Building

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How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>91</b> Northwestern Medicine New Lenox 1890 Silver Cross Boulevard New Lenox, IL 60451	Medical Office Building
<b>1</b> Northwestern Medicine Wheaton 2001 Gary Avenue Wheaton, IL 60187	Medical Office Building
<b>2</b> Northwestern Medicine Wheaton 2001 Weisbrook Road Wheaton, IL 60187	Medical Office Building
<b>3</b> Northwestern Medicine Bloomingdale 235 S Gary Avenue Bloomingdale, IL 60108	Medical Office Building
<b>4</b> Northwestern Medicine Convenient Care 235 S Gary Avenue Bloomingdale, IL 60108	Urgent Care
<b>5</b> Prairie Medical CTR 2434 S Wolf Rd Westchester, IL 60154	MOB
<b>6</b> Northwestern Medicine Bloomingdale 245 S Gary Ave Bloomingdale, IL 60108	Medical Office Building
<b>7</b> Northwetsern Medicine Central DuPage 25 N Winfield Road Winfield, IL 60190	Hospital
<b>8</b> Northwestern Medicine Aurora 2635 Church Road Aurora, IL 60502	Medical Office Building
<b>9</b> Northwestern Medicine Convenient Care 2635 Church Road Aurora, IL 60502	Urgent Care
<b>10</b> Northwestern Medicine Warrenville 27650 Ferry Road Warrenville, IL 60555	Medical Office Building
<b>11</b> Behavioral Health Bldg 27W350 High Lake Rd Winfield, IL 60190	BEHAVIORAL
<b>12</b> Cantera Medical Bldg 28375 Davis Pkwy Warrenville, IL 60555	MOB
<b>13</b> Bloomindale Springfield 290 Springfield Drive Bloomingdale, IL 60108	MOB
<b>14</b> Northwestern Medicine St Charles 2900 Foxfield Drive St Charles, IL 60174	Medical Office Building

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>106</b> Northwestern Medicine Convenient Care St 2900 Foxfield Drive St Charles, IL 60174	Urgent Care
<b>1</b> Northwestern Medicine Delnor Health 296 Randall Road Geneva, IL 60134	Fitness Center
<b>2</b> Northwestern Medicine Delnor Hospital 300 Randall Road Geneva, IL 60134	Hospital
<b>3</b> Delnor 302 MOB 302 Randall Rd Geneva, IL 60134	MOB
<b>4</b> Northwestern Medicine Delnor Hospital 304 Randall Road Geneva, IL 60134	Cancer Center
<b>5</b> Twin Dialysis Building 306 Randall Rd Geneva, IL 60134	OUTPATIENT
<b>6</b> Northwestern Medicine Delnor Hospital 308 Randall Road Geneva, IL 60134	Medical Office Building
<b>7</b> Northwestern Medicine HealthLab Highland 3100 45th Street Highland, IN 46322	HealthLab - Draw Station
<b>8</b> Wheaton Office CTR 311 South County Farm Rd Wheaton, IL 60187	MOB
<b>9</b> 333 Chestnut Street 333 Chestnut Street Hinsdale, IL 60521	MOB
<b>10</b> Delnor 345 MOB 345 Randall Rd Geneva, IL 60134	MOB
<b>11</b> Delnor 351 MOB 351 Delnor Rd Geneva, IL 60134	MOB
<b>12</b> Northwestern Medicine HealthLab Buffalo 355 W Dundee Road STE 110B Buffalo Grove, IL 60089	HealthLab - Draw Station
<b>13</b> Batavia house 3S105 Wagner Rd Batavia, IL 60510	BEHAVIORAL
<b>14</b> Northwestern Medicine Sugar Grove 414 Division Street Sugar Grove, IL 60554	Medical Office Building

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>121</b> Northwestern Medicine Cancer CTR Warrenv 4405 Weaver Parkway Warrenville, IL 60555	Cancer Center
<b>1</b> LivingWell Cancer Resource CTR 442 Williamsburg Avenue Geneva, IL 60134	Cancer Center
<b>2</b> Northwestern Medicine Glen Ellyn 444 Park Boulevard Glen Ellyn, IL 60137	Medical Office Building
<b>3</b> Northwestern Medicine Chicago Proton CTR 4455 Weaver Parkway Warrenville, IL 60555	Cancer Center
<b>4</b> Northwetsern Medicine Bloomingdale 455 Scott Drive Bloomingdale, IL 60108	Medical Office Building
<b>5</b> Northwestern Medicine HealthLab Blooming 471 W Army Trail Road STE 104 Bloomingdale, IL 60108	HealthLab - Draw Station
<b>6</b> Northwestern Medicine Bloomingdale W Ar 471 W Army Trail Road Bloomingdale, IL 60108	Medical Office Building
<b>7</b> Northwestern Medicine DeKalb 5 Kish Hospital Drive DeKalb, IL 60115	Medical Office Building
<b>8</b> Winfield Town CTR 50 Winfield Rd Winfield, IL 60190	MOB
<b>9</b> Northwestern Medicine Carol Stream 501 Thornhill Drive Carol Stream, IL 60188	Medical Office Building
<b>10</b> Yorkville 502 Center Parkway Yorkville, IL 60560	MOB
<b>11</b> Northwestern Medicine Carol Stream 515 Thornhill Drive Carol Stream, IL 60188	Medical Office Building
<b>12</b> Northwestern Medicine South Elgin 552 Randall Road South Elgin, IL 60177	Medical Office Building
<b>13</b> Northwestern Medicine Naperville 636 Raymond Drive Naperville, IL 60563	Medical Office Building
<b>14</b> Northwestern Medicine Convenient Care 636 Raymond Drive Naperville, IL 60563	Urgent Care

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>136</b> Northwestern Medicine HealthLab Crown PT 6625 Lincoln Highway Crown Point, IN 46307	HealthLab - Draw Station
<b>1</b> Northwestern Medicine Wheaton 7 Blanchard Circle Wheaton, IL 60187	Medical Office Building
<b>2</b> Northwestern Medicine Convenient Care 7 Blanchard Circle Wheaton, IL 60187	Urgent Care
<b>3</b> Batavia- Express Care 811 North Randall Rd Batavia, IL 60510	MOB
<b>4</b> Northwestern Medicine Bartlett 820 S Rt 59 Bartlett, IL 60103	Medical Office Building
<b>5</b> Northwestern Medicine Convenient Care 820 S Rt 59 Bartlett, IL 60103	Urgent Care
<b>6</b> Medical Plaza of Porter 85 East HU Hwy 6 STE 330 Valparaiso, IN 46383	MOB
<b>7</b> Northwestern Medicine Glen Ellyn 875 Roosevelt Road Glen Ellyn, IL 60137	Medical Office Building
<b>8</b> Northwestern Medicine Glen Ellyn 885 Roosevelt Road Glen Ellyn, IL 60137	Medical Office Building
<b>9</b> Northwestern Medicine Convenient Care 885 Roosevelt Road Glen Ellyn, IL 60137	Urgent Care
<b>10</b> Elburn MOB 905 N First St Elburn, IL 60119	MOB
<b>11</b> Northwestern Medicine St Charles 964 N 5th Avenue St Charles, IL 60174	Medical Office Building
<b>12</b> Delnor Glen Senior Living 975 N 5th Ave St Charles, IL 60174	SENIOR
<b>13</b> Stratford North Outlook 235 S Gary Ave Bloomington, IL 60108	MOB
<b>14</b> KishHealth System Physical Therapy CTR - 1 E County Line Road Sandwich, IL 60548	Medical Office Building

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>151</b> Northwestern Medicine Kishwaukee Hosp 1 Kish Hospital Drive DeKalb, IL 60115	Hospital
<b>1</b> KishHealth System Cancer CTR DeKalb 10 Health Services Drive DeKalb, IL 60115	Cancer Center
<b>2</b> KishHealth System - Ben Gordon CTR 100 S Latham Street STE 204 Sandwich, IL 60548	Medical Office Building
<b>3</b> KishHealth System Physician Group 10003 US Rt 30 Waterman, IL 60556	Medical Office Building
<b>4</b> Northwestern Medicine Valley West Hosp 11 E Pleasant Drive Sandwich, IL 60548	Hospital
<b>5</b> BHS Ben Gordon Cental Ofc 12 Health Services Dr DeKalb, IL 60115	BEHAVIORAL
<b>6</b> KishHealth System Physician Group 1209 Starfire Drive Unit 2 Ottawa, IL 61350	Medical Office Building
<b>7</b> KishHealth System Physician Group -Plano 12700 US Highway 34 Plano, IL 60545	Medical Office Building
<b>8</b> KishHealth System Cancer CTR Sandwich 1310 North Main Street STE 201 Sandwich, IL 60548	Cancer Center
<b>9</b> KishHealth System Cancer CTR Aurora 1315 N Highland Ave STE 201 Aurora, IL 60506	Cancer Center
<b>10</b> Plank Road Clinic 165 E Plank Rd Sycamore, IL 60178	MOB
<b>11</b> KishHealth System Physician Group 1850 Gateway Drive Sycamore, IL 60178	Medical Office Building
<b>12</b> KishHealth System Physician Group 1850 Gateway Drive Sycamore, IL 60178	Urgent Care
<b>13</b> KishHealth System Physical Therapy CTR 2111 Midlands Court Sycamore, IL 60178	Medical Office Building
<b>14</b> KishHealth System CTR for Family Health 21193 Malta Road Malta, IL 60150	Medical Office Building

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
<b>166</b> Midlands Surgical CTR 2120 Midlands Court Sycamore,IL 60178	OUTPATIENT
<b>1</b> BHS Discovery House 220 College Ave DeKalb,IL 60115	BEHAVIORAL
<b>2</b> KishHealth System Physician Group 224 E Railroad Street Sandwich,IL 60548	Medical Office Building
<b>3</b> KishHealth System HospiceHomecareEMS 2727 Sycamore Road DeKalb,IL 60115	Medical Office Building
<b>4</b> KishHealth System Physical Therapy CTR 3875 Edlmain Road Plano,IL 60545	Medical Office Building
<b>5</b> KishHealth System Physician Group - Peru 4040 Progress Boulevard Peru,IL 61354	Medical Office Building
<b>6</b> KishHealth System Physician Group 450 Coronado Drive Rochelle,IL 61068	Medical Office Building
<b>7</b> KishHealth System Cancer CTR 450 Coronado Drive Rochelle,IL 61068	Cancer Center
<b>8</b> KishHealth System Physician Group 599 Pearson Drive Genoa,IL 60135	Medical Office Building
<b>9</b> KishHealth System - Ben Gordon CTR 631 S 1st Street DeKalb,IL 60115	Medical Office Building
<b>10</b> KishHealth System Behavior Health Svcs 760 Foxpointe Drive Sycamore,IL 60178	Medical Office Building
<b>11</b> KishHealth System Physician Group Prof 8 Health Services Drive DeKalb,IL 60115	Medical Office Building
<b>12</b> KishHealth System Physical Therapy CTR - 895 S State Street Hampshire,IL 60140	Medical Office Building
<b>13</b> Marianjoy at Park Pl Health & Wellness 1150 S Euclid Avenue Elmhurst,IL 60126	Medical Office Building
<b>14</b> Marianjoy at Victorian Village 12525 Renaissance Circle Homer Glen,IL 60491	Medical Office Building



**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
<b>181</b> Marianjoy at Providence Healthcare 13259 S Central Avenue Palos Heights, IL 60464	Medical Office Building
<b>1</b> Marianjoy Physical Therapy & Outpatient 17W682 Butterfield Road Oakbrook Terrace, IL 60181	Medical Office Building
<b>2</b> Marianjoy at Rush Copley Medical CTR 2020 W Ogden Avenue STE 365 Aurora, IL 60504	Medical Office Building
<b>3</b> Marianjoy at Loyola University Medical 2160 S 1st Ave Maywood, IL 60153	Medical Office Building
<b>4</b> Marianjoy Outpt bldg 26W171 Roosevelt Rd Wheaton, IL 60187	OUTPATIENT
<b>5</b> Marianjoy Rehab Hospital 26W171 Roosevelt Rd Wheaton, IL 60187	Hospital
<b>6</b> Elmhurst Orthopedics 300 W Butterfield Rd Elmhurst, IL 60126	MOB
<b>7</b> Marianjoy at Providence Healthcare 3450 Saratoga Avenue Downers Grove, IL 60515	Medical Office Building
<b>8</b> Marianjoy at RUSH Oak Park Hospital 520 S Maple Oak Park, IL 60304	Medical Office Building
<b>9</b> Marianjoy at RUSH Medical Offc Building 610 S Maple STE 3420 Oak Park, IL 60304	Medical Office Building
<b>10</b> 7411 Lake Street STE 2210 7411 Lake Street River Forest, IL 60305	MOB

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number 36-4724966

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 63
3 Enter total number of other organizations listed in the line 1 table. 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Employee Crisis assistance	131	208,880		FMV	
(2) WR930	6	13,000			
(3) MARIANJOY	24	30,000			
(4) NM200	6	4,000			
(5) KISH	24	25,000			
(6) VALLEY WEST HOSPITAL	5	14,000			
(7) KISH FOUNDATION	23	5,880			

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

Return Reference	Explanation
Monitoring use of Grant funds	<p>THE MAJORITY OF THE GRANTS FROM THE NORTHWESTERN MEMORIAL HEALTHCARE GROUP ARE ADMINISTERED THROUGH NORTHWESTERN MEMORIAL FOUNDATION ("NMF") NMF MAINTAINS DETAILED RECORDS AND INTERNAL CONTROL PROCEDURES TO ENSURE GRANT RECIPIENTS ARE QUALIFIED, AWARD AMOUNTS ARE DOCUMENTED AND SELECTION CRITERIA ARE CLEAR ONCE A GRANT HAS BEEN AWARDED, NMF INITIATES A WRITTEN AGREEMENT WITH THE GRANT RECIPIENT THAT INCORPORATES A BUDGET AND TIME PERIOD FOR SPENDING THE GRANT DOLLARS REASONABLE DIRECT COSTS, SUPPORTED BY DIRECT BUDGET JUSTIFICATION AND RELATED TO THE PROJECT'S PURPOSE, ARE ALLOWABLE RECIPIENTS AGREE TO ABIDE BY THE BUDGET AND ALL RELEVANT POLICIES IN EFFECT AT NORTHWESTERN MEMORIAL HEALTHCARE GRANT EXPENDITURES ARE MONITORED FOR COMPLIANCE WITH THEIR RESPECTIVE AGREEMENTS, AT LEAST ONCE A YEAR TO ENSURE THAT BUDGETS ARE FOLLOWED AND EXPENSES ARE APPROPRIATE AT THE END OF EACH BUDGET PERIOD, NMF REQUIRES THE GRANT RECIPIENT TO SUBMIT A WRITTEN NARRATIVE AND FINANCIAL REPORT OUTLINING PROJECT ACCOMPLISHMENTS AND HOW THE GRANT DOLLARS WERE EXPENDED UNEXPENDED FUNDS ARE RETURNED TO NMF GRANTS PROVIDED BY NORTHWESTERN MEMORIAL HOSPITAL AND NORTHWESTERN LAKE FOREST HOSPITAL TO OTHER QUALIFYING TAX-EXEMPT ORGANIZATIONS ARE SUPPORTED BY A GRANT AGREEMENT THAT DEFINES ANY RESTRICTIONS ASSOCIATED WITH THE GRANT AND ANY RELATED REPORTING REQUIREMENTS THE GUIDING PHILOSOPHY OF CDH-DELNOR HEALTH SYSTEM'S CHARITABLE GRANT ACTIVITY IS TO NOT ONLY CONTRIBUTE OUR OWN RESOURCES, BUT TO ACTIVELY ENGAGE PARTNERS TO ASSESS, PLAN FOR AND MEET COMMUNITY HEALTH AND MEDICAL NEEDS CDH-DELNOR HEALTH SYSTEM WORKS VERY CLOSELY WITH ITS PARTNERS IN THE PROGRAMS THAT ARE SUPPORTED, IN PART, BY CDH-DELNOR HEALTH SYSTEM MONITORING THE USE OF GRANT FUNDS IS ACHIEVED THROUGH VARIOUS MEANS, INCLUDING ACTIVE PARTICIPATION IN PROGRAM IMPLEMENTATION, WRITTEN CONTRIBUTION AGREEMENTS, PERFORMANCE REPORTS AND BOARD PARTICIPATION IN SOME INSTANCES</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-4724966  
**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Northwestern University 750 N Lake Shore Dr Chicago, IL 60611	36-2167817	501(c)(3)	10,380,440				Academic support
EVERGREEN INVITATIONAL NFP 111 S Wacker Chicago, IL 60606	20-5270159	501(c)3	8,600				Community support
Community Health 2611 W Chicago Ave Chicago, IL 60622	36-3831793	501(c)3	114,430				Access to healthcare for low income

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wings Program Inc PO Box 95615 Palatine, IL 60095	36-3456061	501(c)3	8,650				Services to victims of domestic violence
Chicagoland Chamber of Commerce 410 N Michigan Ave Chicago, IL 60611	36-0896000	501(c)6	6,000				Community support
WEST HUMBOLT PARK DEVEL COUNCIL 3620 W Chicago Ave Chicago, IL 60651	36-3807011	501(c)3	107,417				Support community health and education

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
World Business Chicago 177 N State St Chicago, IL 60601	36-4313685	501(c)3	8,800				Support local economic growth
CEASEFIRE CHICAGO co U of IL at Ch 1603 Taylor St Chicago, IL 60612	37-6006007	501(c)3	100,000				Youth Violence prevention
CHICAGO CARES INC 2 N Riverside Plz Chicago, IL 60606	36-3777709	501(c)3	25,000				Community support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIGESTIVE HEALTH FOUNDATION 251 E Huron St Chicago, IL 60611	47-4178944	501(c)3	5,620				Support medical research and health awareness
LYNN SAGE CANCER RESEARCH FOUNDATION 141 W Jackson Blvd Chicago, IL 60604	30-0176955	501(c)3	6,068				Support medical research and health awareness
Near North Health Services Corp 1276 N Clybourn Ave Chicago, IL 60610	36-3197647	501(c)3	315,000				Community health

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Erie HealthReach 1701 W Superior St Chicago, IL 60622	36-3088628	501(c)3	920,000				Access to healthcare for low income
Bright Star Community Outreach Co 4518 S Cottage Grove Ave Chicago, IL 60653	26-2007088	501(c)3	15,000				Youth Violence prevention
WOMENS BOARD OF NMH 250 E Superior St Chicago, IL 60611	36-4204300	501(c)3	9,000				Community support



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEARS CARE 1920 Football Dr Lake Forest, IL 60045	20-3902715	501(c)3	5,250				Support medical research and health awareness
United Way of Metropolitan Chicago 333 S Wabash Ave Chicago, IL 60604	30-0200478	501(c)3	75,000				Community support
YMCA OF METROPOLITAN CHICAGO 824 N Hamlin Chicago, IL 60651	36-2179782	501(c)3	22,500				Support community health and education

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ann & Robert H Lurie Children 225 E Chicago Ave Chicago, IL 60611	36-2170833	501(c)3	14,028				Health and well-being of children
FOX VALLEY FOOD FOR HEALTH INC PO Box 532 Geneva, IL 60134	46-0961627	501(c)3	10,000				Support healthy eating education for youth
COMMUNITY FOUNDATION OF THE FOX RIV VALLEY 111 W Downer Pl Aurora, IL 60506	36-6086742	501(c)3	32,500				Support community education

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRI CITY HEALTH PARTNERSHIP INC 318 Walnut St St Charles, IL 60174	36-4475369	501(c)3	70,000				Healthcare for un- or underinsured
Village of Winfield 27W465 Jewell Rd Winfield, IL 60190	36-6009519	Government	4,370,456				Community support
Winfield Fire Protection District 27W560 High Lake Rd Winfield, IL 60190	36-6163584	Government	200,000				Community safety

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DuPage Coalition (Access DuPage) 511 Thornhill Dr Carol Stream, IL 60188	36-4448208	501(c)3	239,660				Access to healthcare for low income
Community Unit School District 200 130 W Park Ave Wheaton, IL 60189	36-2739066	Government	6,000				Student Health and safety
Hospital Sisters Mission Outreach PO Box 1665 Springfield, IL 62705	35-2271729	501(c)3	6,886				Medical assistance for the underserved

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Knights of Columbus 0S233 Church St Winfield, IL 60190	36-3180409	501(c)3	10,000				Community support
Special Camps for Special Citizens 26W684 Lindsey Winfield, IL 60190	36-4002804	501(c)3	8,000				Recreational program support
Rom Cath Dioc of Joliet-St John Baptist 0S259 Church St Winfield, IL 60190	36-2167849	501(c)3	7,500				Community support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Winfield in Action 0S623 Jefferson St Winfield, IL 60190	23-7359257	501(c)3	10,000				Recreational program support
Winfield Park District 0N020 County Farm Rd Winfield, IL 60190	36-3303703	Government	17,000				Community health
Winfield Public Schools 0S15 Winfield Rd Winfield, IL 60190	36-6004497	Government	53,380				Student Health and safety

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DuPage PADS 601 W Liberty Wheaton, IL 60187	36-3675494	501(c)3	13,000				Recuperation program for homelessness
NAMI DuPage 115 N County Farm Rd Wheaton, IL 60187	36-3412057	501(c)3	110,000				Support for mental health programs
West Chicago Park District 157 W Washington St West Chicago, IL 60185	36-2762236	Government	6,490				Recreational program support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TriCity Family Services 1120Randall Ct Geneva,IL 60134	23-7310008	501(c)3	15,000				Mental health program for low income
Northern Illinois Food Bank 273 Dearborn Geneva,IL 60134	36-3203648	501(c)3	9,000				Community health
Senior Services Associates Inc 101 S Grove Ave Elgin,IL 60120	36-2775102	501(c)3	10,000				Social services for seniors



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
St Charles Park District 213 Walnut St St Charles, IL 60174	36-6006441	Government	8,815				Recreational program support
VNA Healthcare 400 N Highland Ave Aurora, IL 60506	36-2182095	501(c)3	13,080				Healthcare support
DeKalb County Youth Services Bureau 330 Grove St DeKalb, IL 60115	36-3034427	501(c)3	7,500				Behavioral health for area youth

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DeKalb Chamber of Commerce 164 E Lincoln Hwy DeKalb, IL 60115	36-0981630	501(c)6	7,000				Support DeKalb area business
American Cancer Society 143 First St Batavia, IL 60510	12-1788491	501(c)3	12,500				Support Relay for Life event
CASA - DeKalb County 407 W State St Sycamore, IL 60178	36-3903898	501(c)3	10,000				Welfare and well-being of abused and neglected chi

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Opportunity House 202 Lucas St Sycamore, IL 60178	36-2476231	501(c)3	105,000				Housing/employment/social services for adults with
Family Service Agency of DeKalb County 14 Health Services Dr DeKalb, IL 60115	36-2360012	501(c)3	25,000				Support individuals and families in DeKalb Co (cou
Kishwaukee College Foundation 21193 Malta Rd Malta, IL 60150	23-7433949	501(c)3	168,910				Support community education

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DeKalb County Economic Development Corp 421 N California St Sycamore, IL 60178	36-3524353	501(c)3	12,500				Support DeKalb economic development
Kishwaukee Family YMCA 2500 W Bethany Rd Sycamore, IL 60178	36-2379643	501(c)3	25,000				Support programs for cancer and cardiovascular hea
Adventure Works of DeKalb County 2500 N Annie Glidden Rd DeKalb, IL 60115	27-1897885	501(c)3	12,500				Youth with disabilities

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Kishwaukee United Way PO Box 311 DeKalb, IL 60115	36-6158489	501(c)3	10,000				Support local organizations through the United Way
Sycamore Park District 940 E State St Sycamore, IL 60178	36-6006122	Government	5,500				Support park district programs
Illinois Hospital Research Foundation 1151 E Warrenville Rd Naperville, IL 60566	23-7421930	501(c)3	17,250				Support community health

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sandwich Park District 1001 N Latham Rd Sandwich, IL 60548	36-2646087	Government	10,000				Support for park district programs
Fox Valley Older Adult Services 1406 Suydam Rd Sandwich, IL 60548	36-2738669	501(c)3	13,000				Programs for seniors in the community
Fox Valley YMCA 3875 Eldamain Rd Plano, IL 60545	36-3028169	501(c)3	13,000				Programs to promote healthy lifestyle

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Cancer Society 143 First St Batavia, IL 60510	12-1788491	501(c)3	12,500				Support Relay for Life event
COLLEGE OF DUPAGE 425 Fawell Blvd Glen Ellyn, IL 60137	36-2594972	501(c)3	25,000				Healthcare Instructional Support
SPECTRIOS INSTITUTE 219 E Cole Ave Wheaton, IL 60187	36-3083157	501(c)3	55,290				Pediatric Vision Outreach

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY SHELTER SERVICE 605 E Roosevelt Rd Wheaton, IL 60187	36-2883552	501(c)3	7,500				Support for victims of domestic violence
MARCH OF DIMES FOUNDATION 111 W Jackson Blvd Chicago, IL 60604	13-1846366	501(c)3	10,000				Infant Health
RONALD McDONALD HOUSE CHARITIES 1301 W 22nd St Oak Brook, IL 60523	36-3532553	501(c)3	21,633				Care for families of children with complex medical



**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.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization NORTHWESTERN MEMORIAL HEALTHCARE GROUP	Employer identification number 36-4724966
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in 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	Yes	
<b>2</b> 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 in line 1a?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:  <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Yes	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:  <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	Yes	No
<b>6</b> 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:  <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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 1, LINE 1A - HEALTH AND SOCIAL CLUBS	HEALTH CLUB DUES EMPLOYEES OF NORTHWESTERN LAKE FOREST HOSPITAL ARE OFFERED DISCOUNTED HEALTH AND FITNESS CLUB DUES AT LAKE FOREST HEALTH AND FITNESS INSTITUTE THE AMOUNT OF THE DISCOUNT IS TREATED AS TAXABLE INCOME FOR EACH OF THE EMPLOYEES MATTHEW J FLYNN, MICHAEL G ANKIN, MD, AND DENISE MAJESKI RECEIVED THIS BENEFIT COUNTRY CLUB DUES COUNTRY CLUB DUES WERE REIMBURSED FOR CERTAIN KISHWAUKEE HEALTH EMPLOYEES THIS AMOUNT IS TREATED AS TAXABLE INCOME FOR EACH OF THESE EMPLOYEES BRAD COPPLE AND KEVIN POORTEN RECEIVED THIS BENEFIT
PART 1, LINE 4A - SEVERENCE AND CHANGE OF CONTROL PAYMENT	SEVERANCE PAYMENTS THE FOLLOWING PERSONS RECEIVED SEVERENCE PAYMENTS JUSTIN A JOHNSON \$141,300, RICHARD J GANNOTTA \$197,955, ANDREW PALUMBO \$45,375, AND NORMAN BOTSFORD \$580,700 CHANGE OF CONTROL PAYMENT THE FOLLOWING INDIVIDUALS HAD CHANGE OF CONTROL PROVISIONS IN THEIR EMPLOYMENT AGREEMENTS THESE WERE TRIGGERED UPON THE ORGANIZATIONS AFFILIATION AND ARE BASED UPON A MULTIPLE OF THEIR SALARY AT THE TIME OF CHANGE THE PAYMENTS WERE PAYABLE OVER THREE YEARS 2014, 2015, AND 2016 THE AMOUNTS RECEIVED FOR 2015 ARE BRIAN LEMON \$189,844, MAUREEN BRYANT \$142,383, JAMES G GIBLIN \$180,352 AND DANIEL F KINSELLA \$142,383
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THERE ARE TWO DIFFERENT NONQUALIFIED DEFERRED COMPENSATION PLANS SPONSORED BY NORTHWESTERN MEMORIAL HEALTHCARE, WHICH PROVIDE SUPPLEMENTAL, COMPETITIVE RETIREMENT BENEFITS THE EMPLOYER PAYS THE COST OF PARTICIPATION, AND THE BENEFITS AND CONTRIBUTIONS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE BASED ON THE COMPLETION OF SUBSTANTIAL SERVICE REQUIREMENTS THE AMOUNTS EARNED BY PARTICIPANTS FLUCTUATE FROM YEAR TO YEAR BASED ON A VARIETY OF FACTORS INCLUDING CHANGES IN MARKET INTEREST RATES PLAN A JULIA L CREAMER IS VESTED IN A NON-QUALIFIED RETIREMENT PLAN AS SUCH, ANY CONTRIBUTIONS ARE TAXED CURRENTLY AND THERE IS NO DEFERRED COMPONENT THE CURRENT YEAR CONTRIBUTION AMOUNT IS \$509,177 DEAN M HARRISON IS VESTED IN A NON-QUALIFIED RETIREMENT PLAN AS SUCH, ANY CONTRIBUTIONS ARE TAXED CURRENTLY AND THERE IS NO DEFERRED COMPONENT THE CURRENT YEAR CONTRIBUTION AMOUNT IS \$1,282,219 DEAN L MANHEIMER IS VESTED IN A NON-QUALIFIED RETIREMENT PLAN AS SUCH, ANY CONTRIBUTIONS ARE TAXED CURRENTLY AND THERE IS NO DEFERRED COMPONENT THE CURRENT YEAR CONTRIBUTION AMOUNT IS \$345,870 PETER MCCANNA IN THE CURRENT YEAR ACCRUED DEFERRED COMPENSATION OF \$1,391,834 RELATED TO A SUPPLEMENTAL NON-QUALIFIED PLAN THIS AMOUNT IS NOT YET VESTED OR PAID PLAN B THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2 JULIA L CREAMER \$29,819, DANIEL M DERMAN, MD \$45,563, STEPHEN C FALK \$40,983, DEAN M HARRISON \$175,485, DEAN L MANHEIMER \$27,401, AND DOUGLAS YOUNG \$32,222 THE FOLLOWING EMPLOYEES ARE NOT VESTED IN THE PLAN JAMES DECHENE \$103,512, MATTHEW J FLYNN \$34,080, RICHARD J GANNOTTA \$122,712 THOMAS J MCAFEE \$99,672, PETER MCCANNA \$138,840, JOHN A ORSINI \$118,200, ELIZABETH ROSENBERG \$88,200, AND MICHAEL VIVODA \$184,200
PART I, LINE 5A - CONTINGENT COMPENSATION	CERTAIN LISTED INDIVIDUALS ARE EMPLOYED AS PHYSICIANS THE COMPENSATION LISTED IN SCHEDULE J IS PROVIDED SOLELY IN CONNECTION WITH THEIR EMPLOYMENT AS PHYSICIANS, AND IS IN PART BASED ON REVENUES ASSOCIATED WITH THEIR PERSONALLY PERFORMED SERVICES THE COMPENSATION LISTED IS FOR THE CLINICAL AND ADMINISTRATIVE SERVICES PROVIDED WITHIN THE NORTHWESTERN MEMORIAL HEALTHCARE GROUP THE MAJORITY OF THESE PHYSICIANS ARE ALSO COMPENSATED BY AN UNRELATED ORGANIZATION (NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE) THROUGH A COMMON PAYMASTER FOR THEIR ACADEMIC AND RESEARCH EFFORTS THE COMPENSATION LISTED IN SCHEDULE J DOES NOT INCLUDE ACADEMIC AND RESEARCH COMPENSATION FROM THE UNRELATED ORGANIZATION
PART 1, LINE 7 - NON FIXED PAYMENTS	THE BONUS AND INCENTIVE COMPENSATION AMOUNTS LISTED IN COLUMN (B)(II) FOR ALL LISTED INDIVIDUALS WERE NONFIXED AMOUNTS INCENTIVE COMPENSATION AMOUNTS ARE AT RISK AND ARE NOT PAID UNLESS THERE IS EXCEPTIONAL INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE IN ACCORDANCE WITH SUBSTANTIAL PRE-APPROVED GOALS THE INCENTIVE COMPENSATION LISTED FOR CERTAIN PHYSICIANS IS FOR PERSONAL PROFESSIONAL PRODUCTIVITY AND FOR PERFORMANCE IN IMPROVING THE QUALITY OF PATIENT CARE

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-4724966  
**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABRAHAM A CHACKO fmr PRACT ADM, EX-OFF KPG	(i)	121,525	0	26,749	8,657	16,332	173,263	0
	(ii)	0	0	0	0	0	0	0
1 AMY S PALLER MD DIRECTOR NMG	(i)	234,494	124,623	21,631	29,973	28,924	439,645	0
	(ii)	0	0	0	0	0	0	0
2 ANDREW PALUMBO FMR DIRECTOR	(i)	275,619	323,438	366,783	12,139	32,922	1,010,901	0
	(ii)	0	0	0	0	0	0	0
3 ANTHONY J SCHAEFFER MD FMR DIRECTOR NMG	(i)	283,511	0	22,859	28,079	20,346	354,795	0
	(ii)	0	0	0	0	0	0	0
4 AZEEM S HALEEM MD DIRECTOR KPG	(i)	320,041	78,243	66,810	15,642	25,163	505,899	0
	(ii)	0	0	0	0	0	0	0
5 BRAD COPPLE FMR PRESIDENT KISH	(i)	226,926	106,625	195,168	15,663	25,163	569,545	0
	(ii)	0	0	0	0	0	0	0
6 BRETT D TANDE SEC TRE/DIR CDPG/CASC	(i)	298,730	156,672	289,266	14,280	25,713	784,661	0
	(ii)	0	0	0	0	0	0	0
7 BRIAN LEMON PRESIDENT NMWR	(i)	453,926	612,775	235,579	18,551	38,470	1,359,301	0
	(ii)	0	0	0	0	0	0	0
8 BRIAN WALSH FMR CFO/DIRECTOR	(i)	292,532	107,895	64,744	15,900	27,953	509,024	0
	(ii)	0	0	0	0	0	0	0
9 CARL CHRISTENSEN FMR CIO/DIRECTOR	(i)	377,922	141,334	44,975	15,900	19,199	599,330	0
	(ii)	0	0	0	0	0	0	0
10 DANA E PROUSIS FMR VP/CORP SEC NMS/NMG	(i)	419,124	189,867	78,618	15,900	11,328	714,837	0
	(ii)	0	0	0	0	0	0	0
11 DANIEL F KINSELLA FMR KEY EMPLOYEE	(i)	336,464	455,883	177,368	18,765	31,591	1,020,071	0
	(ii)	0	0	0	0	0	0	0
12 DANIEL M DERMAN MD DIRECTOR NMG/NMHC	(i)	397,949	214,635	126,594	95,314	17,704	852,196	61,500
	(ii)	0	0	0	0	0	0	0
13 DAVID C HENSLEY FMR PRESIDENT	(i)	203,111	109,038	188,104	11,076	30,294	541,623	0
	(ii)	0	0	0	0	0	0	0
14 DAVID M MAHVI TERM F16 DIRECTOR/PRESIDENT NMS/NMG	(i)	502,326	0	133,250	31,800	28,059	695,435	0
	(ii)	0	0	0	0	0	0	0
15 DAVID PROULX FMR ASST VP OPERATIONS KISH	(i)	113,204	39,614	153,950	12,902	23,355	343,025	0
	(ii)	0	0	0	0	0	0	0
16 DEAN L MANHEIMER FMR SR VP - HUMAN RESOURCES	(i)	443,462	264,675	414,851	32,304	27,535	1,182,827	91,300
	(ii)	0	0	0	0	0	0	0
17 DEAN M HARRISON NMWR/LFHMGN DIR/PRE/CEO NMHC/NMF/MJ/NMS	(i)	1,301,487	1,524,628	1,412,409	15,900	24,050	4,278,474	358,900
	(ii)	0	0	0	0	0	0	0
18 DEBRA O'DONNELL SR VP - CHIEF OF NURSING	(i)	306,441	341,591	298,437	15,900	30,201	992,570	0
	(ii)	0	0	0	0	0	0	0
19 DENISE MAJESKI FMR VP/C NURSING OFF LFH	(i)	175,739	78,839	33,018	73,465	12,351	373,412	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DOUGLAS E VAUGHAN MD DIRECTOR NMHC/NMF	(i)	322,285	123,694	28,663	13,040	17,088	504,770	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2 DOUGLAS M YOUNG 1LFHFMJNM AS TREA NMH/NMWR/NMF/NMHC/NMS	(i)	297,435	137,325	120,654	318,326	27,680	901,420	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3 ELIZABETH ROSENBERG FMR KEY EMPLOYEE	(i)	422,811	404,559	100,786	103,700	37,729	1,069,585	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4 EMILY KOZAK NMFNMHCN AS SECRETARY MJ/NMH/LFH/NMWR	(i)	140,645	21,001	31,335	10,458	16,048	219,487	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5 ERIC G NEILSON MD CHAIR/DIR NMHC/NMH/NMG/NMS	(i)	517,906	355,073	34,917	31,800	19,092	958,788	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6 ERIK D ENGLEHART MD VICE CHAIR/DIRECTOR KPG	(i)	132,623	63,029	23,051	7,977	25,296	251,976	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7 FRANCIS FRAHER NMGNM FMR AS TREASURER NMF/LFH/NMH	(i)	197,556	27,105	29,810	33,830	25,696	313,997	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8 GARY A NOSKIN MD SR VP/CMO NMHC/NMH	(i)	401,694	126,336	2,212	15,900	26,262	572,404	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9 HARISH N SHOWNKEEN MD PHYSICIAN	(i)	1,452,556	426,742	45,564	28,013	25,426	1,978,301	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10 HOWARD B CHRISMAN MD PRESIDENT & DIRECTOR NMS/NMG	(i)	462,391	184,500	24,704	31,800	5,825	709,220	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11 JAMES DECHENE 10NMFHFINMHL SE/DIR NMHC/MJ/NMWR/NMG/NMS	(i)	519,344	347,576	45,515	119,412	26,974	1,058,821	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12 JAMES G ADAMS MD FMR SR VP/CMO NMHC	(i)	552,712	206,008	29,912	31,800	10,055	830,487	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
13 JAMES G GIBLIN VP/DIRECTOR CHA/CMP/CDPG/CASC	(i)	424,296	406,105	224,198	13,250	47,218	1,115,067	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
14 JENNIFER WOOTEN Ierardi 13LFHN FMR ASS SEC NMHC/NMH/NMG	(i)	159,334	48,683	30,648	15,990	27,265	281,920	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
15 JOHN A ORSINI 14NMGNMFMHCH TRE/DIR NMS/MJ/NMH/LFH/NMWR	(i)	612,024	359,946	25,946	134,100	18,521	1,150,537	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16 JOHN H HUBBE FMR GENERAL COUNSEL	(i)	93,080	0	8,271	1,423	19,458	122,232	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
17 JOSEPH DANT CHAIR/SEC /DIR KSHC/CFH	(i)	187,108	92,125	88,724	0	25,163	393,120	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18 JULIA L CREAMER PRESIDENT/DIRECTOR NMH	(i)	440,327	278,677	387,907	76,203	31,262	1,214,376	89,900
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
19 JUSTIN A JOHNSON FMR VP & CFO NMG	(i)	97,611	61,575	173,664	16,766	16,940	366,556	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
20 KEVIN P MOST DO DIRECTOR NMF/CMP	(i)	351,652	389,743	339,598	15,900	29,122	1,126,015	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN POORTEN NMWRKPGDCHKI PRESIDENT/DIR DBHF/CFH/KSHC	(i)	550,371	263,160	562,091	15,900	25,163	1,416,685	0
	(ii)	0	0	0	0	0	0	0
1 LOREN FOELSKE FMR VP FINANCE KISH	(i)	197,639	76,503	334,263	13,653	16,332	638,390	0
	(ii)	0	0	0	0	0	0	0
M CHRISTINE STOCK MD 2 F2016 DIRECTOR NMF	(i)	453,893	97,911	26,426	31,800	29,296	639,326	0
	(ii)	0	0	0	0	0	0	0
3 MARCY RUBIC FMR EXEC DIRECTOR KISH	(i)	90,701	7,141	30,998	7,003	0	135,843	0
	(ii)	0	0	0	0	0	0	0
4 MARGARET SHOUP MD PHYSICIAN	(i)	732,131	120,000	391,055	13,250	25,513	1,281,949	0
	(ii)	0	0	0	0	0	0	0
5 MARK DANIELS MD SECRETARY/DIRECTOR CMP	(i)	268,083	171,014	209,154	7,235	24,311	679,797	0
	(ii)	0	0	0	0	0	0	0
6 MATTHEW J FLYNN DIRECTOR & TREASURER HFI	(i)	231,714	99,646	44,888	62,739	27,719	466,706	0
	(ii)	0	0	0	0	0	0	0
7 MAUREEN BRYANT PRESIDENT NMWR	(i)	357,787	287,078	169,947	17,721	15,224	847,757	0
	(ii)	0	0	0	0	0	0	0
8 MAUREEN TAUS SEC TRE/DIR CASC/CDPG	(i)	242,464	137,112	271,510	21,148	32,359	704,593	0
	(ii)	0	0	0	0	0	0	0
9 MICHAEL G ANKIN MD FMR VP/CMO LFH	(i)	327,324	113,040	37,646	32,852	22,178	533,040	0
	(ii)	0	0	0	0	0	0	0
10 MICHAEL J LEE MD PHYSICIAN	(i)	1,169,058	0	18,000	15,900	8,442	1,211,400	0
	(ii)	0	0	0	0	0	0	0
11 MICHAEL KOKOTT VICE CHAIR/DIRECTOR DBHF	(i)	126,592	43,606	74,377	11,834	16,430	272,839	0
	(ii)	0	0	0	0	0	0	0
12 MICHAEL KULISZ DO DIRECTOR KSHC/KPG	(i)	290,460	107,692	298,165	15,900	25,296	737,513	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL A RUCHIM MD DIRECTOR NMF	(i)	587,730	75,000	43,294	26,030	24,612	756,666	0
	(ii)	0	0	0	0	0	0	0
14 MICHAEL VIVODA PRES/DIR CDPG/NMWR/CASC/MJ	(i)	856,059	690,031	45,950	200,100	19,124	1,811,264	0
	(ii)	0	0	0	0	0	0	0
15 MICHELE MCCLELLAND FMR VP HR KISH/KPG	(i)	133,840	59,769	85,814	13,017	15,234	307,674	0
	(ii)	0	0	0	0	0	0	0
16 MICHELLE JANNEY FMR SR VP/C NURSE EXEC NMH	(i)	54,236	0	89,323	33,342	1,700	178,601	0
	(ii)	0	0	0	0	0	0	0
NANCY W SASSOWER MD 17 TERM16 DIRECTOR NMHC/NMF/NMH	(i)	375,517	20,100	18,522	15,900	21,228	451,267	0
	(ii)	0	0	0	0	0	0	0
18 NATHANIEL J SOPER MD DIRECTOR NMH/NMF	(i)	589,239	158,778	25,834	31,800	20,139	825,790	0
	(ii)	0	0	0	0	0	0	0
19 NICHOLAS J VOLPE MD DIRECTOR NMS/NMG	(i)	358,806	139,462	23,357	31,800	28,524	581,949	0
	(ii)	0	0	0	0	0	0	0

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>6</b> NORMAN BOTSFORD FMR COO NMG	(i)	----- 0	0	903,888	0	16,956	920,844	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>1</b> PAMELA DUFFY PRESIDENT/DIRECTOR KSHC	(i)	141,818	63,624	126,746	13,769	8,192	354,149	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>2</b> PATRICK M MCCARTHY MD DIRECTOR LFH	(i)	1,363,011	606,300	34,020	31,800	10,195	2,045,326	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>3</b> PATRICK J TOWNE MD DIRECTOR/CHAIR CDPG/CHA/CMP	(i)	347,845	220,619	392,159	23,940	26,148	1,010,711	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>4</b> PETER MCCANNA CHAIR/DIR NMF/NMHC/NMS/NMH	(i)	889,286	703,161	220,030	1,567,699	31,289	3,411,465	293,315
	(ii)	0	0	0	0	- 0	- 0	0
<b>5</b> PHILLIP E ROEMER MD FMR VP/CMO NMG	(i)	367,245	136,867	20,938	31,800	28,772	585,622	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>6</b> RICHARD J GANNOTTA TERMED2016 DIRECTOR/PRESIDENT NMH	(i)	414,224	0	278,974	138,612	25,942	857,752	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>7</b> ROGER HEATH BELL FMR FMR VP & CIO KISH/KPG	(i)	192,651	74,277	83,650	15,673	25,296	391,547	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>8</b> STEPHEN C FALK DIR/PRESIDENT NMHC/NMF	(i)	387,654	164,541	152,305	25,822	28,003	758,325	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>9</b> STEVEN L BURANDT DO SEC TREASURER/DIR CMP/CHA	(i)	240,407	0	43,450	7,118	35,926	326,901	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>10</b> TERRANCE D PEABODY MD DIRECTOR NMH	(i)	631,672	139,462	7,204	31,800	27,933	838,071	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>11</b> THOMAS J MORAN MD DIRECTOR NMF/CMP	(i)	280,238	162,777	319,242	23,462	36,706	822,425	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>12</b> THOMAS J MCAFEE DIR/PRESIDENT NMHC/HFI/LFH	(i)	501,428	304,583	125,821	120,733	29,293	1,081,858	192,162
	(ii)	0	0	0	0	- 0	- 0	0
<b>13</b> AARON A BARE MD PHYSICIAN	(i)	884,689	57,071	92,835	13,250	32,804	1,080,649	
	(ii)	-----	-----	-----	-----	-	-	-----

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Illinois Finance Authority bonds.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), 14-17 (Were the bonds issued as part of a current refunding issue?, Were the bonds issued as part of an advance refunding issue?, Has the final allocation of proceeds been made?, Does the organization maintain adequate books and records to support the final allocation of proceeds?).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?).



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X			X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .		0 %		0 %		0 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .		0 %		0 %				0 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X			X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .				X		X		X
<b>b</b> Exception to rebate? . . . . .			X		X			X
<b>c</b> No rebate due? . . . . .				X		X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X			X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b> Name of provider . . . . .	JPMORGAN & UBS		0		0		0	
<b>c</b> Term of hedge . . . . .	3470 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Part I, Line C, Column F, GROUP BONDS 2007-2009	Refund series 1995, 2004B, 2007B, 2008A&B

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE D, COLUMN F, GROUP BONDS 2007-2009	BED PAVILION, ROUTINE & WORKING CAPITAL AND REFUND SERIES 2004 B & C

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE A, COLUMN F, GROUP II	Bed pavilion, routine & working capital and refund series 2004 B&C

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE D, COLUMN F, GROUP II	Refund series 2009B, reimburse for the construction of health facilities

<b>Return Reference</b>	<b>Explanation</b>
Part IV, Line 2d, Column D, GROUP BONDS 2007-2009	Calculation for computing no rebate due was 6/12/14

<b>Return Reference</b>	<b>Explanation</b>
PART IV, LINE 2D, COLUMN A, GROUP II	

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Illinois finance authority	86-1091967	45200FE21	11-18-2009	241,070,419	see supplemental information P VI		X		X		X
<b>B</b>	Illinois finance authority	86-1091967	000000000	08-05-2011	127,150,000	refund series 2004A bonds		X		X		X
<b>C</b>	Illinois finance authority	86-1091967	000000000	08-24-2011	58,415,000	refund series 2008 bonds		X		X		X
<b>D</b>	Illinois finance authority	86-1091967	45203HPT3	02-27-2013	119,589,286	see supplemental information P VI		X		X		X

**Part II Proceeds**

		A	B	C	D				
<b>1</b>	Amount of bonds retired . . . . .	18,435,000	9,200,000	1,345,000	0				
<b>2</b>	Amount of bonds legally defeased . . . . .	0	0	0	0				
<b>3</b>	Total proceeds of issue . . . . .	241,745,576	127,150,000	58,415,000	119,738,878				
<b>4</b>	Gross proceeds in reserve funds . . . . .	0	0	0	0				
<b>5</b>	Capitalized interest from proceeds . . . . .	21,188,809	0	0	0				
<b>6</b>	Proceeds in refunding escrows . . . . .	0	0	0	0				
<b>7</b>	Issuance costs from proceeds . . . . .	0	0	0	1,667,403				
<b>8</b>	Credit enhancement from proceeds . . . . .	0	0	0	0				
<b>9</b>	Working capital expenditures from proceeds . . . . .	5,527,050	0	0	0				
<b>10</b>	Capital expenditures from proceeds . . . . .	112,884,717	0	0	65,004,825				
<b>11</b>	Other spent proceeds . . . . .	102,145,000	127,150,000	58,415,000	53,065,650				
<b>12</b>	Other unspent proceeds . . . . .	0	0	0	0				
<b>13</b>	Year of substantial completion . . . . .	2012	2006	2011	2011				
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X			X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X	X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X	X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X	X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .		0 %		0 %		0 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .		0 %		0 %		0 %		0 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X	X	
<b>b</b> Exception to rebate? . . . . .		X	X		X			X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X	X	
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	ILLINOIS FINANCE AUTHORITY	86-1091967	45200PJ73	06-04-2008	29,258,573	2003-A BONDS ISSUED AS FIXED		X		X		X
<b>B</b>	ILLINOIS FINANCE AUTHORITY	86-1091967	45200PL47	06-04-2008	5,264,116	2003-C BONDS ISSUED AS FIXED		X		X		X
<b>C</b>	ILLINOIS FINANCE AUTHORITY	86-1091967	000000000	03-02-2015	12,300,000	BUILDING ACQUISITION		X		X		X

**Part II Proceeds**

		A	B	C	D				
<b>1</b>	Amount of bonds retired . . . . .	16,700,000	0	659,089					
<b>2</b>	Amount of bonds legally defeased . . . . .	0	0	0					
<b>3</b>	Total proceeds of issue . . . . .	29,258,573	5,264,116	12,300,000					
<b>4</b>	Gross proceeds in reserve funds . . . . .	0	0	0					
<b>5</b>	Capitalized interest from proceeds . . . . .	0	0	0					
<b>6</b>	Proceeds in refunding escrows . . . . .	0	0	0					
<b>7</b>	Issuance costs from proceeds . . . . .	310,842	58,353	0					
<b>8</b>	Credit enhancement from proceeds . . . . .	0	0	0					
<b>9</b>	Working capital expenditures from proceeds . . . . .	1,247,731	5,763	0					
<b>10</b>	Capital expenditures from proceeds . . . . .	0	5,200,000	12,300,000					
<b>11</b>	Other spent proceeds . . . . .	27,000,000	0	0					
<b>12</b>	Other unspent proceeds . . . . .	0	0	0					
<b>13</b>	Year of substantial completion . . . . .	2003	2003	2015					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X		
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X	X			

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X			
<b>b</b> Exception to rebate? . . . . .	X		X			X		
<b>c</b> No rebate due? . . . . .		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

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

**Schedule L**  
(Form 990 or 990-EZ)

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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number  
36-4724966

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			Malcolm (1) DeCamp	FORMER DIRECTOR			recruitment		X	300,000	65,000	
Joacquin (2) Brieva	FORMER DIRECTOR	retention		X	50,000	30,000		No		No	Yes	
Total						▶ \$	95,000					

**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



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-4724966

**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) Lamajak	SEE PART V	3,574	rent		
(1) JAMES TOWNE	SEE PART V	229,332	COMPENSATION		
(2) WILLIAM TOWNE	SEE PART V	543,743	COMPENSATION		



**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(4) BRIAN GIBLIN	SEE PART V	77,126	COMPENSATION		
(1) PAUL BOTSFORD	SEE PART V	53,787	COMPENSATION		
(2) GREG RASOR	SEE PART V	66,123	COMPENSATION		

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(7) MEDLINE	SEE PART V	1,434,174	MEDICAL PRODUCT		
(1) RELATED TO SUBSTANTIAL	SEE PART V	332,022	MARKETING		
(2) CHRISTINE E ENGLEHART	SEE PART V	68,143	COMPENSATION		

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number  
36-4724966

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	19	1,703,224	market quote
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29 0

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

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both.

Also complete this part for any additional information.

Return Reference	Explanation
Gift acceptance Policy	Members of the Northwestern Memorial HealthCare Group have a gift acceptance policy that requires the review of gifts of real or personal property and other non-standard contributions. All gifts must be fully consistent with the mission and objectives of Northwestern Memorial HealthCare. All gifts of personal property valued at \$5,000 or more, real estate, life insurance, other assets, non-publicly traded securities, other income producing assets, contingent bequests and other non-standard contributions require approval by Northwestern Memorial HealthCare Group's Member Executive Committee prior to acceptance.
Use of Third parties	Members of the Northwestern Memorial HealthCare Group do not use third parties to solicit or process non-cash contributions. However, third parties are used to sell contributions of real or personal property.

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP**Employer identification number**

36-4724966

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MISSION OR MOST SIGNIFICANT ACTIVITIES	<p>FORM 990, PART I, LINE I WITH A MISSION-DRIVEN COMMITMENT TO PROVIDING QUALITY MEDICAL CARE, REGARDLESS OF THE PATIENTS ABILITY TO PAY, NMHC MAINTAINS ITS DEDICATION TO IMPROVE THE HEALTH OF THE MOST MEDICALLY UNDERSERVED MEMBERS OF OUR COMMUNITY BY 1 PROVIDING MORE THAN \$747.4 MILLION IN COMMUNITY BENEFIT IN FISCAL YEAR 2016 INCLUDING CHARITY CARE, OTHER UNREIMBURSED CARE, RESEARCH, EDUCATION AND OTHER COMMUNITY ACTIVITIES, 2 SUPPORTING THOSE RECENTLY INSURED UNDER THE AFFORDABLE CARE ACT (ACA) AND MEDICAID EXPANSION BY CONTINUING TO PROVIDE MEDICALLY NECESSARY HEALTHCARE AND ASSISTING PATIENTS IN DETERMINING ELIGIBILITY AND UNDERSTANDING COVERAGE AND PROVIDER NETWORKS IN THE CHANGING FACE OF HEALTHCARE, 3 PROVIDING \$115.6 MILLION IN FUNDING FOR RESEARCH AND MEDICAL EDUCATION IN FISCAL YEAR 2016, INCLUDING PARTICIPATING IN MORE THAN 5,200 CLINICAL RESEARCH STUDIES AND TRAINING MORE THAN 1,500 MEDICAL STUDENTS, RESIDENTS AND FELLOWS, 4 EXPANDING ACCESS TO HEALTHCARE SERVICES THROUGH ESTABLISHMENT OF PRIMARY CARE IN THE COMMUNITY, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS DETERMINED TO INCREASE ACCESS TO CARE, CONNECTING PATIENTS WITH MEDICAL HOMES, UNDERWRITING MEDICALLY NECESSARY DIAGNOSTIC SPECIALTY CARE, DEVELOPING TARGETED PROGRAMS TO HELP INDIVIDUALS BETTER MANAGE PREVALENT CHRONIC CONDITIONS AND SUPPORTING VOLUNTEER EFFORTS, 5 PARTICIPATING IN COMMUNITY-BASED HEALTH INITIATIVES AIMED AT PROMOTING HEALTHY LIFESTYLES TO REDUCE RISK FACTORS FOR HEART DISEASE, STROKE, CARDIOVASCULAR DISEASE AND OTHER CHRONIC DISEASES, PROMOTING MATERNAL CHILD HEALTH, ADDRESSING MENTAL HEALTH AND SUBSTANCE ABUSE, PROMOTING INDEPENDENCE IN INDIVIDUALS WITH DISABILITIES AND REDUCING VIOLENCE. MANY THAT WE HAVE TRADITIONALLY CARED FOR IN OUR COMMUNITIES GAINED ACCESS TO COVERAGE THROUGH HEALTHCARE INSURANCE PLANS OFFERED UNDER THE ACA EITHER THROUGH THE LAWS MEDICAID EXPANSION OR THE HEALTH INSURANCE MARKETPLACE THUS REDUCING THE TOTAL COST OF CHARITY CARE PROVIDED UNDER OUR FINANCIAL ASSISTANCE PROGRAMS WITH MORE PATIENTS COVERED UNDER EXCHANGE PLANS AND MEDICAID SINCE 2014, WHEN THE ACA'S COVERAGE EXPANSIONS TOOK EFFECT, THE TOTAL COST OF CHARITY CARE WRITTEN OFF AS BAD DEBT ALSO DECREASED IN FISCAL YEAR 2016. BAD DEBT IS DRIVEN IN PART BY PATIENTS UNDER ACTIVE TREATMENT WHO ENCOUNTERED NETWORK RESTRICTIONS OR CHANGES IN COVERAGE LIMITS WHEN THEY GAINED COVERAGE UNDER THESE PLANS. NMHC CONTINUED TO PROVIDE CARE FOR THESE PATIENTS EVEN IF NOT REIMBURSABLE, CONTRIBUTING TO THE COST OF BAD DEBT. ALSO, DRIVEN BY THE CONTINUED PARTICIPATION OF NMHC ENTITIES IN ILLINOIS MEDICAID PROGRAM AND THE INCREASED NUMBER OF MEDICAID PATIENTS CARED FOR AS A RESULT OF THE ACA, THE TOTAL COST OF CHARITY CARE PROVIDED TO GOVERNMENT SPONSORED MEDICAID AND MEDICARE PROGRAMS INCREASED IN FISCAL YEAR 2016. NMHC IS POSITIONED TO ADVANCE GROUNDBREAKING WORK THAT CAN ONLY BE ACCOMPLISHED WITH THE RESOURCES OF AN INTEGRATED ACADEMIC MEDICAL HEALTH SYSTEM AS AN INTEGRATED ACADEMIC</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MISSION OR MOST SIGNIFICANT ACTIVITIES	<p>MEDICAL HEALTH SYSTEM, NMHC CAN TAKE ACTION BEYOND PROVIDING CLINICAL CARE. WORKING WITH SCIENTISTS AND EXPERTS IN PUBLIC HEALTH, WE ARE STRIVING TO DETERMINE ROOT CAUSES AND DEVELOP SOLUTIONS TO ERADICATE SOME OF THE MOST WIDESPREAD, GROWING AND COMPLEX PUBLIC HEALTH ISSUES FACING THE UNITED STATES TODAY FROM CHRONIC DISEASES INCLUDING CARDIOVASCULAR DISEASE, CANCER AND DIABETES, TO THE UNDERLYING CAUSES OF OBESITY, POOR MENTAL HEALTH AND PERSISTENT VIOLENCE IN OUR COMMUNITIES. NMHC SUPPORTS SOME OF THE NATION'S MOST ADVANCED RESEARCH PROGRAMS, LED BY PHYSICIAN SCIENTISTS AT FEINBERG, WHO ARE PUSHING THE BOUNDARIES OF SCIENCE AND MEDICINE THROUGH NATIONALLY RECOGNIZED RESEARCH PROGRAMS AS WELL AS ENTIRELY NEW SCIENTIFIC DISCIPLINES THAT ARE PIONEERING DIRECTIONS FOR PREVENTING AND CURING DISEASE. NMHC IS A GROWING, NATIONALLY RECOGNIZED HEALTH SYSTEM THAT PROVIDES ACCESS TO WORLD-CLASS CARE ONE PATIENT AT A TIME AT MORE THAN 100 LOCATIONS, INCLUDING ITS SEVEN HOSPITALS THROUGHOUT CHICAGO, ITS NORTH AND WEST SUBURBS AND NORTHERN ILLINOIS. MORE THAN 30,000 PHYSICIANS, NURSES, STAFF AND VOLUNTEERS PROVIDED CARE FOR MORE THAN 85,000 INPATIENT ADMISSIONS AND MORE THAN 2.2 MILLION OUTPATIENT ENCOUNTERS IN FISCAL YEAR 2016. THE GEOGRAPHICAL REACH OF NMHC MEETS THE GROWING DEMAND FOR QUALITY HEALTHCARE CLOSE TO WHERE PEOPLE LIVE AND WORK. OUR PATIENTS HAVE ACCESS TO EVIDENCE-BASED MEDICINE AND RESEARCH THAT IS TRANSLATED TO CLINICAL PRACTICE, OFFERING NEW HOPE THROUGH LEADING-EDGE APPROACHES TO HEALTH, WELLNESS AND DISEASE. THE NMHC MEDICAL STAFF OF MORE THAN 4,000 INCLUDES MORE THAN 1,500 RESIDENTS AND FELLOWS AND MORE THAN 1,600 EMPLOYED PHYSICIANS WHO ARE PART OF NMG, RMG, KMG OR MMG. FOR GENERATIONS, NMHC HOSPITALS AND HEALTHCARE ORGANIZATIONS HAVE SERVED THE VITAL ROLE OF PROVIDING TRUSTED MEDICAL CARE IN THEIR COMMUNITIES. THEY HAVE CONTINUALLY EXPANDED IN RESPONSE TO THE NEEDS OF THEIR COMMUNITIES, PROVIDING ACCESS TO MEDICALLY NECESSARY CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. ORGANIZATION'S MISSION FORM 990, PART III, LINE 1 NORTHWESTERN MEMORIAL HOSPITAL IS AN ACADEMIC MEDICAL CENTER WHERE THE PATIENT COMES FIRST. WE ARE AN ORGANIZATION OF CAREGIVERS WHO ASPIRE TO CONSISTENTLY HIGH STANDARDS OF QUALITY, COST-EFFECTIVENESS AND PATIENT SATISFACTION. WE SEEK TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE BY DELIVERING A BROAD RANGE OF SERVICES WITH SENSITIVITY TO THE INDIVIDUAL NEEDS OF OUR PATIENTS AND THEIR FAMILIES. WE ARE BONDED IN AN ESSENTIAL ACADEMIC AND SERVICE RELATIONSHIP WITH FEINBERG SCHOOL OF MEDICINE OF NORTHWESTERN UNIVERSITY. THE QUALITY OF OUR SERVICES IS ENHANCED THROUGH THEIR INTEGRATION WITH EDUCATION AND RESEARCH IN AN ENVIRONMENT THAT ENCOURAGES EXCELLENCE OF PRACTICE, CRITICAL INQUIRY AND LEARNING. CHANGES TO PROGRAM SERVICES FORM 990, PART III, LINE 2 ON DECEMBER 1, 2015, NMHC BECAME THE SOLE MEMBER OF KISHHEALTH SYSTEM AND ITS SUBSIDIARIES. THE HEALTH SYSTEM IS COMPRISED OF KISHWAUKEE HOSPITAL IN DEKALB, VALLEY.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MISSION OR MOST SIGNIFICANT ACTIVITIES	<p>WEST HOSPITAL IN SANDWICH, CANCER CENTER LOCATIONS IN AURORA, DEKALB, ROCHELLE, AND SANDWICH, HOSPICE, THE CENTER FOR FAMILY HEALTH, MALTA, FOUNDATION, BEHAVIORAL HEALTH SERVICES IN SANDWICH AND SYCAMORE, DIABETES EDUCATION CENTERS IN DEKALB AND SANDWICH, EMERGENCY MEDICAL SERVICES, HOME CARE, LABORATORIES IN SYCAMORE AND ROCHELLE, PHYSICAL THERAPY CENTERS IN GENOA, HAMPSHIRE, SANDWICH, AND SYCAMORE, AND KISHHEALTH SYSTEM PHYSICIAN GROUP WITH LOCATIONS IN AURORA, DEKALB, GENOA, PLANO, ROCHELLE, SANDWICH, SYCAMORE, AND WATERMAN THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD UNANIMOUSLY APPROVED THE APPLICATION FOR KISHHEALTH TO JOIN NMHC IN NOVEMBER 2015 ON MARCH 1, 2016, NMHC ALSO BECAME THE SOLE MEMBER OF MARIANJOY, INC AND ITS SUBSIDIARIES MARIANJOY, INC, ALONG WITH ITS RELATED ENTITIES, MARIANJOY REHABILITATION HOSPITAL AND CLINICS, INC AND REHABILITATION MEDICINE CENTER, INC OFFER MEDICAL CLINIC AND OUTPATIENT THERAPY SERVICES IN WHEATON, OAKBROOK TERRACE, DOWNERS GROVE, AURORA, OAK PARK, AND PALOS HEIGHTS THE PHYSICIANS AND CLINICIANS AT MARIANJOY ALSO PROVIDE MEDICAL AND REHABILITATION MANAGEMENT OVERSIGHT AT ELMHURST MEMORIAL HOSPITAL, LOYOLA UNIVERSITY MEDICAL CENTER IN MAYWOOD, WEST LAKE HOSPITAL IN MELROSE PARK, WEST SUBURBAN HOSPITAL IN OAK PARK, RUSH COPLEY MEDICAL CENTER IN AURORA, AND RUSH OAK PARK HOSPITAL SUB-ACUTE CARE AND REHABILITATION PROGRAMS ARE AVAILABLE TO PATIENTS IN WHEATON, ELMHURST, DOWNERS GROVE, OAK PARK, HOMER GLEN, AND PALOS HEIGHTS ADDITIONALLY, THE PHYSICIANS OF THE MARIANJOY MEDICAL GROUP SERVE PATIENTS IN APPROXIMATELY 30 MEDICAL CLINIC AND SUB-ACUTE LOCATIONS THROUGHOUT THE SUBURBAN CHICAGO AREA NMHC AND WHEATON FRANCISCAN HEALTHCARE SIGNED A LETTER OF INTENT TO TRANSFER MARIANJOY IN OCTOBER 2015 THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPROVED THE CHANGE IN OWNERSHIP IN DECEMBER 2015</p>



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Return Reference	Explanation
PROGRAM SERVICE	<p>FORM 990, PART III, LINE 4A THE NMHC GROUP RETURN REFLECTS THE COMBINED INFORMATION AND OPERATIONS OF TWENTY-FOUR TAX EXEMPT ORGANIZATIONS AS DESCRIBED BELOW THIS INCLUDES SEVEN HOSPITAL FACILITIES, FOUR MEDICAL GROUPS, THREE FOUNDATIONS, AND VARIOUS OTHER RELATED ENTITIES SUPPORTING THE HEALTHCARE MISSION OF THE SYSTEM NORTHWESTERN MEMORIAL HOSPITAL (EIN 37-0960170) FOR MORE THAN 150 YEARS, NMH AND ITS PREDECESSOR INSTITUTIONS, PASSAVANT MEMORIAL AND WESLEY MEMORIAL HOSPITALS, HAVE SERVED THE RESIDENTS OF CHICAGO THE COMMITMENT TO PROVIDE HEALTHCARE, REGARDLESS OF THE PATIENTS ABILITY TO PAY, REACHES BACK TO THE FOUNDING PRINCIPLES OF PASSAVANT AND WESLEY AND CONTINUES TO BE INTEGRAL TO OUR MISSION TO PUT PATIENTS FIRST NMH IS AN ACADEMIC MEDICAL CENTER (AMC) HOSPITAL AND SERVES AS THE PRIMARY TEACHING HOSPITAL FOR FEINBERG, WITH MORE THAN 2,000 PHYSICIANS ON THE MEDICAL STAFF WHO HAVE FACULTY APPOINTMENTS AT FEINBERG NMG HAS MORE THAN 1,300 PHYSICIANS REPRESENTING VIRTUALLY EVERY MEDICAL SPECIALTY AND SERVING AS FULLTIME FACULTY OF FEINBERG NMH IS AMONG THE LIMITED NUMBER OF HOSPITALS IN THE UNITED STATES TO BE DESIGNATED AS A MAJOR TEACHING HOSPITAL BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) ACCORDING TO THE AAMC, WHILE MAJOR TEACHING HOSPITALS REPRESENT ONLY 5 PERCENT OF ALL HOSPITALS, THEY ACCOUNT FOR 25 PERCENT AND 20 PERCENT OF ALL MEDICAID AND MEDICARE DISCHARGES, RESPECTIVELY, AS WELL AS PROVIDE 35 PERCENT OF THE COUNTRY'S CHARITY CARE IN AGGREGATE, MAJOR TEACHING HOSPITALS SERVE A HIGHER PROPORTION OF LOW-INCOME, DUAL-ELIGIBLE, DISABLED AND MINORITY PATIENTS THAN OTHER HOSPITALS AS AMCS SERVE AS MAJOR REFERRAL CENTERS AND HAVE VERY SPECIALIZED EXPERTISE, THEY PROVIDE CARE TO THOSE PATIENTS WHO ARE UNABLE TO SEEK NECESSARY CARE ELSEWHERE AND THEREFORE HAVE A PATIENT POPULATION THAT IS OFTEN MORE COMPLEX, SICKER AND MORE VULNERABLE THAN THE GENERAL PATIENT POPULATION NMH IS AN 894-BED, ADULT ACUTE CARE HOSPITAL LOCATED IN CHICAGO'S GROWING DOWNTOWN AREA AND SAW MORE THAN 43,500 ADULTS ADMITTED AS INPATIENTS IN FISCAL YEAR 2016 AS AN ADULT LEVEL I TRAUMA CENTER IN DOWNTOWN CHICAGO WITH 24/7 SERVICE, NMH HAD MORE THAN 86,000 EMERGENCY DEPARTMENT (ED) VISITS IN FISCAL YEAR 2016 NMH IS ALSO THE ONLY AMC HOSPITAL IN CHICAGO PARTICIPATING IN BOTH CITY AND STATE LEVEL I TRAUMA NETWORKS AND AS A LEVEL III NEONATAL INTENSIVE CARE UNIT, ALLOWING US TO PROVIDE LIFESAVING CARE AND TREATMENT TO THE MOST SERIOUSLY INJURED ADULTS AND PREMATURE AND SICK INFANTS NMH HAS THE LARGEST BIRTHING CENTER IN ILLINOIS, WITH MORE THAN 11,800 DELIVERIES IN FISCAL YEAR 2016 NORTHWESTERN MEDICINE CENTRAL DUPAGE HOSPITAL (EIN 36-2513909) CDH HAS A RICH HISTORY OF CARING FOR ITS COMMUNITY THE 392-BED, TERTIARY-CARE FACILITY LOCATED IN WINFIELD, ILLINOIS OFFERS EMERGENCY, INPATIENT AND OUTPATIENT CARE IN MEDICAL AND SURGICAL SERVICES, OBSTETRICS, PEDIATRICS, BEHAVIORAL HEALTH, CARDIOLOGY, NEUROLOGY AND ONCOLOGY TO RESIDENTS OF DUPAGE COUNTY AND</p>

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PROGRAM SERVICE	<p>SURROUNDING AREAS CDH IS DESIGNATED AS A LEVEL II TRAUMA CENTER AND PROVIDES LEVEL III NEONATAL INTENSIVE CARE, CDH EMS SERVES AS A STATE-DESIGNATED RESOURCE HOSPITAL. IT IS ALSO A REGIONAL DESTINATION FOR ONCOLOGY, ORTHOPEDIC, PEDIATRIC AND CARDIOLOGY CARE. CANCER PATIENTS ARE OFFERED HIGHLY ADVANCED TREATMENT AT THE STATES FIRST AND ONLY PROTON THERAPY CENTER. MORE THAN 1,000 PHYSICIANS ARE ON THE MEDICAL STAFF AND ARE TRAINED IN MORE THAN 90 SPECIALTY AREAS. IN FISCAL YEAR 2016, CDH HAD MORE THAN 20,600 INPATIENT ADMISSIONS. CDH HAD MORE THAN 72,500 VISITS IN FISCAL YEAR 2016.</p> <p>NORTHWESTERN LAKE FOREST HOSPITAL (EIN 36-2179779) WITH ROOTS IN THE NORTHERN CHICAGO REGION, LFH WAS FOUNDED IN 1899 AS ALICE HOME ON THE CAMPUS OF LAKE FOREST COLLEGE. SINCE ITS FOUNDING, LFH HAS UPHELD THE PROMISE TO PROVIDE LAKE COUNTY RESIDENTS WITH CONVENIENT ACCESS TO QUALITY CARE SUPPORTED BY ADVANCED DIAGNOSTICS AND TECHNOLOGY. AT LFHS 198-BED TEACHING HOSPITAL, MORE THAN 700 PHYSICIANS OFFER LAKE COUNTY RESIDENTS CONVENIENT ACCESS TO ADVANCED DIAGNOSTIC AND SPECIALTY SERVICES. CARE IS PROVIDED THROUGH THE MAIN HOSPITAL CAMPUS IN SUBURBAN LAKE FOREST, ABOUT 30 MILES NORTH OF DOWNTOWN CHICAGO, AT LARGE OUTPATIENT FACILITIES IN GRAYSLAKE, ILLINOIS AND GLENVIEW, ILLINOIS AND AT FOUR IMMEDIATE CARE CENTERS. IN FISCAL YEAR 2016, LFH PROVIDED CARE FOR NEARLY 7,400 INPATIENT ADMISSIONS. LFHS BOARD-CERTIFIED EMERGENCY PHYSICIANS AND TRAUMA-TRAINED NURSES PROVIDE TRAUMA AND EMERGENCY CARE TO PATIENTS THROUGH THE LEVEL II TRAUMA CENTER AT LFH AND A FREE-STANDING EMERGENCY ROOM AT THE GRAYSLAKE OUTPATIENT CENTER, WHICH TOGETHER HAD MORE THAN 48,400 EMERGENCY VISITS IN FISCAL YEAR 2016. LAUNCHED IN 2015, LFH HAS WELCOMED ITS SECOND CLASS OF RESIDENTS FROM THE NORTHWESTERN MCGAW FAMILY MEDICINE RESIDENCY PROGRAM IN FISCAL YEAR 2016 AND SERVES AS THE PROGRAMS HOME SITE. LFH HAS CONSISTENTLY PROVIDED THE HIGHEST PERCENTAGE OF CHARITY CARE AS A PERCENT OF PATIENT REVENUE AMONG LAKE COUNTY HOSPITALS. IN FISCAL YEAR 2018, NORTHWESTERN MEDICINE WILL OPEN A NEW LAKE FOREST HOSPITAL WHICH WILL INCLUDE 114 PRIVATE INPATIENT ROOMS, 72 OUTPATIENT CARE SPACES, EIGHT OPERATING ROOMS AND 483,500 SQUARE FEET OF NEW CONSTRUCTION ON ITS 160-ACRE CAMPUS. LFH SERVES THE LAKE COUNTY, ILLINOIS AND KENOSHA COUNTY, WISCONSIN AREA. LAKE FOREST HEALTH &amp; FITNESS INSTITUTE (EIN 36-3835030) LOCATED ON THE NORTHWESTERN MEDICINE LAKE FOREST HOSPITAL CAMPUS, LFI OFFERS MORE THAN 130 INTERACTIVE GROUP FITNESS CLASSES WEEKLY, HOLISTIC TOTAL-BODY FITNESS PROGRAMS, INDIVIDUALIZED PERSONAL TRAINING AND A WIDE VARIETY OF HEALTH AND WELLNESS PROGRAMMING. ADDITIONALLY, LFH ALSO IMPLEMENTS MEDICAL FITNESS PROGRAMS DESIGNED TO HELP MEMBERS WHO ARE LIVING WITH CANCER, ARTHRITIS, OSTEOPOROSIS, FIBROMYALGIA AND CARDIOVASCULAR DISEASE TO BETTER COPE WITH THE SIDE EFFECTS OF THEIR ILLNESS. NORTHWESTERN MEMORIAL FOUNDATION (EIN 36-3155315) NMF RAISES FUNDS TO SUSTAIN THE MISSION AND STRATEGIC GOALS OF NORTHWE</p>

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PROGRAM SERVICE	<p>STERN MEMORIAL HOSPITAL NHF SUPPORTS THE HOSPITALS DEDICATION TO CLINICAL INNOVATION, SCIENTIFIC DISCOVERY AND IMPROVING THE HEALTH OF THE COMMUNITY NORTHWESTERN MEDICAL FACULTY FOUNDATION D/B/A NORTHWESTERN MEDICAL GROUP (EIN 36-3097297) NORTHWESTERN MEDICAL GROUP IS A MULTISPECIALTY AND PRIMARY CARE PHYSICIAN PRACTICE WITH MORE THAN 1,300 PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS WITH EXPERTISE IN 40 MEDICAL SPECIALTIES SERVING ON THE FACULTY OF FEINBERG, PHYSICIANS CONTRIBUTE TO RESEARCH AND EDUCATION, AS WELL AS PROVIDE CLINICAL CARE NORTHWESTERN FOUNDATION FOR RESEARCH AND EDUCATION D/B/A NORTHWESTERN MEDICAL GROUP MANAGEMENT SERVICES (EIN 36-4093385) THE MISSION OF NMGMS IS TO FOSTER AND PROMOTE THE EDUCATIONAL, CHARITABLE, RESEARCH, SCIENTIFIC, AND LITERARY ACTIVITIES OF NORTHWESTERN MEDICAL FACULTY FOUNDATION, NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, AND ANY OTHER AFFILIATES CDH-DELNOR HEALTH SYSTEM D/B/A CADENCE HEALTH (EIN 36-3099698) CDHS WAS INCORPORATED IN 1980 AND IS BASED IN WINFIELD, ILLINOIS WITH HOSPITALS IN WINFIELD AND GENEVA, ILLINOIS AS OF SEPTEMBER 1, 2014, CDH-DELNOR HEALTH SYSTEM, INC OPERATES AS A SUBSIDIARY OF NMHC CENTRAL DUPAGE PHYSICIAN GROUP D/B/A NORTHWESTERN MEDICINE REGIONAL MEDICAL GROUP (EIN 36-3149833) CENTRAL DUPAGE PHYSICIAN GROUP IS A MULTI-SPECIALTY AND PRIMARY CARE NETWORK WITH MORE THAN 300 PHYSICIANS WITH EXPERTISE IN 30 SPECIALTIES RMG OFFERS MORE THAN 90 PRACTICES IN 36 LOCATIONS THROUGHOUT CHICAGO'S WESTERN SUBURBS DELNOR-COMMUNITY HOSPITAL (EIN 36-3484281) DCH OPENED 75 YEARS AGO AS THE RESULT OF A COMMUNITY-LED EFFORT TO BUILD A FACILITY TO MEET THE GROWING HEALTHCARE NEEDS OF RESIDENTS OF KANE COUNTY NOW A 159-BED ACUTE CARE FACILITY, DCH IS A RECOGNIZED LEADER IN CLINICAL QUALITY AND PATIENT-CENTERED CARE LOCATED 37 MILES WEST OF DOWNTOWN CHICAGO IN GENEVA, ILLINOIS THE DCH MEDICAL STAFF INCLUDES MORE THAN 450 PHYSICIANS IN 80 SPECIALTIES, PROVIDING COMPREHENSIVE MEDICAL CARE FOR ITS SURROUNDING COMMUNITIES IN FISCAL YEAR 2016 DCH HAD MORE THAN 7,800 INPATIENT ADMISSIONS AND ITS ED HAD MORE THAN 41,600 VISITS MARIANJOY, INC (EIN 36-3483589) MARIANJOY IS A NETWORK OF CARE THAT MANAGES MORE THAN 400 BEDS WITHIN THE GREATER CHICAGO AREA THROUGHOUT THE NETWORK, MARIANJOY PROVIDES INPATIENT, COMPREHENSIVE OUTPATIENT AND SUBACUTE REHABILITATION SERVICES MARIANJOY WAS SPONSORED BY THE WHEATON FRANCISCAN SISTERS AND WAS A MEMBER OF WHEATON FRANCISCAN SERVICES, INC, LOCATED IN WHEATON, ILLINOIS ON MARCH 1, 2016, MARIANJOY BECAME A WHOLLY OWNED SUBSIDIARY OF NHMC THIS ACQUISITION EXPANDS THE OFFERINGS OF NORTHWESTERN MEMORIAL, UNDER THE NORTHWESTERN MEDICINE BRAND, TO INCLUDE PHYSICAL MEDICINE AND REHABILITATION CARE IN DUPAGE COUNTY AND THE SURROUNDING AREAS MARIANJOY REHABILITATION HOSPITAL &amp; CLINICS, INC (EIN 36-2680776) MJRH IS A TEACHING HOSPITAL IN WHEATON, ILLINOIS WITH 100 ACUTE INPATIENT REHABILITATION BEDS AND 27 MEDICARE-LICENSED SUB-ACUTE BEDS DEDICATED TO THE DE</p>

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Return Reference	Explanation
BUSINESS RELATIONSHIPS	<p>FORM 990, PART VI, SECTION A, QUESTION 2 Miles White and Richard H Lenny share a business relationship WILLIAM A VON HOENE, DONALD L THOMPSON, JOHN A CANNING, JR , AND ANNE PRAMAGGIORE SHARE A BUSINESS RELATIONSHIP ANNE PRAMAGGIORE AND GREGORY Q BROWN SHARE A BUSINESS RELATIONSHIP DONALD L THOMPSON, FREDERICK H WADDELL, AND DEAN M HARRISON SHARE A BUSINESS RELATIONSHIP Terry Savage and Dennis Chookaszian serve on the board of the same public company JUDY GREFFIN AND ANDREA REDMOND SHARE A BUSINESS RELATIONSHIP DEAN M HARRISON AND JASON TYLER SHARE A BUSINESS RELATIONSHIP JASON TYLER AND FREDERICK H WADDELL SHARE A BUSINESS RELATIONSHIP JOHN ORSINI AND DOUG YOUNG SHARE A BUSINESS RELATIONSHIP TIMOTHY P SULLIVAN AND JOHN A CANNING, JR SHARE A BUSINESS RELATIONSHIP JOHN ORSINI, MAUREEN TAUS, JAMES GIBLIN, AND MARK DANIELS SHARE A BUSINESS RELATIONSHIP ALBERT FRIEDMAN AND RICHARD MELMAN SHARE A BUSINESS RELATIONSHIP DEAN M HARRISON, J CHRISTOPHER REYES, AND JOHN CANNING, JR SHARE A BUSINESS RELATIONSHIP LAURA DAVIS AND ANTHONY DAVIS SHARE A FAMILY RELATIONSHIP</p> <p>CHANGES IN GOVERNING DOCUMENTS FORM 990, PART VI, QUESTION 4 AS A RESULT OF THE COMBINATION OF KISHHEALTH SYSTEM AND MARIANJOY WITH NMHC, THE FOLLOWING CHANGES WERE MADE TO ARTICLES OF INCORPORATION OF THE FOLLOWING ENTITIES KISHHEALTH SYSTEM AMENDED ITS BYLAWS AND RESTATED ITS ARTICLES OF INCORPORATION TO INSERT NMHC AS ITS SOLE MEMBER, AND TO FURTHER ALIGN WITH THE MISSION, PURPOSE, AND GOVERNANCE OF NMHC SIMILARLY, THE FOLLOWING SUBSIDIARIES UNDER KISHHEALTH SYSTEM AMENDED THEIR ARTICLES AND BYLAWS TO ALIGN WITH THE MISSION, PURPOSE, AND GOVERNANCE OF NMHC, WITH NMHC AS THE SOLE MEMBER OF THEIR SOLE MEMBER KISHWAUKEE COMMUNITY HOSPITAL, VALLEY WEST COMMUNITY HOSPITAL, KISHHEALTH FOUNDATION, DEKALB BEHAVIORAL HEALTH FOUNDATION, INC , DEKALB COUNTY HOSPICE, KISHHEALTH SYSTEM HOME CARE, KISHWAUKEE PHYSICIAN GROUP, AND CENTER FOR FAMILY HEALTH-MALTA AND MARIANJOY, INC AMENDED ITS BYLAWS AND RESTATED ITS ARTICLES OF INCORPORATION TO INSERT NMHC AS ITS SOLE MEMBER AND TO FURTHER ALIGN WITH THE MISSION, PURPOSE, AND GOVERNANCE OF NMHC SIMILARLY, THE FOLLOWING SUBSIDIARIES UNDER MARIANJOY, INC AMENDED THEIR ARTICLES AND BYLAWS TO ALIGN WITH THE MISSION, PURPOSE, AND GOVERNANCE OF NMHC, WITH NMHC AS THE SOLE MEMBER MARIANJOY REHABILITATION HOSPITAL AND CLINCS, INC , REHABILITATION MEDICINE CLINIC, INC , MARIANJOY FOUNDATION, INC AND THE MARIANJOY REHABILITATION CENTER AUXILIARY</p>

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<b>Return Reference</b>	<b>Explanation</b>
CORPORATE MEMBERS	FORM 990, PART VI, SECTION A, QUESTION 6 NORTHWESTERN MEMORIAL HEALTHCARE (NMHC) SERVES AS THE SOLE MEMBER OF THE FOLLOWING ENTITIES IN THE GROUP RETURN - NORTHWESTERN MEMORIAL HOSPITAL - NORTHWESTERN LAKE FOREST HOSPITAL - NORTHWESTERN MEMORIAL FOUNDATION - NORTHWESTERN MEDICAL GROUP - CDH-DELNOR HEALTH SYSTEM - KISHHEALTH SYSTEM - MARIANJOY, INC NORTHWESTERN LAKE FOREST HOSPITAL SERVES AS THE SOLE MEMBER OF NORTHWESTERN LAKE FOREST HEALTH AND FITNESS INSTITUTE NORTHWESTERN MEDICAL GROUP SERVES AS THE SOLE MEMBER OF NORTHWESTERN FOUNDATION RESEARCH & EDUCATION CORPORATION CDH-DELNOR HEALTH SYSTEM SERVES AS THE SOLE MEMBER OF THE FOLLOWING SUBSIDIARIES IN THE GROUP RETURN - CENTRAL DUPAGE HOSPITAL ASSOCIATION - CENTRAL DUPAGE PHYSICIANS GROUP - DELNOR-COMMUNITY HOSPITAL KISHHEALTH SYSTEM SERVES AS THE SOLE MEMBER OF THE FOLLOWING SUBSIDIARIES IN THE GROUP RETURN - KISHWAUKEE COMMUNITY HOSPITAL - VALLEY WEST COMMUNITY HOSPITAL - KISHHEALTH FOUNDATION - DEKALB BEHAVIORAL HEALTH FOUNDATION, INC - DEKALB COUNTY HOSPICE - KISHHEALTH SYSTEM HOME CARE - KISHWAUKEE PHYSICIAN GROUP - CENTER FOR FAMILY HEALTH-MALTA MARIANJOY, INC SERVES AS THE SOLE MEMBER OF THE FOLLOWING SUBSIDIARIES IN THE GROUP RETURN - MARIANJOY REHABILITATION HOSPITAL & CLINICS, INC - REHABILITATION MEDICINE CLINIC, INC - MARIANJOY FOUNDATION, INC - MARIANJOY REHABILITATION CENTER AUXILIARY

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Return Reference	Explanation
ELECTING MEMBERS OF GOVERNING BODY	FORM 990, PART VI, SECTION A, QUESTION 7A NORTHWESTERN MEMORIAL HEALTHCARE (NMHC), AS THE ULTIMATE PARENT OF THE HEALTH SYSTEM, HAS THE AUTHORITY TO DIRECTLY OR INDIRECTLY APPOINT THE DIRECTORS OF ALL ENTITIES IN THE GROUP OTHER THAN EX-OFFICIO DIRECTORS, NMHC APPOINTS THE DIRECTORS FOR ALL ENTITIES FOR WHICH IT SERVES AS SOLE MEMBER, AS IDENTIFIED ABOVE. THE DIRECTORS OF CERTAIN OTHER ENTITIES IN THE SYSTEM IDENTIFIED ABOVE WHICH HAVE SOLE MEMBERS OTHER THAN NMHC MAY BE APPOINTED BY THEIR INTERMEDIARY MEMBERS, HOWEVER CONTROL OVER THOSE MEMBERS BOARDS ULTIMATELY RESTS IN NMHC. MANY OF THE ENTITIES IN THE GROUP ALSO HAVE DIRECTORS WHO SERVE EX OFFICIO IN THEIR CAPACITY AS OFFICERS OR ADMINISTRATORS OF THE CORPORATION, OR IN THEIR CAPACITY AS OFFICERS OR ADMINISTRATORS OF RELATED ORGANIZATIONS.

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Return Reference	Explanation
GOVERNANCE DECISIONS	<p>FORM 990, PART VI, SECTION A, QUESTION 7B NORTHWESTERN MEMORIAL HEALTHCARE (NMHC), AS THE ULTIMATE PARENT OF ALL ENTITIES IN THIS GROUP RETURN HAS BROAD RESERVE POWERS FOR ENTITIES WHICH NMHC DOES NOT SERVE AS SOLE MEMBER, THESE RESERVE POWERS ARE DELEGATED TO THE INTERMEDIARY CORPORATE MEMBER OF EACH AFFILIATE INCLUDED IN THIS GROUP, AND NMHC IS ULTIMATELY THE MEMBER OF THOSE INTERMEDIARIES THE METHOD OF EXERCISING SUCH POWERS CAN OCCUR THROUGH VARIOUS PROCESSES AS DELINEATED IN THE BYLAWS OF NMHC'S AFFILIATES, ALL OF WHICH MUST BE SUPPORTED BY RESOLUTIONS COMMUNICATED TO THE AFFILIATE THE NMHC, AS THE ULTIMATE SOLE MEMBER OF THE ENTITIES IN THIS GROUP RETURN, SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO GOVERN, DIRECT, AND OVERSEE THE PROPERTY, FUNDS, BUSINESS, AND AFFAIRS OF THE CORPORATION, FOR THOSE POWERS THAT ARE SPECIFICALLY DELEGATED TO THE BOARD OF DIRECTORS IN THE SUBSIDIARY BYLAWS THESE RESERVE POWERS MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING - REMOVE DIRECTORS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION, - ADOPT AN AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION, - AMEND THE BYLAWS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION, - ADOPT A PLAN OF MERGER OR CONSOLIDATION OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION WITH ANOTHER CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION, - AUTHORIZE THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION AS RECOMMENDED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION, - AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION, AND - ADOPT A PLAN PROVIDING FOR THE DISTRIBUTION OF ASSETS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION AS RECOMMENDED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY NOT-FOR-PROFIT CORPORATION - REMOVE DIRECTORS OF THE SUBSIDIARY BUSINESS CORPORATION, - ADOPT AN AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE SUBSIDIARY BUSINESS CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY BUSINESS CORPORATION, - AMEND THE BYLAWS OF THE SUBSIDIARY BUSINESS CORPORATION, - AUTHORIZE A BUSINESS COMBINATION AS SUCH TERM IS DEFINED IN 805 ILL COMP STAT 5 / 7 85(D)(10), - ADOPT A PLAN OF MERGER, CONSOLIDATION, OR SHARE EXCHANGE OF THE SUBSIDIARY BUSINESS CORPORATION WITH ANOTHER CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY BUSINESS CORPORATION, - AUTHORIZE THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE SUBSIDIARY BUSINESS CORPORATION AS RECOMMENDED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY BUSINESS CORPORATION, AND - AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE SUBSIDIARY BUSINESS CO</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
GOVERNANCE DECISIONS	CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS OF THE SUBSIDIARY BUSINESS CORPORATION



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<b>Return Reference</b>	<b>Explanation</b>
REVIEW FORM 990	FORM 990, PART VI, SECTION A, QUESTION 11B THE FORM 990 (FORM) WAS GENERATED INTERNALLY BY THE FINANCE DEPARTMENT WITH SUPPORT FROM VARIOUS DEPARTMENTS WITHIN THE ORGANIZATION VARIOUS SECTIONS OF THE FORM ARE REVIEWED BY SENIOR MANAGEMENT OF NORTHWESTERN MEMORIAL HEALTHCARE (NMHC), AS THE PARENT ORGANIZATION, AND VARIOUS COMMITTEES AS EXAMPLES, THE CHIEF INTEGRITY EXECUTIVE REVIEWS DISCLOSURES FOR RELATED PARTY TRANSACTIONS, THE TAX AND REGULATORY REVIEW COMMITTEE REVIEWS THE COMMUNITY BENEFIT REPORT THAT DESCRIBES THE EXEMPT PURPOSE ACHIEVEMENTS, AND LOBBYING EXPENDITURES ARE REVIEWED BY THE SVP EXTERNAL AFFAIRS THE EXECUTIVE COMPENSATION SUBCOMMITTEE OF THE BOARD OF DIRECTORS OF NMHC IS PROVIDED THE COMPENSATION DISCLOSURES THE ORGANIZATION THEN WORKS WITH A NATIONAL, INDEPENDENT PUBLIC ACCOUNTING FIRM AS THE PAID PREPARER OF THE FORM 990 FILING THE FINAL FORM IS REVIEWED BY MEMBERS OF THE FINANCE DEPARTMENT PRIOR TO REVIEW BY THE NMHC VICE PRESIDENT, FINANCE AND BY THE SENIOR VICE PRESIDENT & CHIEF FINANCIAL OFFICER PRIOR TO FILING, THE COMPLETED FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS THROUGH A SECURE WEBSITE

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CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, QUESTION 12C NORTHWESTERN MEMORIAL HEALTHCARE (NMHC) MAINTAINS BOTH A CONFLICT OF INTEREST POLICY AND AN INTERMEDIATE SANCTIONS POLICY. THESE POLICIES HAVE BEEN APPROVED BY ITS BOARD OF DIRECTORS AND APPLY TO ALL ENTITIES, DIRECTORS, OFFICERS, EMPLOYEES AND TRANSACTIONS WHICH TAKE PLACE WITHIN THE NMHC SYSTEM. THE POLICIES WERE WRITTEN TO ASSIST BOARD MEMBERS AND MANAGEMENT WITH THE IDENTIFICATION OF THOSE TRANSACTIONS THAT WARRANT ATTENTION AND CONSIDERATION TO ENSURE PROPER ADHERENCE TO THE TAX LAWS IMPACTING TAX-EXEMPT ORGANIZATIONS. THE CONFLICT OF INTEREST POLICY REQUIRES COMPLETION OF AN ANNUAL CERTIFICATION WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED, READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY, HAS AGREED TO COMPLY, HAS DISCLOSED ANY MATTERS REQUIRED TO BE DISCLOSED UNDER THE POLICY, AND AGREES TO REPORT ANY CHANGES PROMPTLY TO THE CHIEF INTEGRITY EXECUTIVE. ONCE THE ANNUAL CERTIFICATIONS ARE COMPLETE, THE CHIEF INTEGRITY EXECUTIVE REVIEWS THE DISCLOSURES FOR COMPLIANCE WITH THE POLICY.

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<b>Return Reference</b>	<b>Explanation</b>
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, QUESTION 15A AND B NORTHWESTERN MEMORIAL HEALTHCARE, "NMHC", HAS ESTABLISHED A BOARD-LED EXECUTIVE COMPENSATION REVIEW AND APPROVAL PROCESS FOR NMHC AND ALL AFFILIATES THIS PROCESS FOR REVIEWING AND APPROVING EXECUTIVE COMPENSATION (1) IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL TAX LAW INTERMEDIATE SANCTIONS RULES AND OTHERWISE COMPLIES WITH IRS GUIDELINES FOR TAX-EXEMPT ORGANIZATIONS, (2) IS CONDUCTED BY A SEPARATE SUBCOMMITTEE OF THE BOARD OF DIRECTORS WHOSE MEMBERS ARE ALL DISINTERESTED, INDEPENDENT AND NON-PAID, AND (3) EVALUATES THE REASONABLENESS OF COMPENSATION ANNUALLY BASED ON COMPENSATION DATA GATHERED BY EXTERNAL CONSULTANTS FROM A PEER GROUP COMPRISED OF SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS IN ADDITION, A SIGNIFICANT PORTION OF COMPENSATION IS AT RISK AND IS PAYABLE ONLY UPON ACHIEVEMENT OF SUBSTANTIAL GOALS THE BOARD PLACES A HIGH PRIORITY ON ITS ABILITY TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM TO ENSURE WE SERVE OUR MISSION AND ACHIEVE OUR GOALS THE OFFICERS OF NORTHWESTERN MEMORIAL HEALTHCARE ALSO FULFILL SUBSTANTIAL OFFICER AND EXECUTIVE FUNCTIONS FOR NMHC'S SUBSIDIARIES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE	<p>FORM 990, PART VI, SECTION C, QUESTION 19 THE CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE CONSOLIDATED FINANCIAL STATEMENTS OF NORTHWESTERN MEMORIAL HEALTHCARE AND SUBSIDIARIES ARE AVAILABLE ON THE HEALTH SYSTEM WEBSITE, NM.ORG THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM THE ILLINOIS ATTORNEY GENERAL'S OFFICE AS PART OF ITS ANNUAL COMMUNITY BENEFITS REPORT AND THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS SYSTEM OF THE MUNICIPAL SECURITIES RULEMAKING BOARD ORGANIZATION REFERENCES FORM 990, PART VII, SECTION A, QUESTION 1A THE ORGANIZATION USED THE FOLLOWING ACRONYMS THROUGHOUT FORM 990 PART VII LISTED BELOW ARE THE DEFINITIONS OF EACH CASC CADENCE AMBULATORY SURGERY CENTER CDPG CENTRAL DUPAGE PHYSICIANS GROUP CHA CADENCE HEALTH ACO CFH CENTER FOR FAMILY HEALTH-MALTA CMP CADENCE MEDICAL PARTNERS DBHF DEKALB BEHAVIORAL HEALTH FOUNDATION DCH DELNOR-COMMUNITY HOSPITAL KISH KISHHEALTH SYSTEM KPG KISHWAUKEE PHYSICIAN GROUP KSHC KISHHEALTH SYSTEM HOME CARE LFH LAKE FOREST HOSPITAL MJ MARIANJOY, INC NMF NORTHWESTERN MEMORIAL FOUNDATION NMG NORTHWESTERN MEDICAL FACULTY FOUNDATION DBA NORTHWESTERN MEDICAL GROUP NMH NORTHWESTERN MEMORIAL HOSPITAL NMHC NORTHWESTERN MEMORIAL HEALTHCARE NMS NORTHWESTERN FOUNDATION FOR RESEARCH AND EDUCATION (DOING BUSINESS AS NORTHWESTERN MANAGEMENT SERVICES) NMWR NORTHWESTERN MEDICINE WEST REGION</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
HOURS WORKED RELATED COMPANIES	FORM 990, PART VII, SECTION A, QUESTION 1B ALL FULL TIME EMPLOYEES OF THE ORGANIZATION ARE LISTED AS WORKING 40 HOURS PER WEEK TO INDICATE FULL TIME STATUS IN PRACTICE MANY EMPLOYEES EXCEED THIS SIGNIFICANTLY, HOWEVER THIS IS NOT REFLECTED FOR THE PURPOSES OF FORM 990 REPORTING PENSION PLAN ACCRUALS AND CONTRIBUTIONS FORM 990, PART IX, LINE 8 SUBSTANTIALLY ALL BENEFITS ARE PAID BY NORTHWESTERN MEMORIAL HEALTHCARE, THE PARENT ENTITY WHEN THE BENEFITS ARE ALLOCATED TO THE INDIVIDUAL SUBSIDIARIES THEY ARE NOT SPECIFICALLY ALLOCATED BETWEEN PENSION AND OTHER BENEFITS THEREFORE IN KEEPING WITH THE BOOK ALLOCATIONS ALL BENEFITS ARE REPORTED ON PART IX, LINE 9

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Reconciliation of Net Assets	Form 990, Part XI, Line 9 CHANGE IN INTEREST RATE SWAPS 38,739,367 Transfer to/from Affiliates (14,430,764) Acquisition of Kish Health (344,517,639) Acquisition of Marianjoy 56,064 CHANGE IN PENSION 78,995,473 NET ASSETS RELEASED FOR OPERATIONS 25,458,403 total (262,861,053)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NORTHWESTERN MEMORIAL HEALTHCARE GROUP

Employer identification number

36-4724966

**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
<b>(1)</b> CADENCE AMBULATORY SURGERY CENTER LLC 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 80-0838376	HEALTHCARE	IL	8,913,297	12,859,157	CDH-DEL HSms
<b>(2)</b> CADENCE MEDICAL PARTNERS LLC 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 90-0917479	HEALTHCARE	IL	17,702,970	3,077,729	CDH-DEL HSms
<b>(3)</b> CADENCE HEALTH ACO 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 35-2507700	HEALTHCARE	IL			CDH-DEL HSms
<b>(4)</b> TRI-CITIES SURGERY CENTER LLC 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 51-0551673	HEALTHCARE	IL	1,092,656	14,656,575	DELNOR CH
<b>(5)</b> HEALTH VENTURES LLC 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 75-3255958	HEALTHCARE	IL			HEALTH PROGR

**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
See Additional Data Table							

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

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

**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
<b>(1)</b> NORTHWESTERN HEALTHCARE CORPORATION  541 N FAIRBANKS CT RM 1630 CHICAGO, IL 606113309 36-3382383	HEALTHCARE SERV	IL	NMH	C CORPORATION	896,614	1,490,435	100 000 %		No
<b>(2)</b> NORTHWESTERN MEMORIAL INSURANCE COMPANY  GRAND PAVILION CTR PO BOX 1085 GRAND CAYMAN, GRAND CAYMAN ISLA PO BOX 1085 CJ 98-0384611	RISK TRANSFER	CJ	NMH	C CORPORATION	83,203,687	604,133,335	100 000 %		No
<b>(3)</b> DUPAGE HEALTH SERVICES INC  541 N FAIRBANKS CT RM 1630 Chicago, IL 60611 36-3270521	HEALTHCARE	DE	CDH-DEL HSms	C CORPORATION	506	1,066,994	100 000 %		No
<b>(4)</b> DELCOM CORPORATION AND SUBSIDIARY  541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-3334711	HEALTHT MGMT	IL	CDH-DEL HSms	C CORPORATION	11,329,211	16,420,198	100 000 %		No
<b>(5)</b> UNITED PROFESSIONALS INSURANCE CO LTD  PO Box 30600 GRAND CAYMAN, GRAND CAYMAN ISLA KY1-1203 CJ 98-1030298	RISK TRANSFER	CJ	CDH-DEL HSms	C CORPORATION	759,394	0	100 000 %		No
<b>(6)</b> CORNERSTONE MEDICAL GROUP  541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-4345453	PHYSICIAN SERV	IL	CENT DUPAGE PHY	C CORPORATION	6,093,963	5,239,092	100 000 %		No
<b>(7)</b> HEALTH PROGRESS INC  541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-3824138	HEALTHCARE	IL	KHS	C CORPORATION	460,070	8,223,357	100 000 %		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

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

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

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

**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
See Additional Data Table			



**Part VII Supplemental Information**

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

Return Reference	Explanation
Part II Members of the Group Return	The following are members of the Group return - Northwestern Memorial Hospital - Northwestern Memorial Foundation - Northwestern Lake Forest Hospital - Lake Forest Health and Fitness Institute - Northwestern Medical Faculty Foundation - Northwestern Foundation for Research & Education - CDH-Delnor Health System - Central DuPage Hospital Association - Central DuPage Physician Group - Delnor Community Hospital - Marianjoy Rehabilitation Hospital and Clinics Inc - Marianjoy Inc - Marianjoy Foundation Inc - Marianjoy Rehabilitation Center Auxiliary Inc - Rehabilitation Medicine Clinic Inc - KishHealth System - Kishwaukee Community Hospital - KishHealth Foundation - KishHealth System Home Care - KishHealth Physicians Group - Valley West Community Hospital - Center for Family Health-Malta - DeKalb County Hospice - DeKalb Behavioral Health Foundation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-4724966  
**Name:** NORTHWESTERN MEMORIAL HEALTHCARE GROUP

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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
Northwestern Memorial Hospital 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 37-0960170	HOSPITAL	IL	501(c)3	3	nmhc	Yes	
NORTHWESTERN MEMORIAL FOUNDATION 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 36-3155315	FUNDRAISING	IL	501(c)3	7	nmhc	Yes	
NORTHWESTERN LAKE FOREST HOSPITAL 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-2179779	Hospital	IL	501(c)3	3	nmhc	Yes	
Lake Forest Health & Fitness Inst 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3835030	Health	IL	501(c)3	9	NLFH	Yes	
Northwestern Memorial Healthcare 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3152959	PARENT	IL	501(c)3	11-III-FI	NA		No
Friends of Prentice 251 e Huron Ste 3-200 Chicago, IL 60611 36-3930139	Supporting	IL	501(c)3	11-III-NFI	NA		No
McGaw Medical Center Northwestern Univ 645 N Michigan Chicago, IL 60611 36-2656113	Supporting	IL	501(c)3	11-I	na		No
Northwestern Medical Faculty Foundation 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3097297	healthcare	IL	501(c)3	3	nmhc	Yes	
Northwestern Foundation Research & Educ 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-4093385	healthcare	IL	501(c)3	3	NMFF	Yes	
CDH-DELNOR HEALTH SYSTEM 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3099698	MANAGEMENT	IL	501(c)3	11-II	NMHC	Yes	
CENTRAL DUPAGE HOSPITAL ASSOCIATION 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-2513909	HOSPITAL	IL	501(c)3	3	CDH-Del Hsms	Yes	
CENTRAL DUPAGE PHYSICIAN GROUP 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3149833	PHYSICIAN SER	IL	501(c)3	9	CDH-Del Hsms	Yes	
COMMUNITY NURSING SERVICE OF DUPAGE 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-6080833	HOME HEALTH	IL	501(c)3	9	CDH-Del Hsms	Yes	
PAHCS II 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3887234	OCCUP HEALTH	IL	501(c)3	9	CDH-Del Hsms	Yes	
CENTRAL DUPAGE SPECIAL HEALTH ASSOC 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-4310557	PHARMACY	IL	501(c)3	9	CDH-Del Hsms	Yes	
DELNOR-COMMUNITY RESIDENTIAL LIVING INC 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-4156211	RESIDENTIAL S	IL	501(c)3	9	CDH-Del Hsms	Yes	
LIVING WELL CANCER RESOURCE CENTER 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 16-1727774	WELLNESS	IL	501(c)3	7	CDH-Del Hsms	Yes	
DELNOR-COMMUNITY HOSPITAL 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3484281	HOSPITAL	IL	501(c)3	3	CDH-Del Hsms	Yes	
Kishhealth System 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3649080	Management	IL	501(c)(3)	11-II	NMHC	Yes	
Kishwaukee Community Hospital 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 23-7087041	Hospital	IL	501(c)3	3	KHS	Yes	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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
Valley West Community Hospital 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-4244337	Hospital	IL	501(c)3	3	KHS	Yes	
KishHealth Foundation 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3649077	Fundraising	IL	501(c)3	7	KHS	Yes	
Kishwaukee Physician Group 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 65-1293967	Physician Ser	IL	501(c)3	3	KHS	Yes	
KishHealth System Home Care 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 37-1703513	Home Health	IL	501(c)3	3	KHS	Yes	
Dekalb County Hospice Inc 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3164329	Hospice	IL	501(c)3	7	KHS	Yes	
Dekalb Behavioral Health Fdn Inc 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 47-4579189	Behav Health	IL	501(c)3	3	KHS	Yes	
Center for Family Health - MALTA 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 80-0869393	Healthcare	IL	501(c)3	3	KHS	Yes	
Marianjoy Inc 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3483589	Management	IL	501(c)3	11-III-FI	NMHC	Yes	
Marianjoy Rehab Hospital & Clinics Inc 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-2680776	Hospital	IL	501(c)3	3	Marianjoy	Yes	
Rehabilitation Medicine Clinic Inc 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3236791	Hospital	IL	501(c)3	3	Marianjoy	Yes	
Marianjoy Foundation Inc 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 35-2165613	Fundraising	IL	501(c)3	7	Marianjoy	Yes	
Marianjoy Rehab Center Auxiliary 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 36-3896976	Supporting	IL	501(c)3	11-I	Marianjoy	Yes	

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TRI-CITIES IM CARE  300 RANDALL ROAD GENEVA, IL 60134 27-1942888	HEALTHCARE	IL	NA	N/A				No			No	
TRI-CITIES DIALYSIS  1300 WATERFORD DR AURORA, IL 60504 36-4272042	HEALTHCARE	IL	NA	N/A				No			No	
FVFPDELNOR PROPERTIES  300 RANDALL ROAD GENEVA, IL 60134 45-1147062	PROPERTY MGMT	IL	NA	N/A				No			No	
GROSVENOR ALTERNATIVE INVESTMENTS LP  900 NORTH MICHIGAN AVE SUITE 1100 CHICAGO, IL 60611 80-0833919	INVESTMENTS	DE	CDH-DEL HSMS	EXCLUDED	1,807,545	204,885,466		No	0		No	99.996 %
ILLINOIS PROTON CENTER LLC  4455 WEAVER PKWY WARRENVILLE, IL 60555 26-0876468	HEALTHCARE	DE	ILLINOIS PROTON	RELATED	32,273,239	91,952,907		No	0		No	81.250 %

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ILLINOIS PROTON CENTER HOLDINGS LLC  4455 WEAVER PKWY WARRENVILLE, IL 60555 26-0876420	INVESTING	DE	CENTRAL DUPAGE	EXCLUDED	-11,775,577	-12,526,133		No	0		No	100 000 %
KISHWAUKEE AREA PHYSICIAN HOSPITAL ORG  541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-4205273	HEALTHCARE	IL	KISHCOMMHOSP	RELATED		25,299		No	0		No	66 670 %
ILLINOIS REGIONAL CANCER CENTER LLP  10 HEALTH SERVICES DR DEKALB, IL 60115 36-3847273	HEALTHCARE	IL	NA	N/A				No			No	
NMFF DIALYSIS CENTER  541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 46-2159685	HEALTHCARE	IL	NMFF	RELATED	7,061,454	1,046,034		No	0		No	80 000 %
THE MIDLAND SURGICAL CENTER LLC  3085 WOLF COURT DEKALB, IL 60115 35-2194610	HEALTHCARE	IL	KISHWAUKEE CH	RELATED	4,058,931	583,607		No	0		No	74 500 %

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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) NORTHWESTERN HEALTHCARE CORPORATION 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 606113309 36-3382383	HEALTHCARE SERV	IL	NMH	C CORPORATION	896,614	1,490,435	100 000 %		No
(1) NORTHWESTERN MEMORIAL INSURANCE COMPANY GRAND PAVILION CTR PO BOX 1085 GRAND CAYMAN, GRAND CAYMAN ISLA PO BOX 1085 CJ 98-0384611	RISK TRANSFER	CJ	NMH	C CORPORATION	83,203,687	604,133,335	100 000 %		No
(2) DUPAGE HEALTH SERVICES INC 541 N FAIRBANKS CT RM 1630 Chicago, IL 60611 36-3270521	HEALTHCARE	DE	CDH-DEL HSms	C CORPORATION	506	1,066,994	100 000 %		No
(3) DELCOM CORPORATION AND SUBSIDIARY 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-3334711	HEALTHT MGMT	IL	CDH-DEL HSms	C CORPORATION	11,329,211	16,420,198	100 000 %		No
(4) UNITED PROFESSIONALS INSURANCE CO LTD PO Box 30600 GRAND CAYMAN, GRAND CAYMAN ISLA KY1-1203 CJ 98-1030298	RISK TRANSFER	CJ	CDH-DEL HSms	C CORPORATION	759,394	0	100 000 %		No
(5) CORNERSTONE MEDICAL GROUP 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-4345453	PHYSICIAN SERV	IL	CENT DUPAGE PHY	C CORPORATION	6,093,963	5,239,092	100 000 %		No
(6) HEALTH PROGRESS INC 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-3824138	HEALTHCARE	IL	KHS	C CORPORATION	460,070	8,223,357	100 000 %		No



**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	Central Dupage Spec Health Assoc	I	344,880	COST
<b>(1)</b>	Delcom Corp	I	304,224	COST
<b>(2)</b>	Delnor-Comm Residential Living	I	162,864	COST
<b>(3)</b>	Livingwell	I	55,392	COST
<b>(4)</b>	NORTHWESTERN MEDICAL INSURANCE COMPANY	Q	319,063	COST
<b>(5)</b>	NORTHWESTERN HEALTHCARE CORPORATION	L	90,636	COST
<b>(6)</b>	NORTHWESTERN HEALTHCARE CORPORATION	M	895,913	COST
<b>(7)</b>	NORTHWESTERN HEALTHCARE CORPORATION	A	76,704	COST
<b>(8)</b>	DELCOM CORPORATION	Q	5,448,462	COST
<b>(9)</b>	NORTHWESTERN MEMORIAL INSURANCE COMPANY	B	82,224,883	COST