

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/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018**

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

**C** Name of organization  
Northwestern Memorial HealthCare Group

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
541 N Fairbanks Ct 1630

City or town, state or province, country, and ZIP or foreign postal code  
Chicago, IL 606113319

**D** Employer identification number  
36-4724966

**E** Telephone number  
(312) 926-4237

**F** Name and address of principal officer  
Dean M Harrison  
251 E Huron  
Chicago, IL 606112908

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 5878

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

**J** Website: ▶ www.NM.Org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile

**Part I Summary**

**1** 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 (CONTINUED IN SCHEDULE O)

**2** Check this box  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)	160
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	127
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	23,327
<b>6</b> Total number of volunteers (estimate if necessary)	2,200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	72,031,602
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	18,478,934

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	49,727,631	95,379,350
<b>9</b> Program service revenue (Part VIII, line 2g)	4,953,190,879	5,345,664,800
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,357,864	7,713,968
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,904,076	71,851,898
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,072,180,450	5,520,610,016
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,421,778	14,040,179
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,007,830,607	2,137,868,779
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,409,641		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,698,497,776	3,036,943,488
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,726,750,161	5,188,852,446
<b>19</b> Revenue less expenses Subtract line 18 from line 12	345,430,289	331,757,570

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	9,994,738,417	9,984,226,689
<b>21</b> Total liabilities (Part X, line 26)	3,644,491,423	2,725,172,406
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	6,350,246,994	7,259,054,283

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2019-06-28  
John A Orsini SVP/CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name JACOB ZEHNDER	Preparer's signature JACOB ZEHNDER	Date	Check <input type="checkbox"/> if self-employed	PTIN P01564049
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 155 N WACKER DRIVE CHICAGO, IL 60606			Phone no (312) 879-2000	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

NORTHWESTERN MEMORIAL HEALTHCARE IS AN INTEGRATED HEALTHCARE SYSTEM, CONSISTING OF MULTIPLE HOSPITALS (INCLUDING NORTHWESTERN MEMORIAL HOSPITAL, AN ACADEMIC MEDICAL CENTER) AND NETWORKS OF PHYSICIANS AND HEALTHCARE PROFESSIONALS, 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

**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 \$ 3,846,863,051 including grants of \$ 14,040,179 ) (Revenue \$ 5,366,584,103 )  
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 ▶ 3,846,863,051

**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> . . . . .		
<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> . . . . .	Yes	
<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	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<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	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	Yes	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	Yes	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (160); 1b Enter the number of voting members included in line 1a, above, who are independent (127); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, FL, IL, KY, MD, MA, MN, NJ, OR, SC, WI); 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: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Robert Gerecke, 541 N Fairbanks Rm 1639, Chicago, IL 606113319 (312) 926-9495)

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**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>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	53,163,589	0	5,117,956

**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 ▶ 3,351

	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> . . . . .	3 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> . . . . .	4 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> . . . . .	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION COMPANY 55 E MONROE SUITE 1430 CHICAGO, IL 60603	CONSTRUCTION	73,806,458
SKENDER CONSTRUCTION 200 W MADISON SUITE 1300 CHICAGO, IL 60606	CONSTRUCTION	44,618,843
DELOITTE CONSULTING LLP 111 S WACKER DRIVE CHICAGO, IL 60606	CONSULTING SERVICES	18,654,203
LO DESTRO CONSTRUCTION COMPANY 211 E Ontario St 500 CHICAGO, IL 60604	CONSTRUCTION SERVICES	18,139,947
MEDICAL STAFFING NETWORK PO Box 840292 Dallas, TX 752840292	TEMPORARY STAFFING	16,714,009

**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 ▶ 645



**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>	2,041,968			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	605,333			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	92,732,049			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		7,445,455			
	<b>h Total.</b> Add lines 1a-1f . . . . .		95,379,350			
<b>Program Service Revenue</b>		<b>Business Code</b>				
	<b>2a</b> NMH - Patient Service and Other Revenue . . . . .	621990	2,014,559,648	2,012,005,581	2,554,067	
	<b>b</b> CDH - Patient Service and Other Revenue . . . . .	621990	1,062,225,966	999,328,964	62,897,002	
	<b>c</b> NMG - Patient Service and Other Revenue . . . . .	621110	924,608,470	924,608,470		
	<b>d</b> DCH - Patient Service and Other Revenue . . . . .	621990	354,806,130	354,806,130		
	<b>e</b> NLFH - Patient Service and Other Revenue . . . . .	621990	332,712,221	332,666,416	45,805	
	<b>f</b> All other program service revenue . . . . .		656,752,365	654,892,628	1,859,737	
<b>g Total.</b> Add lines 2a-2f . . . . .		5,345,664,800		0		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		18,638,052		2,121,780	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .		48,823,932		
		<b>c</b> Rental income or (loss) . . . . .		48,823,932	0	
	<b>d</b> Net rental income or (loss) . . . . .		48,823,932		780,875	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities		2,114,124		
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .		2,678,895	10,359,313	
		<b>c</b> Gain or (loss) . . . . .		-564,771	-10,359,313	
	<b>d</b> Net gain or (loss) . . . . .		-10,924,084			
	<b>8a</b> Gross income from fundraising events (not including \$ 2,041,968 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		1,409,530		
		<b>b</b> Less direct expenses . . . . .		1,542,895		
<b>c</b> Net income or (loss) from fundraising events . . . . .			-133,365			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		51,840			
	<b>b</b> Less direct expenses . . . . .		4,454			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		47,386			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		931,293			
	<b>b</b> Less cost of goods sold . . . . .		508,987			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		422,306			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> PROFESSIONAL SERVICE FEES . . . . .		561000	9,321,294	9,321,294		
<b>b</b> PARKING REVENUE . . . . .		812930	10,529,780	8,760,336	1,769,444	
<b>c</b> PROFESSIONAL SERVICES TO AFFILIATES . . . . .		561000	2,814,598	2,814,598		
<b>d</b> All other revenue . . . . .			25,967	23,075	2,892	
<b>e Total.</b> Add lines 11a-11d . . . . .			22,691,639		0	
<b>12 Total revenue.</b> See Instructions . . . . .			5,520,610,016	5,299,227,492	72,031,602	
					53,971,572	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	13,528,560	13,528,560		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	511,619	511,619		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	29,589,502	26,929,059	2,560,003	100,440
<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).	22,710,845	20,439,761	2,214,307	56,777
<b>7</b> Other salaries and wages.	1,728,917,416	1,555,727,167	168,894,422	4,295,827
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	62,075,819	55,868,237	6,052,392	155,190
<b>9</b> Other employee benefits.	188,154,811	169,339,330	18,345,094	470,387
<b>10</b> Payroll taxes.	106,420,386	95,778,347	10,375,988	266,051
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	889,710,557		889,710,557	
<b>b</b> Legal.	335,972		335,972	
<b>c</b> Accounting.	1,610,946		1,610,946	
<b>d</b> Lobbying.	287,149	287,149		
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	233,049,666	127,550,131	96,786,006	8,713,529
<b>12</b> Advertising and promotion.	3,110,058	329,517	2,662,383	118,158
<b>13</b> Office expenses.	40,311,834	32,248,111	7,783,262	280,461
<b>14</b> Information technology.	5,075,333	1,307,267	3,760,607	7,459
<b>15</b> Royalties.				
<b>16</b> Occupancy.	218,121,113	126,088,722	91,443,442	588,949
<b>17</b> Travel.	5,055,679	3,843,763	1,114,955	96,961
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	6,483,866	1,777,762	3,758,153	947,951
<b>20</b> Interest.	39,397,257	39,380,827	16,430	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	231,061,082	221,145,897	9,877,542	37,643
<b>23</b> Insurance.	99,887,115	95,008,640	4,862,990	15,485
<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	958,445,467	958,445,467		
<b>b</b> MEDICAID TAX	110,338,619	110,338,619		
<b>c</b> BAD DEBT	173,930,605	173,930,605		
<b>d</b> INCOME TAXES	4,030,572	4,030,572		
<b>e</b> All other expenses	16,700,598	13,027,922	3,414,303	258,373
<b>25</b> Total functional expenses. Add lines 1 through 24e.	5,188,852,446	3,846,863,051	1,325,579,754	16,409,641
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	538,558,196	<b>2</b>	1,028,958,393
	<b>3</b> Pledges and grants receivable, net . . . . .	44,466,856	<b>3</b>	48,062,765
	<b>4</b> Accounts receivable, net . . . . .	698,751,574	<b>4</b>	813,771,785
	<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 . . . . .	0	<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>	17,500
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	3,595,586
	<b>8</b> Inventories for sale or use . . . . .	64,241,358	<b>8</b>	71,476,227
	<b>9</b> Prepaid expenses and deferred charges . . . . .	133,944,498	<b>9</b>	206,219,525
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,197,627,635		
	<b>b</b> Less accumulated depreciation	1,955,147,566		
		3,080,350,069	<b>10c</b>	3,242,480,069
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	48,206,263	<b>13</b>	50,437,021
	<b>14</b> Intangible assets . . . . .	30,939,944	<b>14</b>	28,450,908
<b>15</b> Other assets See Part IV, line 11 . . . . .	5,355,279,659	<b>15</b>	4,490,756,910	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,994,738,417	<b>16</b>	9,984,226,689	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	670,208,042	<b>17</b>	387,645,226
	<b>18</b> Grants payable . . . . .	93,025,335	<b>18</b>	72,565,233
	<b>19</b> Deferred revenue . . . . .	1,616,526	<b>19</b>	10,702,180
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,249,724,261	<b>20</b>	541,864,829
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<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 . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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 . . . . .	1,629,917,259	<b>25</b>	1,712,394,938
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,644,491,423	<b>26</b>	2,725,172,406
<b>Net Assets or Fund Balances</b>	<b>27 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> Unrestricted net assets	5,953,867,985	<b>27</b>	6,833,825,818
	<b>28</b> Temporarily restricted net assets . . . . .	221,299,054	<b>28</b>	242,596,234
	<b>29</b> Permanently restricted net assets . . . . .	175,079,955	<b>29</b>	182,632,231
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</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 Total net assets or fund balances . . . . .</b>	6,350,246,994	<b>33</b>	7,259,054,283
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	9,994,738,417	<b>34</b>	9,984,226,689

**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>	5,520,610,016
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	5,188,852,446
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	331,757,570
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	6,350,246,994
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	31,467,270
<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>	545,582,449
<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>	7,259,054,283

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

# Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 36-4724966  
**Name:** Northwestern Memorial HealthCare Group

Form 990 (2017)

## Form 990, Part III, Line 4a:

THE NMHC GROUP RETURN REFLECTS THE COMBINED INFORMATION AND OPERATIONS OF TWENTY-ONE TAX EXEMPT ORGANIZATIONS THIS INCLUDES SEVEN HOSPITAL FACILITIES, FOUR MEDICAL GROUPS, ONE FOUNDATION, AND VARIOUS OTHER RELATED ENTITIES SUPPORTING THE HEALTHCARE MISSION OF THE SYSTEM NORTHWESTERN MEMORIAL HOSPITAL (EIN 37-0960170) ("NMH") 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 THE NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE ("FEINBERG"), WITH MORE THAN 1,800 PHYSICIANS ON THE MEDICAL STAFF WHO HAVE FACULTY APPOINTMENTS AT 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 45,000 ADULTS ADMITTED AS INPATIENTS IN FISCAL YEAR 2018 AS AN ADULT LEVEL I TRAUMA CENTER IN DOWNTOWN CHICAGO WITH 24/7 SERVICE, NMH HAD MORE THAN 83,000 EMERGENCY DEPARTMENT (ED) VISITS IN FISCAL YEAR 2018 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 LIFESAIVING 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 11,600 DELIVERIES IN FISCAL YEAR 2018 NORTHWESTERN MEDICINE CENTRAL DUPAGE HOSPITAL (EIN 36-2513909) ("CDH") 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 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 STATE'S FIRST AND ONLY PROTON THERAPY CENTER MORE THAN 1,290 PHYSICIANS ARE ON THE MEDICAL STAFF AND ARE TRAINED IN MORE THAN 90 SPECIALTY AREAS IN FISCAL YEAR 2018, CDH HAD NEARLY 21,000 INPATIENT ADMISSIONS CDH'S ED HAD MORE THAN 72,000 VISITS IN FISCAL YEAR 2018 NORTHWESTERN LAKE FOREST HOSPITAL (EIN 36-2179779) ("LFH") 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 IN FISCAL YEAR 2018, NORTHWESTERN MEDICINE OPENED A NEW LAKE FOREST HOSPITAL WHICH INCLUDES 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 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 2018, LFH PROVIDED CARE FOR OVER 8,000 INPATIENT ADMISSIONS LFH'S 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 52,000 EMERGENCY VISITS IN FISCAL YEAR 2018 LAUNCHED IN 2015, LFH HAS WELCOMED ITS FOURTH CLASS OF RESIDENTS FROM THE NORTHWESTERN MCGAW FAMILY MEDICINE RESIDENCY PROGRAM IN FISCAL YEAR 2018 AND SERVES AS THE PROGRAM'S HOME SITE LAKE FOREST HEALTH & FITNESS INSTITUTE (EIN 36-3835030) ("LFHFI") LOCATED ON THE NORTHWESTERN MEDICINE LAKE FOREST HOSPITAL CAMPUS, LFHFI 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, LFHFI 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") NMF RAISES FUNDS TO SUSTAIN THE MISSION AND STRATEGIC GOALS OF NORTHWESTERN MEMORIAL HEALTHCARE NMF SUPPORTS THE SYSTEM'S DEDICATION TO CLINICAL INNOVATION, SCIENTIFIC DISCOVERY AND IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE NORTHWESTERN MEDICAL FACULTY FOUNDATION D/B/A NORTHWESTERN MEDICAL GROUP (EIN 36-3097297) ("NMG") NORTHWESTERN MEDICAL GROUP IS A MULTISPECIALTY AND PRIMARY CARE PHYSICIAN PRACTICE WITH MORE THAN 1,360 PHYSICIANS AND 360 ADVANCED PRACTICE PROVIDERS WITH EXPERTISE IN 40 MEDICAL SPECIALTIES SERVING ON THE FACULTY OF FEINBERG, PHYSICIANS CONTRIBUTE TO RESEARCH AND EDUCATION, AS WELL AS PROVIDE CLINICAL CARE CDH-DELNOR HEALTH SYSTEM D/B/A CADENCE HEALTH (EIN 36-3099698) ("CDHS") 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) ("RMG" or "CDPG") CENTRAL DUPAGE PHYSICIAN GROUP IS A MULTI-SPECIALTY AND PRIMARY CARE NETWORK WITH MORE THAN 425 PHYSICIANS, INCLUDING 335 SPECIALISTS, 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") 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 670 PHYSICIANS IN 80 SPECIALTIES, PROVIDING COMPREHENSIVE MEDICAL CARE FOR ITS SURROUNDING COMMUNITIES IN FISCAL YEAR 2018 DCH HAD MORE THAN 7,900 INPATIENT ADMISSIONS AND ITS ED HAD MORE THAN 42,000 VISITS KISHWAUKEE COMMUNITY HOSPITAL (EIN 23-7087041) ("KCH") KCH IS LOCATED IN DEKALB, ILLINOIS AND SERVES AS AN ACUTE-CARE, 98-BED COMMUNITY HOSPITAL WITH AN ENDURING COMMITMENT TO THE RESIDENTS OF DEKALB COUNTY THE HOSPITAL PROVIDES CARE THROUGH A BROAD RANGE OF SPECIALTIES AND UNIQUE SERVICES, INCLUDING THROUGH ITS INNOVATIVE BREASTFEEDING CENTER AND ITS NEW, STATE-OF-THE-ART HEALTH AND WELLNESS CENTER THAT OPENED IN 2018 THE KISHWAUKEE MEDICAL STAFF IS COMPOSED OF MORE THAN 275 PHYSICIANS WHO TREATED MORE THAN 5,100 INPATIENT ADMISSIONS AND NEARLY 34,000 ED VISITS IN FISCAL YEAR 2018 VALLEY WEST COMMUNITY HOSPITAL (EIN 36-4244337) ("VWCH") VWCH IS A CRITICAL-ACCESS, 25-BED HOSPITAL IN SANDWICH, ILLINOIS, SERVING THE FOX VALLEY COMMUNITY FOR MORE THAN 70 YEARS MORE THAN 170 PHYSICIANS ARE ON STAFF WITH VALLEY WEST, REPRESENTING A WIDE RANGE OF SPECIALTIES DURING FISCAL YEAR 2018, VALLEY WEST HAD 760 INPATIENT ADMISSIONS AND MORE THAN 8,700 ED VISITS AS A CRITICAL-ACCESS HOSPITAL WITHIN THE NORTHWESTERN MEDICINE SYSTEM, VALLEY WEST CREATES A SEAMLESS PATHWAY TO SPECIALTY CARE ACROSS THE SYSTEM AND GREATLY EXPANDING ACCESS TO CARE FOR THE RURAL COMMUNITY

**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			
JAY ANDERSON See Schedule O	40 0	X		X				881,465	0	204,011
Marvin Barnes See Schedule O	10 0	X		X				0	0	0
Tonda Bruch See Schedule O	10 0	X		X				0	0	0
JOHN A CANNING See Schedule O	20 0	X		X				0	0	0
Howard B Chrisman MD See Schedule O	40 0	X		X				942,621	0	132,571
Seamus Collins See Schedule O	40 0	X		X				257,585	0	50,603
JULIE L CREAMER See Schedule O	40 0	X		X				1,751,195	0	133,933
Kent Dauten See Schedule O	90 0	X		X				0	0	0
Gary Evans See Schedule O	10 0	X		X				0	0	0
Connie Falcone See Schedule O	40 0	X		X				263,003	0	31,124

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		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM P FLESCH See Schedule O	7 0	X	X					0	0	0
Matthew J Flynn See Schedule O	39 0	X	X					518,802	0	93,338
Richard Franco See Schedule O	1 40 0	X	X					394,113	0	58,186
James Giblin MD See Schedule O	38 0 2	X	X					746,604	0	139,209
Dean M Harrison See Schedule O	38 0 2	X	X					6,401,987	0	689,022
Staci Hoste See Schedule O	1 0	X	X					0	0	0
Christine Johnson See Schedule O	1 0	X	X					0	0	0
Emily J Kozak See Schedule O	39 0 1	X	X					355,788	0	51,553
DIANA KRAFT MD See Schedule O	40 0	X	X					72,826	0	0
Brian J Lemon See Schedule O	38 0	X	X					851,111	0	104,717

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		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karen Mason See Schedule O	10 ..... 0	X	X				0	0	0	
Thomas J McAfee See Schedule O	40 ..... 0	X	X				1,069,139	0	236,020	
W James Mc Nerney See Schedule O	10 ..... 0	X	X				0	0	0	
Eric G Neilson MD See Schedule O	40 ..... 0	X	X				996,149	0	32,614	
John A Orsini See Schedule O	38 ..... 20	X	X				1,360,633	0	293,678	
William A Osborn See Schedule O	10 ..... 0	X	X				0	0	0	
HOMI B PATEL See Schedule O	20 ..... 0	X	X				0	0	0	
Kevin P Poorten See Schedule O	39 ..... 10	X	X				976,112	0	270,200	
MK Pritzker See Schedule O	10 ..... 0	X	X				0	0	0	
Glenn F Tilton See Schedule O	20 ..... 0	X	X				0	0	0	



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK TOWNE MD See Schedule O	40 0 ..... 0	X		X				680,679	0	110,934
EDWARD J WEHMER See Schedule O	10 0 ..... 0	X		X				0	0	0
NANCY ALCORN-KELL SEE SCHEDULE O	10 0 ..... 0	X						0	0	0
Dean Barrett See Schedule O	10 0 ..... 0	X						0	0	0
TODD BARROWCLIFT DO See Schedule O	40 0 ..... 0	X						225,613	0	37,649
Roger L Benson See Schedule O	10 0 ..... 0	X						0	0	0
Peter Bernick See Schedule O	10 0 ..... 0	X						0	0	0
Carol Bernick See Schedule O	10 0 ..... 0	X						0	0	0
Joan Bickner See Schedule O	10 0 ..... 0	X						0	0	0
Andrew Bluhm See Schedule O	10 0 ..... 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Boies See Schedule O	10 ..... 0	X						0	0	0
CHARLES M BRENNAN See Schedule O	10 ..... 0	X						0	0	0
WILLIAM J BRODSKY See Schedule O	10 ..... 0	X						0	0	0
DAVID BROWN See Schedule O	60 ..... 0	X						0	0	0
Cindy Capek See Schedule O	10 ..... 0	X						0	0	0
David R Casper See Schedule O	10 ..... 0	X						0	0	0
Nicholas D Chabrja See Schedule O	10 ..... 0	X						0	0	0
Dennis S Chookaszian See Schedule O	10 ..... 0	X						0	0	0
Craig T Collins See Schedule O	10 ..... 0	X						0	0	0
SEAN M CONNOLLY See Schedule O	10 ..... 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Adam Cooper See Schedule O	10 ..... 0	X						0	0	0
Mark Cozzi See Schedule O	10 ..... 0	X						0	0	0
Stephen Crawford See Schedule O	10 ..... 0	X						0	0	0
KERMIT R CRAWFORD See Schedule O	10 ..... 0	X						0	0	0
PETER D CRIST See Schedule O	10 ..... 0	X						0	0	0
Keating Crown See Schedule O	10 ..... 0	X						0	0	0
Michael A Cullen See Schedule O	10 ..... 0	X						0	0	0
William Cunningham See Schedule O	10 ..... 0	X						0	0	0
Denise Curren See Schedule O	10 ..... 0	X						0	0	0
Brett M Dale See Schedule O	10 ..... 0	X						0	0	0

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		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
William M Daley See Schedule O	10 ..... 0	X						0	0	0
WILLIAM G DALUGA See Schedule O	10 ..... 0	X						0	0	0
JOSEPH F DAMICO See Schedule O	10 ..... 0	X						0	0	0
Matthew S Darnall See Schedule O	10 ..... 0	X						0	0	0
Anthony B Davis See Schedule O	10 ..... 0	X						0	0	0
Richard Davis See Schedule O	10 ..... 0	X						0	0	0
Dan DeCanniere See Schedule O	10 ..... 0	X						0	0	0
PEDRO DEJESUS See Schedule O	10 ..... 0	X						0	0	0
Michael F DeSantiago See Schedule O	10 ..... 0	X						0	0	0
JOHN H DICK See Schedule O	10 ..... 0	X						0	0	0

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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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shawn M Donnelly See Schedule O	10 ..... 0	X						0	0	0
Stephen W Elliott See Schedule O	10 ..... 0	X						0	0	0
John R Ettelson See Schedule O	10 ..... 0	X						0	0	0
Manny Favela See Schedule O	10 ..... 0	X						0	0	0
Ronald Feldmann MD See Schedule O	10 ..... 0	X						0	0	0
Michael W Ferro See Schedule O	10 ..... 0	X						0	0	0
Albert M Friedman See Schedule O	10 ..... 0	X						0	0	0
Mark Furlong See Schedule O	10 ..... 0	X						0	0	0
Lisa M Giles See Schedule O	10 ..... 0	X						0	0	0
James T Glerum See Schedule O	10 ..... 0	X						0	0	0

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		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Teresa Gobeli See Schedule O	40 0	X						113,485	0	24,639
William Goldberg See Schedule O	10 0	X						0	0	0
James A Gordon See Schedule O	10 0	X						0	0	0
ILENE S GORDON See Schedule O	10 0	X						0	0	0
Trina Gordon McCallister See Schedule O	10 0	X						0	0	0
Judy Greffin See Schedule O	10 0	X						0	0	0
ROGER T HARRIS See Schedule O	60 0	X						0	0	0
Brett J Hart See Schedule O	10 0	X						0	0	0
Sandra L Helton See Schedule O	10 0	X						0	0	0
Roberto R Herencia See Schedule O	10 0	X						0	0	0

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		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Hilde See Schedule O	10 ..... 0	X						0	0	0
Adam Hoeflich See Schedule O	10 ..... 0	X						0	0	0
WILLARD M HUNTER See Schedule O	10 ..... 0	X						0	0	0
Peter S Hurst BDS See Schedule O	10 ..... 0	X						0	0	0
Linda Johnson Rice See Schedule O	10 ..... 0	X						0	0	0
Michael J Kachmer See Schedule O	10 ..... 0	X						0	0	0
Rick H Kash See Schedule O	10 ..... 0	X						0	0	0
Dennis Keane MD See Schedule O	10 ..... 0	X						0	0	0
ANTHONY K KESMAN See Schedule O	10 ..... 0	X						0	0	0
John A Kessler MD See Schedule O	40 ..... 0	X						33,143	0	17,188

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sushil Keswani See Schedule O	10 ..... 0	X						0	0	0
Ron Klein See Schedule O	10 ..... 0	X						0	0	0
JAY KLOOSTERBOER See Schedule O	60 ..... 0	X						0	0	0
CATHERINE KOZIK See Schedule O	60 ..... 0	X						0	0	0
Michael Kulisz DO See Schedule O	400 ..... 0	X						745,244	0	65,547
William C Kunkler See Schedule O	10 ..... 0	X						0	0	0
Julie Lampert See Schedule O	10 ..... 0	X						0	0	0
Richard H Lenny See Schedule O	10 ..... 0	X						0	0	0
Lawrence F Levy See Schedule O	10 ..... 0	X						0	0	0
Robert A Livingston See Schedule O	10 ..... 0	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy J Luby See Schedule O	10 ..... 0	X						0	0	0
Dee A Manire See Schedule O	10 ..... 0	X						0	0	0
Joseph D Mansueto See Schedule O	10 ..... 0	X						0	0	0
Thomas Matya See Schedule O	80 ..... 0	X						0	0	0
J Richard Maybury See Schedule O	10 ..... 0	X						0	0	0
PATRICK M MCCARTHY MD See Schedule O	40 ..... 0	X						1,936,583	0	38,032
Richard Melman See Schedule O	10 ..... 0	X						0	0	0
Ricardo Meza See Schedule O	10 ..... 0	X						0	0	0
Becky Milliman See Schedule O	10 ..... 0	X						0	0	0
Karen Mills See Schedule O	10 ..... 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES N MILLS See Schedule O	10 ..... 0	X						0	0	0
LEE M MITCHELL See Schedule O	10 ..... 0	X						0	0	0
Timothy P Moen See Schedule O	10 ..... 0	X						0	0	0
Lou Jean Moyer See Schedule O	10 ..... 0	X						0	0	0
DENNIS MUILENBERG See Schedule O	10 ..... 0	X						0	0	0
James Murray III See Schedule O	10 ..... 0	X						0	0	0
Phebe N Novakovic See Schedule O	10 ..... 0	X						0	0	0
ANDREW OLEKSYN DO See Schedule O	60 ..... 0	X						0	0	0
Amy S Paller MD See Schedule O	40 ..... 0	X						372,688	0	40,949
Robert J Parkinson Jr See Schedule O	10 ..... 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAGDISH PATEL MD See Schedule O	40 0	X						34,350	0	0
TERRANCE D PEABODY MD See Schedule O	40 0	X						781,273	0	40,273
WILLIAM D PEREZ See Schedule O	10 0	X						0	0	0
Joseph M Persak MD See Schedule O	10 0	X						0	0	0
Jane D Pigott See Schedule O	10 0	X						0	0	0
Leonidas C Plantanias MD PhD See Schedule O	10 0	X						0	0	0
John Podjasek See Schedule O	10 0	X						0	0	0
ANNE PRAMAGGIORE See Schedule O	10 0	X						0	0	0
Craig R Pryde See Schedule O	10 0	X						0	0	0
Andrea Redmond-Ferguson See Schedule O	10 0	X						0	0	0

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		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
J Christopher Reyes See Schedule O	10 ..... 0	X						0	0	0
LARRY D RICHMAN See Schedule O	10 ..... 0	X						0	0	0
Mary Beth Richmond MD See Schedule O	10 ..... 0	X						0	0	0
Sue Richter See Schedule O	10 ..... 0	X						0	0	0
LEONETTA RIZZI See Schedule O	70 ..... 0	X						0	0	0
Desiree Rogers See Schedule O	10 ..... 0	X						0	0	0
Matthew W Ross See Schedule O	10 ..... 0	X						0	0	0
Debbie S Saran See Schedule O	20 ..... 0	X						0	0	0
Ron Saslow See Schedule O	10 ..... 0	X						0	0	0
Muneer A Satter See Schedule O	10 ..... 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			
Terry Savage See Schedule O	10 ..... 0	X						0	0	0
Morton O Schapiro See Schedule O	10 ..... 0	X						0	0	0
John Schmidt MD See Schedule O	10 ..... 0	X						0	0	0
Marc S Schulman See Schedule O	10 ..... 0	X						0	0	0
Samuel C Scott III See Schedule O	10 ..... 0	X						0	0	0
RONALD J SEVERINO MD See Schedule O	40 ..... 0	X						377,779	0	41,987
DEAN P SHOENER MD See Schedule O	40 ..... 0	X						600,757	0	41,443
Scott C Smith See Schedule O	10 ..... 0	X						0	0	0
Greg Smith See Schedule O	30 ..... 0	X						0	0	0
NATHANIEL J SOPER MD See Schedule O	40 ..... 0	X						803,667	0	33,622

**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			
MARC STRAUSS See Schedule O	60 ..... 0	X						0	0	0
ALEXANDER D STUART See Schedule O	10 ..... 0	X						0	0	0
Robert J Stucker See Schedule O	10 ..... 0	X						0	0	0
Robert Sullivan See Schedule O	10 ..... 0	X						0	0	0
Timothy P Sullivan See Schedule O	10 ..... 0	X						0	0	0
Shelia G Talton See Schedule O	10 ..... 0	X						0	0	0
DONALD L THOMPSON See Schedule O	10 ..... 0	X						0	0	0
Michael Thornton MD See Schedule O	10 ..... 0	X						0	0	0
Edward T Tilly See Schedule O	10 ..... 0	X						0	0	0
DEAN G TSARWHAS MD See Schedule O	40 ..... 0	X						922,715	0	45,156

**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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jason Tyler See Schedule O	10 ..... 0	X						0	0	0
Douglas E Vaughan See Schedule O	10 ..... 0	X						0	0	0
Nicholas J Volpe MD See Schedule O	400 ..... 0	X						522,446	0	41,269
WILLIAM A VONHOENE See Schedule O	10 ..... 0	X						0	0	0
FREDERICK H WADDELL See Schedule O	10 ..... 0	X						0	0	0
Ruth WALKER See Schedule O	10 ..... 0	X						0	0	0
Reeve Waud See Schedule O	10 ..... 0	X						0	0	0
JEFFREY D WAYNE MD See Schedule O	400 ..... 0	X						495,941	0	41,269
Ann West MD See Schedule O	10 ..... 0	X						0	0	0
Peter Whinfrey See Schedule O	10 ..... 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			
Forrest Whittaker See Schedule O	10 ..... 0	X						0	0	0
ABRA PRENTICE WILKIN See Schedule O	10 ..... 0	X						0	0	0
Patricia A Woertz See Schedule O	10 ..... 0	X						0	0	0
Corinne J Wood See Schedule O	10 ..... 0	X						0	0	0
JAMES P ZALLIE See Schedule O	10 ..... 0	X						0	0	0
Andrea Zopp See Schedule O	10 ..... 0	X						0	0	0
MAUREEN BRYANT See Schedule O	40 ..... 0			X				632,502	0	71,421
Danae K Prousis See Schedule O	40 ..... 0			X				824,596	0	25,923
Mary Savaiano See Schedule O	40 ..... 0			X				111,172	0	24,897
Maureen A Taus See Schedule O	40 ..... 0			X				524,396	0	59,080



**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			
KATHLEEN YOSKO See Schedule O	40 ..... 0			X				599,911	0	26,094
Aaron Bare See Schedule O	40 ..... 0					X		1,078,565	0	45,379
Michael Lee MD See Schedule O	40 ..... 0					X		895,695	0	36,399
Harish Shownkeen MD See Schedule O	40 ..... 0					X		1,637,869	0	36,497
Regina Stein MD See Schedule O	40 ..... 0					X		841,275	0	40,134
Claudia Tellez MD See Schedule O	40 ..... 0					X		917,317	0	35,464
James Adams See Schedule O	40 ..... 0						X	899,728	0	68,275
Roger Bell See Schedule O	40 ..... 0						X	446,486	0	56,408
Steven Burandt MD See Schedule O	40 ..... 0						X	266,801	0	39,144
Carl Christensen See Schedule O	40 ..... 0						X	686,559	0	155,904

**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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brad Copple See Schedule O	40 0						X	562,645	0	51,426
Mark Daniels MD See Schedule O	40 0						X	491,959	0	40,191
Joseph Dant See Schedule O	40 0						X	75,154	0	26,262
James C Dechene See Schedule O	40 0						X	916,147	0	28,384
Pamela Duffy See Schedule O	40 0						X	415,291	0	35,351
Erik Englehart MD See Schedule O	40 0						X	422,709	0	33,743
Stephen Falk See Schedule O	40 0						X	735,834	0	28,580
Loren Foelske See Schedule O	40 0						X	318,443	0	1,002
Francis Fraher See Schedule O	40 0						X	419,201	0	41,800
David Hensley See Schedule O	40 0						X	341,078	0	45,777

**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 Hubbe See Schedule O	40 0 ..... 0						X	146,894	0	34,806
Denise Majeski See Schedule O	40 0 ..... 0						X	356,693	0	20,922
Dean Manheimer See Schedule O	40 0 ..... 0						X	2,202,561	0	39,287
Peter McCanna See Schedule O	40 0 ..... 0						X	3,738,508	0	34,973
Michele McClelland See Schedule O	40 0 ..... 0						X	225,233	0	0
Gary Noskin MD See Schedule O	40 0 ..... 0						X	668,706	0	129,051
Elizabeth Rosenberg See Schedule O	40 0 ..... 0						X	1,093,258	0	250,945
Michael Vivoda See Schedule O	40 0 ..... 0						X	1,607,462	0	239,356
Brian Walsh See Schedule O	40 0 ..... 0						X	544,924	0	64,384
Jennifer Wooten Ierardi See Schedule O	40 0 ..... 0						X	427,288	0	59,292

**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			
Douglas M Young  See Schedule O	40 0 ..... 0						X	605,234	0	50,670

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

**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](http://www.irs.gov/form990).

**2017**

**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 Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations

19

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
<b>Total</b>	18				0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	23,749,768	25,212,380	28,919,061	48,893,913	83,043,128	209,818,250
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	23,749,768	25,212,380	28,919,061	48,893,913	83,043,128	209,818,250
<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)						26,115,162
<b>6 Public support.</b> Subtract line 5 from line 4						183,703,088

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b> Amounts from line 4	23,749,768	25,212,380	28,919,061	48,893,913	83,043,128	209,818,250
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,017,161	17,722,673	20,397,994	12,141,681	12,413,256	82,692,765
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,950	0	0	0	0	27,950
<b>11 Total support.</b> Add lines 7 through 10						292,538,965

**12** Gross receipts from related activities, etc (see instructions) **12** 15,187,841

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

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

**14** Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** 62.80 %  
**15** Public support percentage for 2016 Schedule A, Part II, line 14 **15** 61.45 %

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,357,394	8,129,452	5,938,157	5,565,947	4,985,684	36,976,634
<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	839,493,483	787,115,693	1,054,631,080	1,098,936,793	1,141,764,470	4,921,941,519
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	851,850,877	795,245,145	1,060,569,237	1,104,502,740	1,146,750,154	4,958,918,153
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						4,958,918,153

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	851,850,877	795,245,145	1,060,569,237	1,104,502,740	1,146,750,154	4,958,918,153
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,247,540	319,784	5,530,886	589,616	1,949,628	19,637,454
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,475,155	1,144,227	999,307	1,463,994	1,189,812	6,272,495
<b>c</b> Add lines 10a and 10b	12,722,695	1,464,011	6,530,193	2,053,610	3,139,440	25,909,949
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,970,792	484,250	8,028,253	40,911,309	50,772,483	103,167,087
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	867,544,364	797,193,406	1,075,127,683	1,147,467,659	1,200,662,077	5,087,995,189
<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> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.46 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	98.30 %

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.51 %
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	0.54 %
<b>19a 33 1/3% support tests—2017.</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 ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</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 ▶ <input type="checkbox"/>		
<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 ▶ <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	Yes	
<b>b</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</b>	<b>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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	Yes	
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		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))? If "Yes," provide detail in <b>Part VI</b> .		No
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

		Yes	No
<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?		
<b>b</b>	A family member of a person described in (a) above?		
<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>		
		<b>11a</b>	<b>No</b>
		<b>11b</b>	<b>No</b>
		<b>11c</b>	<b>No</b>

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>2a</b>	
		<b>2b</b>	
		<b>3a</b>	
		<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(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>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b>	Enter 85% of line 1	<b>2</b>	0
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b>	Income tax imposed in prior year	<b>5</b>	0
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

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

**Facts And Circumstances Test**

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I PUBLIC CHARITY STATUS	<p>THIS SCHEDULE A IS BEING FILED ON BEHALF OF A GROUP EXEMPTION AND INCLUDES MULTIPLE ENTITIES. THEY ARE GROUPED AS FOLLOWS: THE PRIMARY RESPONSE FOR SCHEDULE A REPRESENTS THOSE ORGANIZATIONS LISTED AS TYPE 3, HOSPITALS OR COOPERATIVE HOSPITAL SERVICE ORGANIZATIONS AS DESCRIBED IN SECTION 170(B)(1)(A)(III) - CENTER FOR FAMILY HEALTH-MALTA - CENTRAL DUPAGE HOSPITAL ASSOCIATION - DEKALB BEHAVIORAL HEALTH FOUNDATION, INC - DELNOR-COMMUNITY HOSPITAL - KISHHEALTH SYSTEM HOMECARE - KISHWAUKEE COMMUNITY HOSPITAL - KISHWAUKEE PHYSICIAN GROUP, INC - MARIANJOY REHABILITATION HOSPITAL &amp; CLINICS, INC - NORTHWESTERN LAKE FOREST HOSPITAL - NORTHWESTERN MEMORIAL HOSPITAL - REHABILITATION MEDICINE CLINIC, INC - VALLEY WEST COMMUNITY HOSPITAL. THE FOLLOWING ORGANIZATIONS ARE GROUPED AS TYPE 7, ORGANIZATIONS THAT NORMALLY RECEIVE A SUBSTANTIAL PART OF THEIR SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI) - NORTHWESTERN MEMORIAL FOUNDATION - KISHHEALTH FOUNDATION. THEY ARE REPRESENTED IN TOTAL BY PART II OF THE SCHEDULE A. THE FOLLOWING ORGANIZATIONS ARE GROUPED AS TYPE 10, ORGANIZATIONS THAT NORMALLY RECEIVE (1) MORE THAN 33 1/3% OF THEIR SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO THEIR EXEMPT FUNCTIONS-SUBJECT TO CERTAIN EXCEPTIONS, AND (2) NO MORE THAN 33 1/3% OF THEIR SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATIONS AFTER JUNE 30, 1975. SEE SECTION 509(A)(2) - LAKE FOREST HEALTH &amp; FITNESS INSTITUTE - NORTHWESTERN MEDICAL FACULTY FOUNDATION (NMG) - CENTRAL DUPAGE PHYSICIAN GROUP - DEKALB COUNTY HOSPICE, INC. THEY ARE REPRESENTED IN TOTAL BY PART III OF THE SCHEDULE A. TYPE I SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3) INCLUDE - MARIANJOY REHABILITATION CENTER AUXILIARY TYPE I SUPPORTING ORGANIZATIONS UNDER SECTION 509(A)(3) INCLUDE - CDH-DELNOR HEALTH SYSTEM - KISHHEALTH SYSTEM</p>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I, Line 12g(v) AMOUNT OF MONETARY AND OTHER SUPPORT TO SUPPORTED ORGANIZATIONS	THE ORGANIZATION DOES NOT BREAK OUT THE SPECIFIC MONETARY VALUE OF THE SUPPORT PROVIDED TO EACH ENTITY, AS THE ORGANIZATION EXISTS SOLELY TO SUPPORT THE MISSION AND OPERATIONS OF ITS SUPPORTED ORGANIZATIONS AND THEIR AFFILIATES, WHICH ARE ALL PART OF THE SAME INTEGRATED HEALTH CARE SYSTEM AS A RESULT, ALL OF ITS ACTIVITIES AND EXPENSES DIRECTLY OR INDIRECTLY SUPPORT ITS SUPPORTED ORGANIZATIONS

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	<p>ALL SUPPORTED ORGANIZATIONS OF THE TYPE II SUPPORTING ORGANIZATIONS ARE DESIGNATED BY CLASS IN THE RESPECTIVE ARTICLES OF INCORPORATION, WHICH STATE THAT THE CORPORATION'S PURPOSES SHALL BE LIMITED TO OPERATING EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR THE CARRY OUT THE PURPOSES OF THOSE ENTITIES DIRECTLY OR INDIRECTLY CONTROLLED BY NORTHWESTERN MEMORIAL HEALTHCARE, PROVIDED THAT SUCH ORGANIZATIONS ARE EXEMPT FROM TAX UNDER SECTION 501(A) OF THE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND ARE CLASSIFIED AS OTHER THAN PRIVATE FOUNDATIONS UNDER SECTION 509(A)(1) OR SECTION 509(A)(2) OF THE CODE (COLLECTIVELY, THE "SUPPORTED ORGANIZATIONS") THE SUPPORTED ORGANIZATIONS LISTED IN THIS SCHEDULE ARE THOSE ORGANIZATIONS WHICH THE SUPPORTING ORGANIZATIONS HAVE HISTORICALLY AND CONTINUALLY SUPPORTED WITHIN THE NORTHWESTERN MEMORIAL HEALTHCARE SYSTEM</p>

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup Org	MARIANJOY FOUNDATION (35-2165613) WAS DISSOLVED AS OF 8/31/2017 AT THE CLOSE OF THE PRIOR TAX PERIOD FOLLOWING THE APPROVAL AND FILING OF ARTICLES OF MERGER WITH NORTHWESTERN MEMORIAL FOUNDATION

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6 Support to other supported orgs	THE SUPPORTING ORGANIZATIONS WITHIN THE SYSTEM PROVIDED GRANT FUNDS TO NORTHWESTERN UNIVER SITY FEINBERG SCHOOL OF MEDICINE AS INDICATED ON SCHEDULE I



**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 2 Benefit Of Supp Org Other Than The One Operating The Org	MARIANJOY REHABILITATION CENTER AUXILIARY'S BOARD OF DIRECTORS IS APPOINTED BY MARIANJOY R EHABILITATION HOSPITAL & CLINICS, PURSUANT TO CRITERIA ESTABLISHED BY NORTHWESTERN MEMORIA L HEALTHCARE, THE SOLE MEMBER OF THE REMAINING SUPPORTED ORGANIZATIONS LISTED IN THIS SCHE DULE A, PART I, LINE 12G THE ORGANIZATION PROVIDES SUPPORT TO ALL OF ITS SUPPORTED ORGANI ZATIONS, WHICH OPERATE FOR THE BENEFIT AND TO CARRY OUT THE MISSION OF INTEGRATED HEALTH C ARE SYSTEM

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - SHARED SERVICES, COLUMN A - 2970792 0, COLUMN B - 484250 0, COLUMN C - 80282 53 0, COLUMN D - 40911309 0, COLUMN E - 50772483 0, COLUMN F - 103167087 0,

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 27950 0, COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 27950 0,

**Additional Data****Software ID:** 17005876**Software Version:** 2017v2.2**EIN:** 36-4724966**Name:** Northwestern Memorial HealthCare Group**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) CENTRAL DUPAGE HOSPITAL ASSOCIATION	362513909	3		No	0	0
(A) DELNOR-COMMUNITY HOSPITAL	363484281	3		No	0	0
(B) KISHWAUKEE COMMUNITY HOSPITAL	237087041	3		No	0	0
(C) VALLEY WEST COMMUNITY HOSPITAL	364244337	3		No	0	0
(D) KISHHEALTH FOUNDATION	363649077	7		No	0	0
(E) DEKALB BEHAVIORAL HEALTH FOUNDATION INC	474579189	3		No	0	0
(F) DEKALB COUNTY HOSPICE	363164329	9		No	0	0
(G) KISHHEALTH SYSTEM HOME CARE	371703513	3		No	0	0
(H) KISHWAUKEE PHYSICIAN GROUP	651293967	3		No	0	0
(I) CENTER FOR FAMILY HEALTH-MALTA	800869393	3		No	0	0
(J) MARIANJOY REHABILITATION HOSPITAL & CLINICS INC	362680776	3		No	0	0
(K) REHABILITATION MEDICINE CLINIC INC	363236791	3		No	0	0
(L) NORTHWESTERN MEDICAL FACULTY FOUNDATION	363097297	9	Yes		0	0
(M) NORTHWESTERN MEMORIAL HOSPITAL	370960170	3	Yes		0	0
(N) NORTHWESTERN LAKE FOREST HOSPITAL	362179779	3	Yes		0	0

**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) LAKE FOREST HEALTH & FITNESS INSTITUTE	363835030	9		No	0	0
(A) NORTHWESTERN MEMORIAL FOUNDATION	363155315	7		No	0	0
(B) CENTRAL DUPAGE PHYSICIAN GROUP	363149833	9		No	0	0

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Northwestern Memorial HealthCare Group	<b>Employer identification number</b> 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0
<b>1b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	287,149	376,949
<b>1c</b> Total lobbying expenditures (add lines 1a and 1b)	287,149	376,949
<b>1d</b> Other exempt purpose expenditures	5,188,565,297	6,174,049,217
<b>1e</b> Total exempt purpose expenditures (add lines 1c and 1d)	5,188,852,446	6,174,426,166
<b>1f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	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	250,000
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0	0
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0	0
<b>j</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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	529,932	412,411	394,401	376,949	1,713,693
<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		0	0	0	0

**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> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> 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
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME NORTHWESTERN MEMORIAL HOSPITAL ADDRESS 251 E HURON CHICAGO, Illinois 60611 EIN 37-0960170 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 86,855 TOTAL LOBBYING EXPENDITURES 86,855 OTHER EXEMPT PURPOSE EXPENDITURES 1,690,138,884 TOTAL EXEMPT PURPOSE EXPENDITURES 1,690,225,739 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME NORTHWESTERN LAKE FOREST HOSPITAL ADDRESS 1000 N WESTMORELAND ROAD LAKE FOREST, Illinois 60645 EIN 36-2179779 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 35,454 TOTAL LOBBYING EXPENDITURES 35,454 OTHER EXEMPT PURPOSE EXPENDITURES 366,931,291 TOTAL EXEMPT PURPOSE EXPENDITURES 366,966,745 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME NORTHWESTERN MEDICAL FACULTY FOUNDATION ADDRESS 251 E HURON CHICAGO, Illinois 60611 EIN 36-3097297 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 1,086,203,978 TOTAL EXEMPT PURPOSE EXPENDITURES 1,086,203,978 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME LAKE FOREST HEALTH & FITNESS INSTITUTE ADDRESS 1200 N WESTMORELAND ROAD LAKE FOREST, Illinois 60645 EIN 36-3835030 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 7,039,876 TOTAL EXEMPT PURPOSE EXPENDITURES 7,039,876 LOBBYING NONTAXABLE AMOUNT 501,994 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 125,498 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME NORTHWESTERN MEMORIAL FOUNDATION ADDRESS 251 E HURON CHICAGO, Illinois 60611 EIN 36-3155315 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 11,478,757 TOTAL EXEMPT PURPOSE EXPENDITURES 11,478,757 LOBBYING NONTAXABLE AMOUNT 723,938 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 180,984 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES



## TY 2017 Affiliated Group Schedule

**Name:** Northwestern Memorial HealthCare Group

**EIN:** 36-4724966

**Software ID:** 17005876

**Software Version:** 2017v2.2

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

**Address. Either US or Foreign Type:** 541 N Fairbanks Ct 1630  
Chicago, IL 606113319

**EIN:** 36-4724966

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 287,149

**Total Lobbying Expenditures:** 287,149

**Other Exempt Purpose Expenditures:** 5,188,565,297

**Total Exempt Purpose Expenditures:** 5,188,852,446

**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 HEALTHCARE

**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:** 985,483,920

**Total Exempt Purpose Expenditures:** 985,573,720

**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

**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  
**2017**  
**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)	763	1,000,000
<b>3</b> Aggregate value of grants from (during year)	4,240	659,203
<b>4</b> Aggregate value at end of year	16,396	12,494,747

- 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>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<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	<b>2d</b>	

- 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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	175,079,702	161,910,261	160,775,409	154,047,947	150,742,275
<b>b</b> Contributions . . . . .	6,403,092	5,608,930	1,930,836	8,113,774	2,420,472
<b>c</b> Net investment earnings, gains, and losses	1,149,184	7,560,511	-795,984	-1,386,312	885,200
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	182,631,978	175,079,702	161,910,261	160,775,409	154,047,947

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 100 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		347,816,172		347,816,172
<b>b</b> Buildings . . . . .		3,883,356,513	1,437,778,468	2,445,578,045
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		836,415,374	500,171,057	336,244,317
<b>e</b> Other . . . . .		130,039,576	17,198,041	112,841,535
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,242,480,069

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<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
(1) I/C RECEIVABLE	3,922,412,344
(2) INSURANCE RECOVERABLE	443,527,657
(3) OTHER ASSETS	18,244,415
(4) DUE FROM AFFILIATES	140,182
(5) SECTION 457-B PLAN ASSET	89,678,498
(6) INVEST NON GROUP SUBS JV	
(7) BENEFICIAL INTEREST IN TRUSTS	15,047,955
(8) MEDICAID RECEIVABLE	1,306,980
(9) ARTWORK	398,879
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	4,490,756,910

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	5,613,722
ACCRUED BOND INTEREST	957,874
EST THIRD PARTY PAYOR SETTLEMENT	544,167,953
SELF INSURANCE RESERVES	946,535,103
INTEREST RATE SWAPS	73,349,832
SECTION 457-B AND PENSION PLAN	91,834,507
DEFERRED RENT	0
OTHER	10,034,655
DUE TO AFFILIATES	39,901,292
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,712,394,938

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 1			
<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 1:			
<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:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 36-4724966  
**Name:** Northwestern Memorial HealthCare Group

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

(a) Description	(b) Book value
I/C RECEIVABLE	3,922,412,344
INSURANCE RECOVERABLE	443,527,657
OTHER ASSETS	18,244,415
DUE FROM AFFILIATES	140,182
SECTION 457-B PLAN ASSET	89,678,498
INVEST NON GROUP SUBS JV	
BENEFICIAL INTEREST IN TRUSTS	15,047,955
MEDICAID RECEIVABLE	1,306,980
ARTWORK	398,879

**Form 990, Schedule D, Part X, - Other Liabilities**

1 (a) Description of Liability	(b) Book Value
ACCRUED BOND INTEREST	957,874
EST THIRD PARTY PAYOR SETTLEMENT	544,167,953
SELF INSURANCE RESERVES	946,535,103
INTEREST RATE SWAPS	73,349,832
SECTION 457-B AND PENSION PLAN	91,834,507
DEFERRED RENT	0
OTHER	10,034,655
DUE TO AFFILIATES	39,901,292



## Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of Art	DUE TO IMMATERIALITY THERE IS NO SEPARATE FOOTNOTE IN THE FINANCIAL STATEMENTS REGARDING SFAS 116 (ASC 958) CONTRIBUTED ART

## Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of 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

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 Tax Footnote	<p>Each of the NMHC not-for-profit entities is qualified under the Internal Revenue Code (the Code) as a tax-exempt organization and is exempt from tax on income related to its tax-exempt purposes under Section 501(a) of the Code. Accordingly, no income taxes are provided for the majority of the income in the accompanying consolidated financial statements for these corporations. Certain corporations had unrelated business income (UBI) generated primarily from the sale of certain services that are not directly related to patient care and through limited partnerships within the investment portfolio. Certain corporations have unused net operating loss carryforwards available to offset the UBI tax. The net operating loss carryforwards expire through 2037. The deferred tax assets associated with these net operating loss carryforwards of \$10,844,000 and \$6,802,000 at August 31, 2018 and 2017, respectively, are offset by valuation allowances on the accompanying consolidated balance sheets of \$10,844,000 and \$6,802,000 respectively. The total net operating loss carryforwards at August 31, 2018 and 2017 were \$33,113,000 and \$16,938,000 respectively. NMHC calculates income taxes for its taxable subsidiaries. Taxable income differs from pretax book income principally due to certain income and deductions for tax purposes being recorded in the consolidated financial statements in different periods. Deferred income tax assets and liabilities are recorded for the tax effect of these differences using enacted tax rates for the years in which the differences are expected to reverse. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent on the generation of future taxable income during the periods in which those temporary differences become deductible. The Cayman Islands government does not impose any tax on income or capital gains. However, such corporations are subject to U.S. federal corporate taxation to the extent that they generate net income that is effectively connected with a U.S. trade or business. These corporations were not engaged in any such trade or business in the U.S. during fiscal year 2018 or 2017. Therefore, no income tax provision has been recorded related to these corporations and their operations. Provisions for federal and state income taxes of \$6,028 and \$13,010 for the years ended August 31, 2018 and 2017, respectively, are included within Other in Nonoperating gains (losses) in the accompanying consolidated statements of operations and changes in net assets.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE NORTHWESTERN GROUP DISCLOSED THE ENDOWMENT FUNDS IN PART V IN ACCORDANCE WITH SFAS 117 (ASC 958) THE GROUP REPORTS BOARD DESIGNATED FUNDS OF \$242,870,339 IN UNRESTRICTED NET ASSETS AS OF AUGUST 31, 2018 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 \$55,800,533 AS OF AUGUST 31, 2018 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

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ 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).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

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
See Add'l Data					
<b>3a</b> Sub-total	0	1			1,058,203
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	1			1,058,203

**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.

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

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)

**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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No



**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).

ReturnReference	Explanation

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 36-4724966

**Name:** Northwestern Memorial HealthCare Group

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa	0	0	Program Services	SEND AGENTS TO SEMINAR	21,028
Europe (Including Iceland and Greenland)	0	0	Program Services	SEND AGENTS TO SEMINAR	48,662

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
North America (Canada & Mexico only)	0	0	Program Services	SEND AGENTS TO SEMINAR	30,485
Middle East and North Africa	0	1	Unrelated Business Activities		958,028

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

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.

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>WOMEN'S BOARD OF NLFH BENEFIT</b> (event type)	<b>CDH/DELNOR GALA</b> (event type)	<b>16</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	1,238,450	442,007	1,771,041	3,451,498
<b>2</b>	Less Contributions . . . . .	863,700	269,010	909,258	2,041,968
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	374,750	172,997	861,783	1,409,530
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .			32,256	32,256
	<b>6</b> Rent/facility costs . . . . .	263,946		200,955	464,901
	<b>7</b> Food and beverages . . . . .	74,978	70,547	243,568	389,093
	<b>8</b> Entertainment . . . . .	80,890	4,681	40,677	126,248
	<b>9</b> Other direct expenses . . . . .	65,772	108,251	356,374	530,397
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-133,365

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .			2,355	2,355
	<b>3</b> Noncash prizes . . . . .			2,099	2,099
	<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 100% <input type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

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

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

**b** If "No," explain \_\_\_\_\_

---

**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>13a</b> | %     |
| <b>b</b> | An outside facility         | <b>13b</b> | 100 % |
- 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 ▶ 05050 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 ▶ \_\_\_\_\_

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 ▶ \$ 0

**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 provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part III, Line 14 Special Events Books and Records	THESE WERE SMALL RAFFLES, NO SPECIFIC PERSON WAS IN CHARGE OF THE ACTIVITIES BOOKS AND RECORDS ARE HELD BY NORTHWESTERN MEMORIAL FOUNDATION
Schedule G, Part III, Line 9a Part III, Line 9a	ILLINOIS DOES NOT REQUIRE LICENSING TO CONDUCT GAMING ACTIVITIES

**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  
2017  
**Open to Public Inspection**

**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	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	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 checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input 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 free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	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 _____ 60000 %	<b>3b</b>	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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		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>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**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)			73,916,007	7,986,731	65,929,276	1 31 %
<b>b</b> Medicaid (from Worksheet 3, column a)			450,337,200	303,345,814	146,991,386	2 93 %
<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	0	0	524,253,207	311,332,545	212,920,662	4 25 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,966,584	0	3,966,584	0 08 %
<b>f</b> Health professions education (from Worksheet 5)			38,682,629	12,410,432	26,272,197	0 52 %
<b>g</b> Subsidized health services (from Worksheet 6)			13,124,123	0	13,124,123	0 26 %
<b>h</b> Research (from Worksheet 7)			22,231,680	0	22,231,680	0 44 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			2,121,415	0	2,121,415	0 04 %
<b>j Total.</b> Other Benefits	0	0	80,126,431	12,410,432	67,715,999	1 35 %
<b>k Total.</b> Add lines 7d and 7j	0	0	604,379,638	323,742,977	280,636,661	5 60 %

**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
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			1,946,878		1,946,878	0 04 %
9 Other					0	0 %
<b>10 Total</b>	0	0	1,946,878	0	1,946,878	0 04 %

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	42,281,000
3 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	3	
4 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**

5 Enter total revenue received from Medicare (including DSH and IME)	5	1,181,664,064
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,647,218,756
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-465,554,692
8 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**

9a Did the organization have a written debt collection policy during the tax year?	9a Yes	
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**

(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 %
1 Kishwaukee Area PHO	Credentialing & Managed Care	66 67 %		33 33 %
2 Midland Surgical Center	Surgery Center	74 5 %		25 5 %
3 Lake Forest Managed Care Association	Credentialing & Managed Care	50 %		50 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 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>6 a</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>b</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>https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</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? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<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
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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? . . . . .	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)	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 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>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Northwestern Memorial Hospital

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

		Yes	No
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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	19	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<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	21	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)		

**Part V Facility Information** *(continued)*

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

Northwestern Memorial Hospital

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

**22** 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

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>23</b>		No
<b>24</b>		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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 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>6 a</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>b</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>https //www nm org/about-us/community-initiatives/community-health-needs-assessment</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? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<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>12b</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
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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 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>	Was widely publicized 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>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

NORTHWESTERN LAKE FOREST HOSPITAL

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

		Yes	No
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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	19	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<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	21	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)		



**Part V Facility Information** *(continued)*

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

NORTHWESTERN LAKE FOREST HOSPITAL

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

**22** 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

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>23</b>		No
<b>24</b>		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 ASSOCIATION

**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 . . . . .		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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 17</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 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>6 a</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>b</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>https //www nm org/about-us/community-initiatives/community-health-needs-assessment</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 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<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>12b</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)**

CENTRAL DUPAGE HOSPITAL ASSOCIATION

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

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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 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>	Was widely publicized 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>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

CENTRAL DUPAGE HOSPITAL ASSOCIATION

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

		Yes	No
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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	19	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<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	21	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)		

**Part V Facility Information** *(continued)*

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

CENTRAL DUPAGE HOSPITAL ASSOCIATION

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

- 22** 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
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>23</b>		No
<b>24</b>		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

**Community Health Needs Assessment**

		Yes	No
<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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 20 <u>17</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 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>https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</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 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>10b</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>12b</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
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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 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>	Was widely publicized 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>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

DELNOR-COMMUNITY HOSPITAL

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

		Yes	No	
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<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	19		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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<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	21	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)			



**Part V Facility Information** *(continued)*

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

DELNOR-COMMUNITY HOSPITAL

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

- 22** 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
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>23</b>		No
<b>24</b>		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 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): \_\_\_\_\_ 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 . . . . .		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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 17</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 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>6 a</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>b</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>https //www nm org/about-us/community-initiatives/community-health-needs-assessment</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 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<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>12b</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 COMMUNITY HOSPITAL

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

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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 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>	Was widely publicized 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>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

NORTHWESTERN MEDICINE KISHWAUKEE COMMUNITY HOSPITAL

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

		Yes	No
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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? . . . . .	19	No
	If "Yes," check all actions in which the hospital facility or a third party engaged		
	<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
	<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
	<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? . . . . .	21	Yes
	If "No," indicate why		
	<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)		

**Part V Facility Information** *(continued)*

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

NORTHWESTERN MEDICINE KISHWAUKEE COMMUNITY HOSPITAL

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

- 22** 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
  - a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>23</b>		No
<b>24</b>		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 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): \_\_\_\_\_ 6 \_\_\_\_\_

**Community Health Needs Assessment**

		Yes	No
<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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 17</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 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>6 a</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>b</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>https://www.nm.org/about-us/community-initiatives/community-health-needs-assessment</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 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<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>12b</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 Hospital

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

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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 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>	Was widely publicized 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>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>nm org/patients-and-visitors/billing-and-insurance/financial-assistance</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Northwestern Medicine Valley West Hospital

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

		Yes	No
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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	19	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<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	21	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)		



**Part V Facility Information** *(continued)*

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

Northwestern Medicine Valley West Hospital

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

**22** 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

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>23</b>		No
<b>24</b>		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 . . . . .		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 . . . . . 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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 17</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 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>6 a</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>b</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>https //www nm org/about-us/community-initiatives/community-health-needs-assessment</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>http //Marianjoy org/about-marianjoy/community-benefit.aspx</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 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<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>12b</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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	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	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>600 0</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? . . . . .	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)	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>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http //marianjoy org/patients-visitors/billing-insurance aspx</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http //marianjoy org/patients-visitors/billing-insurance aspx</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http //marianjoy org/patients-visitors/billing-insurance aspx</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Marianjoy Rehabilitation Hospital

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

		Yes	No
<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 nonpayment? . . . . .	17	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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	19	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<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	21	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)		

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Marianjoy Rehabilitation Hospital

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

**22** 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

- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d**  The hospital facility used a prospective Medicare or Medicaid method

**23** 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

**24** 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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**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? 182

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

**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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a COMMUNITY BENEFIT REPORT	Northwestern Memorial HealthCare and Subsidiaries (NMHC) submit a community benefit report to the Illinois attorney general according to the requirements for the state of Illinois Northwestern Memorial Hospital (NMH), Northwestern Lake Forest Hospital (NLFH), Central DuPage Hospital (NWCDH), Delnor Community Hospital (Delnor), Kishwaukee Community Hospital (KCH), Valley West Hospital (VWH), Kishwaukee Physicians Group (KPG), Marianjoy Rehabilitation Hospital and Clinics (MJRH), Marianjoy Medical Group (MMG) and all other NMHC non-profit subsidiaries' results are included in this report



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g SUBSIDIZED HEALTH SERVICES	THE BENEFITS REPORTED ARE PRIMARILY ASSOCIATED WITH OPERATING LOSSES SUPPORTING NMH'S MENTAL HEALTH PROGRAMS NMHC DOES NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 3c  <b>DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE</b></p>	<p>Northwestern Memorial Hospital, Northwestern Lake Forest Hospital, Central DuPage Hospital , Delnor-Community Hospital, Kishwaukee Community Hospital, and Valley West Hospital 09/01 /2017-08/31/2018 NMH, NLFH, CDH, Delnor, Kishwaukee and Valley West shall, in accordance w ith Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Car e to Uninsured Patients NMHC provides Free Care and Discounted Care to eligible Applicant s who are uninsured through two methods "uninsured sliding fee scale assistance" and "uni nsured catastrophic assistance " If an Applicant qualifies under both methods, NMHC will a pply the method that is most beneficial to the Applicant Despite qualification under eith er method, if there is reason to believe that an Applicant may have assets in excess of 60 0% 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 pro vide 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 Non-Residents who are Uninsured Patients are not eligible for Free Care or Di scounted Care Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services Financial Assistance will only be appli ed 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, aut o liability, worker's compensation, or employer funded health reimbursement accounts), gov ernment 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 Me dically Necessary care (other than Emergency Services) must, whenever possible, be screene d for eligibility for Medicaid, Health Insurance Exchange, or other available payment prog rams 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 av ailable payment programs may be ineligible for Financial Assistance NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's 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 Patient's or Guarantor's Program eligibility An uninsured Patient demonstrating eligibility under one or more of t he following programs shall be deemed eligible for NMHC's Free and Discounted Care program and will not be required to provide additional supporting documentation for financial ass istance A Homelessness B Deceased with no estate C Mental incapacitation with no one t o act on the patient's behalf D Medicaid eligibility, but not on date of service for non- covered service E Enrollment in the following assistance programs for low-income individu als having eligibility criteria at or below 200% of the federal poverty income guidelines, 1 Women, Infants and Children Nutrition Program (WIC) 2 Supplemental Nutrition Assistan ce Program (SNAP) 3 Illinois Free Lunch and Breakfast Program 4 Low Income Home Energy A ssistance Program (LHEAP) 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 Marianjoy Rehabilitation Hospital &amp; Clinics 09/0 1/2017 - 08/31/2018 In addition to FPG guidelines, Marianjoy Rehabilitation Hospital &amp; Clin ics utilizes other factors to determine eligibility for free or discounted care per the o rganization's charity care policy These factors include 1 Family income relative to fam ily size and other related factors such as current financial obligations 2 Employment sta tus, including, but not limited to, future earning capacity sufficient to meet the patient 's financial obligations in an acceptable period of time 3 Future and current ability to pay 4 Medical expenses, including pharmaceutical expenses, as a percentage of a patient's annual gross income, the amount of total medical bills outstanding, and the frequency of payments to be made in relation to the factors above 5 Credit report information 6 Actua l cost of care provided 7 Other factors deemed appropriate by the health system Marianjo y Rehabilitation Hospital &amp; Clinics do not consid</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	r the patient's assets in determining ability to pay or eligibility for charity care

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 NEEDS ASSESSMENT, CONTINUED	Northwestern Medicine Valley West Hospital NM Valley West 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 including the DeKalb County Health Department, the Kendall County Health Department, Fox Valley Older Adults, and other medical, not-for-profit, community and faith-based organizations Marianjoy Rehabilitation Hospital MRH coordinates strategies with community partners and key stakeholders who include, but are not limited to, the DuPage County Health Department, DuPage Federation on Human Services Reform, AbilityLinks, the People's Resource Center, and local school districts and public entities MRH's Pediatric Community Groups continue to be highly utilized by parents/caregivers to work on achieving functional goals for children with special needs

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI Rev Proc 2015-21 Disclosure	<p>During the August 31, 2018 fiscal year, Kishwaukee Community Hospital (KCH) received an IRS notice indicating a Compliance Check of the Financial Assistance Policy. The Compliance Check focused on the availability of a Provider Listing in addition to the basis for patient charges and discounts. A response was prepared on the basis of the FAP at the time of response when KCH had been fully incorporated in the overall FAP designated by NM Healthcare. The response was provided to the IRS on a timely basis and discussed with the Agent initiating the Compliance Check. The Agent acknowledged that the FAP language discussing patient charges and discounts was adequate and did not require update or clarification at this time. It was noted that the Provider List was required to more fully describe the providers who are or are not subject to the FAP, on either the basis of the physician or the department. The List was also acknowledged as required to be available more directly through the FAP or a website connected to the FAP. Although not meeting the disclosure requirements, the FAP met the spirit of serving the emergency and medically necessary care needs of patients. It is estimated that no patient was adversely affected, and was able to access this detail with the assistance of Hospital staff as needed. The Provider List was posted to the website for access prior to July 1, 2018 and is updated on a monthly basis, exceeding the quarterly basis as suggested by IRS guidance. The FAP will continue to direct users to access the List in this manner and clarify any necessary paths to obtaining or navigating the List.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B Marianjoy Rehabilitation Hospital and Clinics	As of September 1, 2018, Marianjoy was added and incorporated within the broader NMHC policies, particularly the Financial Assistance Policy. This return is completed with a historical approach as of August 31, 2018 responses pertaining to Marianjoy. Internet links are no longer active but will redirect to the current policy followed by Marianjoy. The active link redirect is <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>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	173930605

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance</p>	<p>THE COST OF CHARITY CARE FOR THE HOSPITALS WAS CALCULATED BY APPLYING THE TOTAL COST-TO-CHARGE RATIO FROM EACH HOSPITAL'S MEDICARE COST REPORT (CMS 2552-96 WORKSHEET C, PART 1, CONSISTENT WITH THE STATE OF ILLINOIS ATTORNEY GENERAL'S OFFICE DEFINITION) TO THE CHARGES ON ACCOUNTS IDENTIFIED AS QUALIFYING FOR CHARITY CARE (AS DEFINED IN THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS ACCOUNTING AND AUDITING GUIDE - HEALTHCARE ORGANIZATIONS) THE RESULTANT CALCULATED COST WAS THEN OFFSET BY ANY PAYMENTS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF PATIENT BILLS QUALIFYING FOR A CHARITY CARE DISCOUNT (AS DEFINED IN THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION'S PRINCIPLES AND PRACTICES BOARD STATEMENT 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL HEALTHCARE PROVIDERS) NMG IS NOT REQUIRED TO FILE A MEDICARE COST REPORT AN INTERNALLY CALCULATED COST-TO-CHARGE RATIO SPECIFIC TO NMG WAS USED TO DETERMINE THE COST OF CHARITY CARE FOR NMG THE RESULTANT CALCULATED COST WAS THEN OFFSET BY ANY PAYMENTS, CONSISTENT WITH THE METHODOLOGY FOR THE HOSPITALS THE UNREIMBURSED COST OF BAD DEBT, MEDICAID, MEDICARE OR ANY OTHER FEDERAL, STATE OR LOCAL INDIGENT HEALTHCARE PROGRAM IS NOT INCLUDED IN THE UNREIMBURSED COST FIGURE FOR CHARITY CARE THE COSTS OF CHARITY CARE IN THIS REPORT DIFFER FROM NMHC'S NOTES TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR FISCAL YEAR 2018 WHERE THEY WERE CALCULATED BY APPLYING A COST-TO-CHARGE RATIO DEVELOPED PRIOR TO FILING NMH'S, NLFH'S, CDH'S, DELNOR'S, KISH'S, AND MARIANJOY'S FISCAL YEAR 2018 MEDICARE COST REPORTS TO CHARGES FOREGONE FOR CHARITY CARE THE FISCAL YEAR 2018 MEDICARE COST REPORTS WERE COMPLETED AFTER THE AUDITED FINANCIAL STATEMENTS WERE ISSUED THE COSTS OF CHARITY CARE FOR THE HOSPITALS INCLUDED IN THIS REPORT WERE CALCULATED USING THE COST-TO-CHARGE RATIOS FROM NMH'S, NLFH'S, CDH'S, DELNOR'S, KISH'S, AND MARIANJOY'S COST REPORTS FILED IN FEBRUARY OF 2019 FOR FISCAL YEAR 2018 COMMUNITY HEALTH IMPROVEMENT SERVICES - THE COST OF LANGUAGE ASSISTANCE PROGRAMS INCLUDES BOTH THE COST OF EMPLOYEES AND NONEMPLOYEES TO PROVIDE TRANSLATION SERVICES TO NMHC HOSPITAL PATIENTS AND FAMILY MEMBERS EDUCATION - UNREIMBURSED EDUCATION COSTS INCLUDE THE COST OF NMHC'S MEDICAL RESIDENCY, FELLOWSHIP AND INTERNSHIP PROGRAMS LESS ANY THIRD-PARTY PAYOR REIMBURSEMENTS AND FEES RECEIVED SUBSIDIZED HEALTH SERVICES - SUBSIDIZED HEALTH SERVICES INCLUDE THE UNCOMPENSATED COST OF PROVIDING BEHAVIORAL HEALTH SERVICES, HEALTH EDUCATION AND INFORMATION AND PROGRAMS TO POSITIVELY IMPACT THE WELLNESS OF THE COMMUNITY COSTS CALCULATED WERE OFFSET BY ANY REIMBURSEMENT RECEIVED FOR SERVICES PROVIDED THE UNREIMBURSED COST FOR BEHAVIORAL HEALTH SERVICES WAS ALSO ADJUSTED TO EXCLUDE THE UNREIMBURSED COST OF CHARITY CARE AND GOVERNMENT SPONSORED INDIGENT HEALTHCARE RESEARCH - NMHC PROVIDES SUPPORT TO ADVANCE MEDICAL AND SCIENTIFIC RESEARCH AND ACADEMIC PURSUITS THE REPORTED SUPPORT INCLUDES THE UNREIMBURSED COST OF FUNDS PROVIDED FOR RESEARCH PROJECTS AND UNREIMBURSED OPERATIONAL INFRASTRUCTURE COSTS TO SUPPORT CLINICAL RESEARCH THAT OCCURS AT NMH, NMG, CDH AND MJRH DONATIONS - DONATIONS INCLUDE THE DOLLAR AMOUNT RECORDED DURING FISCAL YEAR 2018 IN ACCORDANCE WITH U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS CONTRIBUTIONS TO CHARITABLE AND OTHER COMMUNITY OR CIVIC ORGANIZATIONS FOR FURTHERANCE OF THEIR CHARITABLE PURPOSES</p>



Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>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. 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. 17 STUDENTS PARTICIPATED IN FISCAL YEAR 2018. - NMHC FORMALIZED ITS PARTNERSHIP WITH WESTINGHOUSE'S 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 NM DISCOVERY PROGRAM, FORMERLY KNOWN AS MEDICAL EXPLORERS, HAS BEEN AN NMHC INSTITUTION SINCE 1996, NOW OPERATED THROUGH TWO CHAPTERS. NM DISCOVERY PROGRAM CENTRAL AND NM DISCOVERY PROGRAM WEST. 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, OVER 1,000 HIGH SCHOOL STUDENTS HAVE PARTICIPATED IN THE PROGRAM, WITH 109 PARTICIPANTS IN FISCAL YEAR 2018, INCLUDING 49 STUDENTS FROM THE CENTRAL CHAPTER AND 60 PARTICIPANTS FROM THE WEST CHAPTER. ADDITIONALLY, EACH SUMMER A SELECT NUMBER OF NM DISCOVER</p>

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>RERS ARE OFFERED INTERNSHIPS IN VARIOUS DEPARTMENTS THROUGHOUT NMH, NMH HOSTED SEVEN SUMME R INTERNS IN FISCAL YEAR 2018 FROM THE DISCOVERY PROGRAM SINCE THE PROGRAM BEGAN, MANY PA RTICIPANTS HAVE PURSUED CAREERS IN NURSING AND MEDICINE AND SEVERAL ARE NOW EMPLOYED AT NM H ADDITIONAL EXPANSION OF THE PROGRAM AND THE PROGRAM INTERNSHIP ARE EXPECTED IN THE COMI NG YEARS - NMCDH WORKS WITH NAPERVILLE CENTRAL HIGH SCHOOL TO PROVIDE INFORMATION ON HEAL THCARE CAREERS AND OFFER HOSPITAL TOURS TO INTERESTED STUDENTS - LFH STAFF PROVIDE MEDICA L CAREER ADVISORY TRAINING AT LAKE COUNTY HIGH SCHOOL'S TECHNICAL CAMPUS AND ASSIST STUDEN TS AND PARENTS IN EXPLORING EDUCATIONAL PATHS TO SUPPORT CAREER GOALS - LAKE FOREST HOSPI TAL VOLUNTEER SERVICES DEPARTMENT COLLABORATES WITH AREA HIGH SCHOOLS ON THEIR TRANSITION STUDENT VOLUNTEER INITIATIVE THE INITIATIVE MATCHES SPECIAL EDUCATION STUDENTS WITH VOLUN TEER POSITIONS TO BUILD THE STUDENTS' JOB SKILLS IN PREPARING FOR ENTERING THE WORKFORCE IN FY18, TWO STUDENTS WERE INVOLVED IN THE INITIATIVE, HOLDING POSITIONS AT LAKE FOREST HO SPITAL AND LAKE FOREST HEALTH &amp; FITNESS CENTER - NMHC CONTINUES TO OFFER COMPREHENSIVE IN TERNSHIPS AND FELLOWSHIPS FOR COLLEGE STUDENTS AND POST-GRADUATES - FOR MORE THAN 20 YEAR S, 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" PR OGRAM, 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 HEALTHCA RE CAREER - CHICAGO SCHOLARS IS A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES A COMPREHENSIVE FIVE-YEAR PROGRAM OF MENTORING, INTERNSHIP PLACEMENT, NETWORKING, COLLEGE ADMISSION ASS ISTANCE AND SCHOLARSHIPS TO COLLEGE-BOUND AND COLLEGE-LEVEL CHICAGO YOUTH FROM PRIMARILY L OW-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 SUPPO RT TO THIS PROGRAM BY PARTICIPATING IN THE APPLICANT INTERVIEW AND SELECTION PROCESS AND V OLUNTEERING AT THE CAREER FAIR - NMHC OFFERS SUMMER INTERNSHIPS FOR HIGH SCHOOL AND UNDER GRADUATE STUDENTS IN BOTH CLINICAL AND ADMINIS TRATIVE SETTINGS THROUGHOUT THE SYSTEM THE SUMMER INTERNSHIP PROGRAM OFFERS AN OPPORTUNITY FOR COLLEGE JUNIORS AND SENIORS TO SHADOW AND OBSERVE A VARIETY OF SPECIALTY PROGRAMS WITHIN THEIR RESPECTIVE HOSPITALS AND OTHER NM HC AFFILIATES IN THE WESTERN SUBURBS THE EIGHT-WEEK PROGRAM FOCUSES ON SPECIALTY ROTATION S, WITH EACH WEEKLY ROTATION PROVIDING A BEHIND-THE-SCENES LOOK AT THE CARE OUR PATIENTS R ECEIVE IN HOSPITAL AND OFFICE SETTINGS THERE WERE 12 PARTICIPANTS IN THE SUMMER INTERNSHI P PROGRAM IN FY18</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	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 MANAGEMENT'S 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 MEMORIAL'S 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 MEMORIAL'S 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 BAD DEBTS REPRESENT THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS REPORTED IN NMHC'S FISCAL YEAR 2018 AUDITED FINANCIAL STATEMENTS RELATED TO PATIENT CARE SERVICES ADJUSTED TO COST CONSISTENT WITH THE METHODOLOGY USED TO CALCULATE GOVERNMENT SPONSORED INDIGENT HEALTHCARE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	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 MANAGEMENT'S 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 MEMORIAL'S 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 MEMORIAL'S 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 BAD DEBTS REPRESENT THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS REPORTED IN NMHC'S FISCAL YEAR 2018 AUDITED FINANCIAL STATEMENTS RELATED TO PATIENT CARE SERVICES ADJUSTED TO COST CONSISTENT WITH THE METHODOLOGY USED TO CALCULATE GOVERNMENT SPONSORED INDIGENT HEALTHCARE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE UNREIMBURSED COST OF MEDICARE IS DEFINED BY THE STATE OF ILLINOIS ATTORNEY GENERAL'S 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 HOSPITAL'S 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 2018

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	NMHC'S 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Northwestern Memorial Hospital Line 16a URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - NORTHWESTERN LAKE FOREST HOSPITAL Line 16a URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - CENTRAL DUPAGE HOSPITAL ASSOCIATION Line 16a URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - DELNOR-COMMUNITY HOSPITAL Line 16a URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - NORTHWESTERN MEDICINE KISHWAUKEE COMMUNITY HOSPITAL Line 16a URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - Northwestern Medicine Valley West Hospital Line 16a URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - Marianjoy Rehabilitation Hospital Line 16a URL http //marianjoy org/patients-visitors/billing-insurance.aspx,

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Northwestern Memorial Hospital Line 16b URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - NORTHWESTERN LAKE FOREST HOSPITAL Line 16b URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - CENTRAL DUPAGE HOSPITAL ASSOCIATION Line 16b URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - DELNOR-COMMUNITY HOSPITAL Line 16b URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - NORTHWESTERN MEDICINE KISHWAUKEE COMMUNITY HOSPITAL Line 16b URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - Northwestern Medicine Valley West Hospital Line 16b URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - Marianjoy Rehabilitation Hospital Line 16b URL http //marianjoy org/patients-visitors/billing-insurance.aspx,



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Northwestern Memorial Hospital Line 16c URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - NORTHWESTERN LAKE FOREST HOSPITAL Line 16c URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - CENTRAL DUPAGE HOSPITAL ASSOCIATION Line 16c URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - DELNOR-COMMUNITY HOSPITAL Line 16c URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - NORTHWESTERN MEDICINE KISHWAUKEE COMMUNITY HOSPITAL Line 16c URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - Northwestern Medicine Valley West Hospital Line 16c URL nm org/patients-and-visitors/billing-and-insurance/financial-assistance, - Marianjoy Rehabilitation Hospital Line 16c URL http //marianjoy org/patients-visitors/billing-insurance aspx,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>NMHC's mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax- exempt organization. The Department of Community Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities. Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:</p> <ol style="list-style-type: none"> <li>1 Provide quality medical care, regardless of the patients' ability to pay</li> <li>2 Honor Northwestern Medicine's Mission and Commitment to the Community</li> <li>3 Be responsive to the assessed needs of the local community served by each hospital</li> <li>4 Forge relationships with local community organizations to help address social determinants of health</li> <li>5 Evaluate the public health impact of Northwestern Medicine programming and replicate by geography and/or disease state with sensitivity to the individual needs of our patients, their families and the communities we serve</li> <li>6 Leverage our strengths as a premier Academic Health System to train the next generation of caregivers and utilize evidence-based models for community health engagement</li> <li>7 Leverage our bond with Northwestern University Feinberg School of Medicine to be leaders in quality, academic excellence, scientific discovery, patient safety and research-informed treatment.</li> </ol> <p>Aligned with our missions and Community Benefits Plan, and in accordance with the requirements of the Affordable Care Act, each of the NMHC Health System hospitals works 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 health system to advance our Community Benefits Plan and CHNA initiatives in ways that could not be achieved as stand-alone hospitals. Providing better care, closer to home allows our communities access to the latest developments in education and research that previously may not have been available at the community level. This includes:</p> <ol style="list-style-type: none"> <li>1 Seeking root causes to health conditions and collaborating with scientists and clinicians to develop solutions,</li> <li>2 Enhancing access to health care,</li> <li>3 Improving clinical quality,</li> <li>4 Advancing medical innovation, and</li> <li>5 Ensuring that a highly skilled healthcare workforce is in place for decades to come.</li> </ol> <p>CHNAs provide information that enables hospitals to identify health issues of greatest concern among all residents in the identified community and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health status. They employ a systematic, data-driven approach to determine the health status, behaviors and needs of the residents of each hospital's Service Area. Each CHNA serves as a tool toward reaching three goals:</p> <ol style="list-style-type: none"> <li>1 To improve residents' health status, increase their life spans and elevate their overall quality of life. A healthy community is one where its residents suffer little from physical and mental illness and also enjoy a high quality of life.</li> <li>2 To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at risk for various diseases and injuries. Intervention plans aimed at targeting these segments may then be developed to combat some of the socio-economic factors that have historically had a negative impact on residents' health.</li> <li>3 To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.</li> </ol> <p>The CHNAs and corresponding implementation plans were developed with feedback from 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 public health models developed with our community partners, 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. We believe that our mission to improve the health of the communities we serve is best accomplished in collaboration with partners in both the community and within the organizations that comprise Northwestern Medicine including the Health System and Fei</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Our affiliations with community-based healthcare and community partners enable the Health System's organizations to meaningfully improve access to high-quality health care and implement targeted programs that address the highest-priority health needs of the community. We have implemented large-scale programs throughout our communities using this framework to target high-priority health conditions and will continue to use public health models to address priority health needs identified through our CHNAs. Ongoing efforts draw on NMHC's and Feinberg's strengths in public health, communication and education, and include programs to address identified priority health needs across the Health System. Our hospitals have enduring relationships, often decades old, with local healthcare and community organizations. 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. Northwestern Memorial Hospital (NMH) collaborates with community-based health, education and social service organizations to provide health education, outreach services and focused disease management programs, and to ensure that the residents of our communities have convenient access to high-quality medical homes. NMH has formal and longstanding affiliations with two federally qualified health centers (FQHC) based in the community - Near North Health Service Corporation and Erie Family Health Center - as well as with CommunityHealth, the largest free health clinic in Illinois. Vital community partnerships are also in place among various health and community partners, including Bright Star Community Outreach and Kelly Hall YMCA, among many more. Northwestern Medicine Lake Forest Hospital (NMLFH) provides charity care, outreach services and health education programs. NMLFH improves access to healthcare services and responds to the priority health needs of the residents of Lake County, especially among the uninsured or underinsured. NMLFH has deep roots in Lake County and strong relationships with community partners including Erie HealthReach, Waukegan Health Center and the Lake County Health Department, among others. Northwestern Medicine Central DuPage Hospital (NMC DH) has enduring relationships with several community-led, county-wide health collaboratives, the DuPage County Health Department, local school districts and social services organizations. Longstanding collaborations include the DuPage Health Coalition/Access DuPage and the Village of Winfield. Through these partnerships, and many more, NMC DH provides health education, navigation and outreach services. Northwestern Medicine Delnor Hospital (NMDelnor) regularly engages with Kane County organizations committed to improving the health of its residents, including the Kane County Health Department and the Tri-City Health Partnership, among others. Northwestern Medicine Kishwaukee Hospital (NMKishwaukee) works closely with many community partners including the DeKalb County Community Mental Health Board, DeKalb County Health Department, Northern Illinois University, Kishwaukee College, area school districts, and many other local medical providers, not-for-profit organizations, and community groups. Together, NMKishwaukee collaborates with these diverse organizations to identify a common vision and plan to create a collective impact on the overall health of the community.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>THERE ARE MANY WAYS THAT PATIENTS OF THE HOSPITALS ARE INFORMED OR MADE AWARE OF THE AVAILABILITY OF THE HOSPITAL'S 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, CDH, DELNOR, KCH, VWH, AND MJRH HAVE 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 HOSPITAL'S FINANCIAL ASSISTANCE PROGRAMS WITH THE HELP OF THE HOSPITAL'S 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 NMHC WEBSITE CONTAIN A PROMINENT LINK TO INFORMATION ABOUT NMHC'S 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
Schedule H, Part VI, Line 4 Community Information	<p>The communities served by NMHC hospitals are complex and diverse, encompassing rural, suburban and urban areas, with a range of socioeconomic 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 of 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 its communities based on the Hospital Service Areas outlined below. NMHC Service Areas: NMHC defines Hospital Service Area 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 Hospital Service Area of each hospital is defined in further detail, below.</p> <p>Northwestern Memorial Hospital Service Area: NMH serves a large, complex and diverse area with patients coming from the City of Chicago and surrounding counties. NMH's Hospital Service Area is defined as the Cities of Chicago and Evanston, which provides 69 percent of inpatient admissions. The community in NMH's Hospital Service Area is ethnically and racially diverse with large Black and Hispanic populations as well as large Polish and Spanish-speaking populations. Within NMH's Hospital Service Area, 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 NMH's Hospital Service Area. 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.</p> <p>Northwestern Medicine Lake Forest Hospital Service Area: NM LFH primarily serves Lake County, which has a fairly stable population of around 704,000 residents, nearly 73 percent of inpatient admissions at NM LFH are derived from Lake County. While NM LFH's Hospital Service Area 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 older 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 central and western DuPage County and beyond. NMCDH's Hospital Service Area accounts for 70 percent of inpatient admissions. Age distribution in the County includes 23.8 percent infants, children or adolescents (up 0.4 percent from the 2015 CHNA), 63.3 percent of residents are age 18 to 64 (up 1.1 percent), and the 12.9 percent of age 65 or older (up 0.6 percent). In looking at race independent of ethnicity, 79.4% of residents in DuPage County are White and 4.7% are Black. When considering ethnicity, 13.9% of DuPage residents are Hispanic or Latino. The county has a higher proportion of white residents and a lower proportion of black residents than the state and US. The percentage of Hispanic and Latino residents is also lower than found in the state and US.</p> <p>Northwestern Medicine Delnor Hospital Service Area: NMDH primarily serves the residents of Kane County. Kane County is the seventh-youngest county in Illinois and notable for its age distribution. The median age remains 34.5 years as compared to the 2015 current Census Bureau average of 36.7 years. Those aged 18 to 24 comprise 61.1 percent of the population, 27.1 percent are age 0 to 17, and 11.7 percent are age 65 or older. Non-Hispanic whites now constitute 72.5 percent of the total population, an increase from 59 percent in the prior CHNA report, and Hispanics now comprise 31.4 percent of the total population. When compared to Illinois and the US in general, the proportion of Hispanics is double in Kane County, and the county has the largest proportion of Hispanics in the state.</p> <p>Northwestern Medicine Kishwaukee Hospital Service Area: NMKH serves a majority of DeKalb County residents, the greater part of the county's residents live in the cities of DeKalb and Sycamore. The median age of DeKalb County residents is significantly lower than that of Illinois overall, at 30.3 years, or seven years less than the median age of an Illinois or US resident. 21.4 percent of residents are aged 20 to 29 years and 16.3 percent are aged from 10 to 19 years. Additionally, 11 percent of the population is aged 30 to 39, 11.8 percent comprises 40 to 49 years, 2.4 percent from 50 to</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>59 years, and 15.8 percent are over 60 years. The county population is 87 percent white, 8 percent black, 3 percent Asian and 2 percent is two or more races. When considering ethnicity, 11 percent of the population identified as Hispanic or Latino. Northwestern Medicine Valley West Hospital Service Area A critical access hospital in Sandwich, Illinois, NMVW primarily serves residents of DeKalb County, demographics as detailed with NMKH. NMVW's Hospital Service Area accounts for 72 percent of inpatient admissions. Marianjoy Rehabilitation Hospital Service Area Located in Wheaton, Illinois, MRH largely serves the residents of DuPage County, demographics as discussed with regards to the NMCDH service area of DuPage County as well. 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.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>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. NMHC also sponsors numerous programs to provide mental health services, promote health and wellness, prevent injury and trauma, and provide healthcare career training, youth mentoring, language assistance and volunteer programs to enhance the quality and accessibility of care. Net unreimbursed cost for these activities for FY18 was more than \$19 million.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	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



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

# Schedule H (Form 990) 2017

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
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**Name:** Northwestern Memorial HealthCare Group

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

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>7</b>		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 1000 N WESTMORELAND ROAD LAKE FOREST, IL 60045 WWW.LFH.ORG 0005660	X	X		X			X			
3	CENTRAL DUPAGE HOSPITAL ASSOCIATION 25 N WINFIELD ROAD WINFIELD, IL 60190 WWW.CADENCEHEALTH.ORG 0005744	X	X		X			X			
4	DELNOR-COMMUNITY HOSPITAL 300 RANDALL ROAD GENEVA, IL 60134 WWW.CADENCEHEALTH.ORG 0005736	X	X					X			
5	NORTHWESTERN MEDICINE KISHWAUKEE COMMUNITY HOSPITAL 1 KISH HOSPITAL DR DEKALB, IL 60115 0005470	X	X					X			

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>7</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other		
Name, address, primary website address, and state license number		<b>Other (Describe)</b>								<b>Facility reporting group</b>	
6	Northwestern Medicine Valley West Hospital 1302 N Main Street Sandwich, IL 60548 www.kishhealth.org 0004690	X	X			X		X			
7	Marianjoy Rehabilitation Hospital 26 W 171 Roosevelt Rd Wheaton, IL 60187 www.marianjoy.org 0003228	X			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
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - Northwestern Memorial Hospital The CHNA report also describes Northwestern Memorial Hospital's CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

**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>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - NORTHWESTERN MEMORIAL HOSPITAL 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 Save Haven Foundation 2. Austin Includcare 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 Children's 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 NMH'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 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 Steer</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 5 Facility , 1	ing 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 Heal th Center 6 Health and Disability Advocates 7 Kelly Hall YMCA 8 Logan Square Neighborho od Association 9 Near North Health Services Corporation 10 Northwestern University Feinb erg School of Medicine 11 West Humboldt Park Development Council

**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 6a Facility , 1	Facility , 1 - NORTHWESTERN MEMORIAL HOSPITAL The assessment was conducted by Professional Research Consultants, Inc (PRC) PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments The hiring of PRC was facilitated by the Metropolitan Chicago Healthcare Counsel (MCHC) on behalf of participating member hospitals and health systems These hospitals and health systems include Alexian Brothers Health System/Amita Health (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St Alexius Medical Center), Amita Health (Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital), Edward-Elmhurst Healthcare (Edward Hospital & Health Services, Elmhurst Memorial Hospital), Franciscan Alliance (Franciscan St James Health), Ingalls Health System (Ingalls Memorial Hospital), Little Company of Mary Hospital and Health Care Centers, Loretto Hospital, Northwest Community Healthcare (Northwest Community Hospital), Northwestern Medicine (Central DuPage Hospital, Northwestern Memorial Hospital, Northwestern Lake Forest Hospital), Palos Community Hospital, Rush System for Health (Rush Oak Park Hospital, Rush University Medical Center), Saint Anthony Hospital, St Bernard Hospital and Health Care Center, Swedish Covenant Hospital, Thorek Memorial Hospital, and the University of Chicago Medicine



**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 7 Facility , 1	Facility , 1 - NORTHWESTERN MEMORIAL HOSPITAL 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 and Medicine 4 Northwestern Medicine Leadership

**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>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - Northwestern Memorial Hospital Through the prioritization process, NMH identified four Priority Health Needs Access to Healthcare Services, Chronic Disease, Injury and Violence, 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 1 Access to Healthcare Services 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 1 1 Improve alignment of current NMH care coordination programs Transitioning between care settings or providers can be especially difficult for medically complex and vulnerable patients Recognizing the need to improve care coordination for our vulnerable populations, NMH developed the Innovations in Managing Patients Across Care Transitions (IMPACT) initiative in FY17 Aligned with our mission to put patients first, IMPACT is a collaboration of care transition programs that address the needs of our most medically and psychosocially complex patients The collaboration is composed of seven distinct programs focused on managing patients across care transitions These programs include Complex Discharge Team (CDT), Complex High Admission Management Program (CHAMP), CHI-CARE, Geriatric Home Visit, Heart Failure Bridge and Transition Team (HF BAT), Intensive Case Management (ICM), and Transitional Care (TC) Each IMPACT program focuses on a different patient population with unique individual needs Patients who may be unable to succeed with standard health system resources are identified as eligible by the IMPACT team or by their care team and referred to the appropriate IMPACT program By building trusting relationships, identifying and addressing barriers, providing patient-centered comprehensive care, and connecting with community resources, IMPACT is able to sustain partnerships with our patients across the healthcare continuum In FY18, IMPACT collaborated with community-based organizations in Chicago in an effort to address the underlying social determinants of health that impact care coordination and to improve the health of our patients One basic and powerful social determinant of health is access to safe, quality housing and the supports necessary to maintain that housing To help address this need in FY18, IMPACT collaborated on two housing pilots with the Center for</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 Facility , 1	<p>Housing and Health (CHH) and Thresholds, which are Chicago-based social, mental health and housing service providers Through these pilots, eligible patients in IMPACT will be provided with supportive housing, ongoing case management and additional support services NMH is proactively addressing the needs of our patients by improving care coordination of patient transfers among care sites and the community, and by addressing the social determinants of health</p> <p>1.2 Assess and implement information technology (IT) solutions to improve care coordination for Medicaid patients through the Emergency Department (ED) Vulnerable populations required a diverse set of clinical and social services The inability to address these needs has proven to lead to unnecessary emergency department utilization and preventable readmissions for patients NMH identified the need for an easy-to-use, standardized, and measurable solution to increase access to social services and improve care coordination In FY17, NowPow was selected as NMH's IT solution to improve care coordination and connect patients to reliable community resources NowPow has the ability to identify and assess patients at high-risk for social needs, keep an accurate, accessible list of community and system-based resources, develop a process through the EMR to facilitate bidirectional referrals with community-based organizations, and analyze the effectiveness of these referrals and their impact on patient outcomes In FY18, the commitment between NowPow and NMH C was finalized, and the infrastructure was established to launch the NowPow pilot in FY19 In addition to securing a digital solution to standardize the process to address social needs of patients and the community, NMH identified the need for referring providers at two federally qualified health centers (FQHC) based in the community - Near North Health Service Corporation and Erie Family Health Center - to achieve direct ordering into the NMH care system through Epic Care Link This access removes barriers related to patient scheduling such as a potential lack of patient knowledge regarding the procedure name or ordering physician, a lost fax order, and language barriers Epic Care Link removes these barriers by automatically adding an external order directly into the NMH system so that the patient only has to know their own name when calling to schedule an appointment This system was launched in FY18, including training and communication to the referring FQHC providers However, there were many challenges with the system including variations with ICD10 codes and patient name differences (i.e. patients may use maiden name at NM but married name at the FQHC) Much of FY18 was spent working with FQHC partners to resolve these issues</p> <p>1.3 Continued innovation and process improvement to reduce barriers (such as office hours) relating to access to care for medically underserved populations NMH has longstanding relationships with major federally qualified</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 Facility , 1	<p>alified health centers (FQHC) and a free health clinic within the City of Chicago Erie Fa mily Health Centers (Erie), Near North Health Services Corporation (Near North) and Commun ityHealth NMH provides grant funding and care coordination to each of these organizations to support expanded access to health services for underserved patients in Chicago and the surrounding areas Through support from NMH, Erie, Near North and CommmunityHealth are ab le to enhance their efforts to provide quality care in a local and culturally competent se tting This includes expanded access to clinical care, improved care coordination, and Edu cation-Centered Medical Home (ECMH) student clinics An ECMH embeds teams of medical stude nts into primary care, community-based clinics to care for a panel of complex patients ove r time The ECMH model serves the dual purpose of increasing the capacity of community cli nics as well as providing early and comprehensive educational exposure to team-based medic ine in an authentic outpatient environment In collaboration with Northwestern University' s Feinberg School of Medicine, NMH underwrote the cost of ECMHs at Erie, Near North and Co mmunityHealth in FY18 Through our collaborations with community health services providers , we learned that the greatest need of patients receiving care in the community setting is often access to subspecialty care and diagnostic services To help address this need, muc h of the care provided to our patients who have been referred from a community partner is now provided by our physician groups By building capacity for community organizations to provide primary care, while simultaneously increasing access to subspecialty care and diag nostic services at our physician groups, these collaborations ensure that the patient rece ives quality, efficient care in the most appropriate setting Many patients who are referr ed to NMH for care from our community affiliations receive free or substantially discounte d services Other patients receive care that is underwritten as part of NMH's Community Se rvicce Expansion Program (CSEP), which covers costs associated with specialty consultations and services, and hospital-based diagnostic services To enhance access to this care, NMH C continues to refine processes to make the transition of patients from community organiza tions to NMHC entities more efficient and to continue to incorporate presumptive eligibili ty requirements</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>Facility , 2 - Northwestern Memorial Hospital 1 4 Collaborate with external workgroups an d agencies to support efforts that increase access to care In FY18, Northwestern Memorial Hospital continued its partnership with the Alliance for Health Equity (AHE), a collabora tion of 30 hospitals, six health departments, and nearly 100 community-based organizations across Chicago and Cook County Through AHE, NMH partnered with external organizations to advance health equity and wellness through strategies that address pressing issues in our communities to achieve greater collective impact Our main focus was to address the socia l determinants of health (SDOH), which are the conditions in which people are born, grow, live, learn, work, play, and age These circumstances are shaped by the distribution of mo ney, power and resources at global, national and local levels and affect a wide range of h ealth, functioning, and quality-of-life outcomes and risks SDOHs are mostly responsible f or health inequities, or the unfair and avoidable differences in health status seen betwee n different geographic areas Access to health care services is an example of an SDOH In FY18, NMH participated on the AHE committee to address access to care 2 Chronic Disease ( Diabetes, Heart Disease, Stroke, and Obesity) NMH partners with area hospitals and communi ty-based organizations to reduce the rate of heart disease, diabetes, and obesity through increased access to care and education interventions Efforts include continued support an d 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 o besity, continued support and expansion of the Healthy Community Initiative, and collabora tion with external workgroups and agencies to support efforts that impact chronic disease prevention 2 1 Continue to support and expand diagnostic and specialty care services rela ted to stroke Launched in 2013, the Northwestern Medicine Telestroke Network now provides 24/7/365 direct access to board-certified vascular neurologists via dedicated telemedicin e technology In FY18, there were eight NM Telestroke Network hospitals in the Chicagoland area - NM LFH, NM Grayslake Outpatient Center, Northwest Community Hospital, CGH Medical Center, Weiss Memorial Hospital, Swedish Covenant Hospital, Loretto Hospital and Saint Ant hony Hospital Expansion of the NM Telestroke Network is planned for the coming years Thr ough videoconference and advanced diagnostic tools, the NMHC vascular neurologist sees and consults with the emergency room physician and patient at the NM Telestroke Network hospi tal, which allows the vascular neurologist to determine what treatment should be administe red in the emergency department, what should happen after the emergency department visit a nd whether the complexity of the stroke indicates the need to transfer to a designated str oke specialty hospital NMH pr</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>provides capital equipment including technology, upgrades and on-site training in telestroke protocols to NM Telestroke Network hospitals Technology is provided to participating hospitals below cost, and technical support, maintenance and staff training are provided at no cost Because many insurance companies will not pay for remote consults, NMH reimburses the vascular neurologists for consult services In FY18 alone, the NM Telestroke Network provided more than 1,600 consults and transferred more than 225 patients for neurovascular intervention or to a dedicated neuro ICU setting for monitoring, regardless of their insurance status Since the program began in 2013, the network has provided more than 4,300 consults and 575 transfers Rapid decision-making for tissue plasminogen activator (tPA) administration has led to decreased door-to-needle time at every member hospital of the NM Telestroke Network In FY18, 62 percent of NM Telestroke Network tPA cases achieved door-to-needle time in less than one hour This is well ahead of the national average of about 30 percent In partnership with the NM Telestroke Network, NM LFH, Weiss Memorial Hospital and Swedish Covenant Hospital maintained certification as Primary Stroke Centers Northwest Community Hospital is certified as a Comprehensive Stroke Center These certifications and the work of the network hospitals in receiving certification are a reflection of the hospitals' commitment to improving the quality of patient care in their respective communities, and enables them to receive reimbursement commensurate with higher levels of certification and to fulfill regulatory requirements In 2018, NMH also implemented RAPID software at Northwest Community Hospital and Saint Anthony Hospital Supported by two stroke treatment trials, this software provides an intuitive and easily interpretable real-time view of brain perfusion Use of the software allows the hospitals the opportunity to offer stroke treatment for up to 24 hours 2 2 Continue to support community health partner efforts to reduce the rate of heart disease, diabetes and obesity NMH continued work 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 (KYHH) 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 This free program links individuals with healthcare services and medical homes through referrals in an effort to control health risk factors Northwestern University's Institute for Public Health and Medicine (IPHAM) led the program, which was funded in part by grant funding from NMH 2 3 Continue to support and expand the Healthy Community Initiative To help address obesity in Humboldt Park, NMH has collaborated with community partners to create programs on</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>iquely tailored to the neighborhood The Humboldt Park Healthy Community Initiative (HCI) was developed 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 The HCI consists of a variety of community organizations that have joined together to expand a healthy lifestyle framework and develop a comprehensive, sustainable, and replicable model that will lead to measurable improvements in health outcomes The goal of this work is to reduce risk factors and prevent/delay chronic disease, promote wellness and improve management of chronic conditions, and monitor, evaluate and make recommendations to strengthen established processes to ensure achievement of our shared community goals In FY18, the HCI committee promoted healthy lifestyle behaviors through free nutrition programs, physical activity classes, and wellness events to the residents of Humboldt Park This included 750 physical fitness classes that reached approximately 7,500 participants, 36 nutrition programs that reached approximately 393 participants, 3 resource fairs that reached approximately 400 attendees each, and 16 Farmers Markets that reached approximately 650 attendees Also during FY18, NMH piloted adolescent mental health services in collaboration with Hartgrove Hospital and the Salvation Army HCI continued to refine and utilize an electronic tool to track fitness and nutrition outcomes in order to gather valuable metrics to better understand the needs of the community 2.4 Collaborate with external workgroups and agencies to support efforts that impact chronic disease prevention In FY18, NMH participated in the Alliance for Health Equity (AHE), a collaboration of 30 hospitals, six health departments, and nearly 100 community-based organizations across Chicago and Cook County, to advance health equity and pressing issues in our communities to achieve greater collective impact In order to address the root cause of many chronic diseases, NMH participated in the social determinants of health (SDOH) committee This committee addressed social and structural determinants of health and identified collective impact objectives, including food access, housing, workforce development, and access to care</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 3</p>	<p>Facility , 3 - Northwestern Memorial Hospital 3 Injury and Violence 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 vic tims of violent trauma have clinic and mental health support following ED or inpatient car e, participation in community-led efforts to address violence, and collaboration with exte rnal workgroups and agencies to support efforts that impact violence prevention 3 1 Conti nue to utilize and seek effective models for ensuring victims of violent trauma have clini cal and mental health support following ED or inpatient hospital-based care In FY18, NMH continued to partner with Cure Violence, previously known as CeaseFire, an organization fo unded in Chicago, to reduce retaliatory actions following violent trauma As one of only f our level I trauma centers in Chicago, NMH provides care to hundreds of Chicago residents who have violence-related traumatic injuries each year NMH pays an annual fee to Cure Vio lence and integrates its intervention services into the treatment protocol for appropriate violent trauma cases Trained "violence interrupters" meet with violent trauma victims an d their families at NMH and attempt to defuse feelings of anger as well as discourage vict ims and their families from retaliating The violence interrupters work in tandem with vio lence interrupters in the victim's home community 3 2 Participate in community-led effort s to address violence In 2014, leaders from NMH joined with Bright Star Community Outreac h (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) Model (formerly known as th e Bronzeville Dream Center) offers a bridge to mental health services and focuses on the f ive core competencies of counseling, workforce, parenting, mentorship and advocacy, which collectively focus on reducing violence and providing opportunities to the residents of Gr eater 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 NMH has played an active role in developing the TURN Model In addition to direct funding, NMH pro vides leadership and knowledge-transfer, convenes community support, established governanc e and operational structures, and supports fundraising efforts, including the development of grant applications The TURN Model Trauma Counseling Program offers a bridge to mental health services TURN utilizes local faith and community leaders to implement evidence-bas ed programs based on the NATAL-Israel Trauma model and the Communities That Care (CTC) mod el In July 2017, BSCO successfully launched its Trauma Helpline The Helpline had 20 uniq ue callers in its first year o</p>



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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 3</p>	<p>f operation In 2018, that number increased to 52 callers BSCO is continuing to build cap acity, including training a second cohort of faith and community leaders capable of staffng the Trauma Helpline It anticipates handling an increase in call volume commensurate to this increased capacity Additionally, BSCO has worked with CPS Network 9, Chicago Police Department (CPD) and funeral staff, and other neighborhood entities to build resilience a nd trauma-informed counseling within the community 3 3 Collaborate with external workgrou ps and agencies to support efforts that impact violence prevention In FY18, NMH continued its collaboration with the Alliance for Health Equity (AHE), a collaboration of 30 hospit als, six health departments, and nearly 100 community-based organizations across Chicago a nd Cook County AHE hosted a committee to address community safety, and NMH participated t o identify collective impact objectives NMH continues to work collaboratively with commun ity leaders to develop health policies and advocacy related to violence prevention NMH is committed to helping communities identify targeted interventions that reduce and prevent violence, and this committee will continue to work towards a phased approach and determine the scope and scale of the work plan 4 Mental Health In support of national and local me ntal health service objectives, NMH will provide leadership, invest resources and work col laboratively with community partners to address mental health needs and increase access to culturally competent mental health services for underserved populations in the City of Ch icago Efforts include implementation of behavioral healthcare services within the primary care setting, feasibility evaluation of co-locating primary care and mental health servic es within the outpatient psychiatry clinic to increase alignment with best practices in me ntal health care, increased access to mental health services such as counseling and educat ion programs, advocacy for adequate mental health services and reimbursement, and collabor ation with external workgroups and agencies to support efforts that impact violence preven tion 4 1 Implement behavioral healthcare services within the primary care setting Due to insurance limitations, a nationwide shortage of psychiatrists, and a tendency for patient s to see their primary care physician for mood disorders, psychiatric care may not be purs ued as often as it should be In response, NMH implemented a pilot program, based on the C ollaborative Care Model, to strengthen the linkage between primary care and mental health in an effort to improve access and reduce obstacles to receiving mental health services T he program brings psychiatric care to patients by embedding behavioral health screenings a nd services within the primary care setting If the patient is a fit for the program based on depression screening scores and symptoms, the primary care physician (PCP) refers the patient to the behavioral heal</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	<p>th care manager (BHCM) who coordinates treatment with the consulting psychiatrist and communicates the plan to both the PCP and the patient. The team is in constant communication to address the patients' symptoms, medications, and progress. Treatment provided in the program is outcomes-oriented. The goal for the program's patients is to get to remission which is defined as having minimal to no symptoms of depression. Success of the program was defined as an increase in access to depression treatment within the primary care setting, as well as a reduced wait-time to be seen by a behavioral health resource. In FY18, the NMH branded the collaborative care model as the Collaborative Behavioral Health Program (CBHP), and prepared to expand the program to additional sites throughout the health system. There was a continued focus on creating performance dashboards to track clinical outcomes, utilization, and financial scaling.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 4</p>	<p>Facility , 4 - Northwestern Memorial Hospital 4 2 Evaluate the feasibility of co-locating primary care and mental health services within the outpatient psychiatry clinic to increase alignment with best practices in mental health care In FY18, NMH provided funding and began work to evaluate the feasibility of offering primary care services within the Norman and Ida Stone Institute of Psychiatry-outpatient clinic The goal of this initiative was to improve access to primary care and care coordination for individuals with serious and persistent mental illness, to promote healthy lifestyles including counseling on healthy eating, exercise, and tobacco cessation, and to implement guideline-based screening for common medical disorders in a chronically mentally ill population The feasibility assessment would require a pilot project of physically locating two primary care providers to staff one-half day of the clinic (one full day total) The pilot include a medical assistant to support the providers by rooming patients, obtaining vital signs, and providing other medical support In addition to staff support, the proposal included a description of clinical services, medical guidelines, and infrastructure development such as scheduling and marketing The following metrics were established Number of patients referred, time from referral to clinical encounter, access to care measured by number of completed primary care visits, engagement in care measured by patient activation survey instruments, and tracking of preventive health screenings The team continued to secure necessary equipment such as exam tables, blood pressure cuffs, and other medical supplies The pilot will launch in FY19 , and will focus on increased primary care coordination for individuals with serious mental illness We anticipate that increased access and engagement around preventable cardiac disease risk factors such as weight reduction, tobacco cessation and lipid control will enhance the overall health and well-being among this patient population If the pilot proves successful, NMH will seek to make this initiative part of an elective rotation for internal medicine, family medicine, and psychiatry residents</p> <p>4 3 Increase access to mental health services (such as counseling and education programs) through the TURN model, a Bright Star Community Outreach initiative In FY18, because of funding from NMH, Bright Star Community Outreach (BSCO) was able to complete its second five-week training for an additional ten faith and community leaders to provide counseling and access to mental health services via the TURN Trauma Helpline This second cohort of leaders, which were trained as both Helpline Counselors and Community Ambassadors, graduated on the same day that the helpline celebrated its one year launch anniversary After training, outreach work began to target organizations and individuals that had been directly impacted by trauma such as suicide or gun violence This increased</p> <p>ou</p>

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<p>Schedule H, Part V, Section B, Line 11 Facility , 4</p>	<p>treach, which includes workshops and fliers to over 8,000 individuals, had a positive impact on the number of callers who accessed the Helpline In FY18, TURN assisted 52 callers with over 250 total calls This includes two successful discharges and 19 referrals to additional mental health services In addition, BSCO continued to break down related barriers and de-stigmatize trauma and counseling through education and advocacy work Continued growth and expansion of services offered by BSCO is expected over the next few years NMH is committed to BSCO's mission and the TURN Model initiative We will continue to support BSCO with dedicated funding, public health and mental health resources, and administrative support, and will continue to help plan for the delivery of mental health services 4 4 Advocate for adequate mental health services and reimbursement NMH engages in advocacy efforts aimed at increasing access to behavioral health services NMH is on the steering committee and behavioral health committee for the Alliance for Health Equity, an initiative of the Cook County collaborative Through this initiative, NMH works with other community health care leaders to implement strategies to address the most pressing issues in the community, including mental health In FY18, as part of the collaborative, NMH worked to identify gaps and opportunities to implement Mental Health First Aid training, as well as engaged in the development of a stigma awareness campaign to address the stigma surrounding mental health In addition to advocacy for mental health services, NMH is also an advocate for patients through the Representative Payee (RP) Program NMH's RP program provides free financial management to beneficiaries who are assessed by a psychiatrist as incapable of managing their Social Security or other government benefits The goal of this program is to help patients in need manage their finances so that they can successfully manage their lives (have money for food, housing, and other necessities), until they are able to do so on their own NMH pays bills directly on behalf of the patient and also provides financial counseling to participants so that they learn how to manage their finances Once the patient is approved by the psychiatrist to manage their benefits independently, they graduate from the program 4 5 Collaborate with external workgroups and agencies to support efforts that impact mental health NMH collaborates with community-based mental health organizations and at neighborhood sites, including the Chicago Alliance to End Homelessness, Catholic Charities and Help Ease Local Poverty (HELP), where mental health employees serve meals to the homeless and in this setting identify and engage those who may benefit from mental health services For many, NMH's mental health programs provide a critical link to public health and social support services For individuals who are homeless or experience mental health conditions that impair cognitive a</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 4	<p>ilities, the process of gaining access to social welfare programs and accessing health coverage is often beyond their capabilities. Without access to social and welfare supportive programs, individuals are unlikely to be able to manage a mental health or substance abuse problem and are at high risk for homelessness. NMH's mental health employees are trained in the SSI/SSDI Outreach, Access and Recovery (SOAR) program that provides training and tools for mental health professionals across the country to help them assist the homeless or those at risk of homelessness gain access to health, income support and housing programs. NMH also provides transportation and food vouchers to patients receiving treatment if needed. In addition, NMH recognizes that mental and behavioral health conditions can significantly impact the families of those receiving care. NMH hosts a support group of the Illinois chapter of NAMI and provides educational presentations to parents and siblings of adults with serious mental illness. In addition, in FY18, NMH continued its partnership with Calm Classroom to provide mindfulness strategies to youth in our communities. Mindfulness is the practice of bringing one's focus to the experience occurring in the present moment, which has been shown to positively impact health conditions and promote healthy behaviors. NMH engaged Calm Classroom, the largest provider of school-wide mindfulness programming in the U.S., to teach mindfulness practices to students in Chicago Public Schools (CPS) Network 9. Network 9 schools are primarily located in Bronzeville, a neighborhood on Chicago's South Side that is plagued by persistent, high rates of violence. Calm Classroom offers accessible mindfulness techniques that help promote self-awareness, mental focus and emotional resilience in the classroom setting. In FY18, the collaboration between NMH, Calm Classroom and CPS Network 9 served more than 5,000 CPS students and their teachers at eight schools. Through their train-the-trainer model, Calm Classroom equipped CPS teachers with mindfulness techniques that can be taught in three minutes in the classroom. These practices supplement CPS's trauma-informed approach to creating supportive schools. Following implementation of the mindfulness practices, teachers who engaged in the program were surveyed and reported a positive impact on their students. Since practicing Calm Classroom, 90 percent of teachers reported their students seem calmer and more peaceful, 89 percent reported their students were more engaged and ready to learn, 81 percent believed the culture and the climate in their classroom had improved, and 76 percent stated students were better able to regulate their emotions. NMH will continue to sponsor Calm Classroom initiatives within CPS.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 5	<p>Facility , 5 - Northwestern Memorial Hospital The CHNA report identified areas of opportunity for health improvement for which NMH and the external steering committee (ESC) determined it would not prepare an implementation plan and strategy. These areas of opportunity and the reasons for not addressing are below:</p> <ul style="list-style-type: none"> <li>Cancer NMH provides a comprehensive range of clinical services to treat and screen for cancer. NMH will continue to sustain these services and work to strengthen community-based outreach. The ESC recommended focusing efforts on other health conditions for which NMH could have a greater impact.</li> <li>Chronic Kidney Disease (Kidney Disease Deaths) NMH provides clinical services to treat chronic kidney disease and will continue to sustain these services. The ESC recommended focusing efforts on other health conditions for which NMH could have a greater impact.</li> <li>Hearing and Vision Problems NMH Supports access to vision screenings in medically underserved communities through its community health partners. The ESC recommended that NMH focus on strengthening and improving access to medical homes, where primary vision screenings can be effectively and conveniently provided.</li> <li>HIV (HIV Prevalence) NMH provides clinical services to treat chronic HIV/ AIDS and collaborates with Feinberg in conducting research to better prevent, detect and treat HIV/AIDS. The ESC recommended focusing efforts on improving access to medical homes, where access to these services can be effectively coordinated.</li> <li>Immunization and Infectious Disease NMH provides clinical services to treat pneumonia, asthma and tuberculosis. The ESC recommended that NMH focus on strengthening and improving access to medical homes, where preventive care and screening services can be effectively coordinated and access to medically necessary specialty care can be facilitated.</li> <li>Infant Health and Family Planning NMH provides a comprehensive range of outpatient and inpatient services to expectant women and teens, including family planning services. NMH will continue to sustain these services and work to strengthen community-based medical homes where family planning services can be conveniently accessed. The ESC recommended that NMH focus on strengthening and improving access to medical homes, where access to these services and other prenatal care can be effectively coordinated.</li> <li>Oral Health (Regular Dental Care) NMH does not provide office-based dental care services. Potentially Disabling Conditions NMH provides comprehensive rehabilitation services including physical, speech, and occupational therapy for patients. The ESC recommended focusing efforts on other health conditions for which NMH could have a greater impact.</li> <li>Sexually Transmitted Diseases The ESC recommended that NMH focus on strengthening and improving access to medical homes, where counseling on prevention and screening for disease can be effectively coordinated and access to medically necessary specialty care can be facilitated.</li> <li>Sickle-Cell Ane</li> </ul>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 5	<p>                     mia The ESC recommended focusing efforts on other health conditions for which NMH could have a greater impact                      Substance Abuse NMH provides inpatient and outpatient substance abuse counseling                      The ESC recommended focusing efforts on other health conditions for which NMH could have a greater impact                      Tobacco Use NMH supports public policies aimed at reducing tobacco use NMH also offers a comprehensive Smoking Cessation Program, facilitated by an American Lung Association certified instructor                      The ESC recommended focusing efforts on other health conditions for which NMH could have a greater impact                 </p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>Facility , 1 - NORTHWESTERN MEMORIAL HOSPITAL 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 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 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</p>



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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>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 Patient's or Guarantor's 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 Patient's or Guarantor's 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 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 An uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHC's 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 patient's behalf, D Medicaid eligibility, but not on date of service for non-covered service, or 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 (LI HEAP), 5 Enrollment in an organized community-based program providing access to medical care that assess and documents limited low income financial, or 6 Receipt of grant assistance for medical services</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	<p>Facility , 1 - NORTHWESTERN MEMORIAL HOSPITAL NMHC's 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 Applicant's 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. The Application Period shall be the 240 day period provided by IRS guidance, starting from the date care is provided. 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 Applicant's financial position (including, as applicable, information about the Applicant's 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 Patient's or Guarantor's 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 Patient's or Guarantor's Program eligibility. 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</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	information about the Financial Assistance Policy and application process was also provide d

**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 3 Facility , 1	Facility , 1 - NORTHWESTERN LAKE FOREST HOSPITAL The CHNA report also describes Northwestern Lake Forest Hospital's 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
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - NORTHWESTERN LAKE FOREST HOSPITAL 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 Northwestern Lake Forest Hospital (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.** 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 6a Facility , 1	Facility , 1 - PROFESSIONAL RESEARCH CONSULTANTS, INC The assessment was conducted by Professional Research Consultants, Inc (PRC) PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments The hiring of PRC was facilitated by the Metropolitan Chicago Healthcare Counsel (MCHC) on behalf of participating member hospitals and health systems These hospitals and health systems include Alexian Brothers Health System/Amita Health (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St Alexis Medical Center), Amita Health (Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital), Edward-Elmhurst Healthcare (Edward Hospital & Health Services, Elmhurst Memorial Hospital), Franciscan Alliance (Franciscan St James Health), Ingalls Health System (Ingalls Memorial Hospital), Little Company of Mary Hospital and Health Care Centers, Loretto Hospital, Northwest Community Healthcare (Northwest Community Hospital), Northwestern Medicine (Central DuPage Hospital, Northwestern Memorial Hospital, Northwestern Lake Forest Hospital), Palos Community Hospital, Rush System for Health (Rush Oak Park Hospital, Rush University Medical Center), Saint Anthony Hospital, St Bernard Hospital and Health Care Center, Swedish Covenant Hospital, Thorek Memorial Hospital, and the University of Chicago Medicine

**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 7 Facility , 1	Facility , 1 - NORTHWESTERN LAKE FOREST HOSPITAL 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 and Medicine 4 Northwestern Medicine and LFH Leadership

**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 Facility , 1	<p>Facility , 1 - Northwestern Lake Forest Hospital Northwestern Medicine Lake Forest Hospital (NMLFH) completed a comprehensive Community Health Needs Assessment (CHNA) in August 2016. The CHNA assessed a broad range of health issues and behaviors for residents of NMLFH's primary community, which was defined as Lake County, Illinois. Through the CHNA process, NMLFH identified high priority health needs that can be meaningfully addressed through collaborative planning and coordinated action together with organizations that impact health services in our community. In partnership with dedicated healthcare, social service, public health and policy organizations, we have developed a multi-year implementation plan, drawing on our collective resources to make an impact on some of the most critical health needs of the residents of Lake County. ACCESS TO HEALTHCARE Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing quality of life. It impacts overall physical, social and mental health status, as well as prevention of disease and disability, detection and treatment of health conditions, preventable death, and life expectancy. Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Improving health care services also includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention) or treat a disease at an earlier and often more treatable stage (secondary prevention). Efforts to increase access to healthcare include increasing capacity to provide quality medical care to underserved communities through the construction of a new hospital, providing targeted, community centered vaccination clinics for school-aged youth, and providing transportation assistance to medically underserved patients. Northwestern Medicine Lake Forest Hospital (NMLFH) is committed to improving the health of Lake County. By emphasizing healthy lifestyles and primary and preventative care at a medical home, we can reduce overall healthcare expenditures and improve the health of our communities. Since the implementation of the Affordable Care Act, the uninsured rate in Lake County has dropped to nearly 8%, with many of the newly insured coming through Illinois's Medicaid expansion. However, despite becoming insured, many barriers to care continue to exist including appointment availability, patient provider networks, and lack of specialty and sub-specialty care. Northwestern Medicine proudly opened its new Lake Forest Hospital in March of 2018. This state-of-the-art facility continues a long-standing commitment to deliver world-class medicine to the region, while using its natural surroundings.</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>ings to create a healing, tranquil environment for our patients, visitors and staff The hospital features all private inpatient rooms, advanced technology and increased privacy for patients and visitors It is part of a redeveloped campus that provides access to primary, specialty and emergency care, as well as a seamless pathway to specialty care from throughout the Northwestern Medicine network This includes access to leading-edge clinical trials through Northwestern University Feinberg School of Medicine, an integration that also fosters an environment of world-class patient care, academic inquiry and innovative research Over 700 physicians practice at Northwestern Medicine Lake Forest Hospital, board-certified in 68 medical specialties include regionally recognized specialties of geriatrics, orthopedics, and urology departments - In FY18, 43.8% of inpatients and outpatients were on Medicaid, Medicare, or self-pay - In FY18, 62.5% of emergency department encounters were on Medicaid, Medicare, or self-pay - In FY18, 40% of emergency department encounters were to people from our service area's most disparate communities - In FY18, 50% of births were to minority mothers 1.2 Immunizations are one of our greatest defense against many serious illnesses In the state of Illinois, all students entering, transferring, or advancing into kindergarten through 12th grades are required to show proof of receipt of 2 doses of mumps and 2 doses of rubella vaccine In addition, students entering, transferring, or advancing into kindergarten, 6th, or 9th grades are required to show proof of receipt of 2 doses of varicella vaccine If students cannot, are not vaccinated, or do not show proof or exemption, they are excluded from school until they are able to meet the requirements According to the Illinois State Board of Education's most recent statistics (2015-2016), in the North Chicago School District 187, over 6 percent of the student population was excluded from school due to lack of vaccination compliance NMLFH is helping address the need for access to vaccines for school-aged children in North Chicago Working in collaboration with The Grainger Foundation, North Chicago Community Partners, and the North Chicago School District 187, NMLFH provided funding for, and has worked to develop, an efficient way to administer vaccines to elementary age children to ensure they are prepared to start the new school year In FY2018 NMLFH began administering TDAP and MCV vaccinations to children in this school district NMLFH administered over 20 vaccinations, free of charge, in FY18, accounting for nearly 10 percent of the excluded population Expansion of the program is planned in FY19 1.3 Transportation barriers are often cited in northern Lake County as a barrier to accessing quality and timely medical care This barrier may lead to missed appointments, delayed care, or people not seeking care in the first place, and often forces people to wait hours for 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 Facility , 1	<p>us that may not run routinely in order to get around Consequences of lack of transportation can manifest in poorer management of chronic disease and poorer health outcomes This social determinant of health mainly affects the poorer population in northern Lake County who may face additional barrier to care including access to insurance, language barriers, and cost Because these patients are often seeking care at local clinics, NMLFH partnered with a local federally qualified health center (FQHC), Erie HealthCenter Waukegan, and Lyft , the ride share transportation company, to provide transportation vouchers to patients without access to a vehicle In FY18, 409 Lyft rides were provided to patients for medical care for any patient needing transportation assistance</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>Facility , 2 - Northwestern Lake Forest Hospital 2 HEART DISEASE AND STROKE Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. These chronic conditions are among the most widespread and costly health problems facing the nation today. Fortunately, they are also among the most preventable. The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet, physical activity, and control of high blood pressure and cholesterol. In addition, obesity and cardiovascular disease are significantly influenced by physical and social environments and by public policies that affect the quality and safety of these environments. This includes access to educational opportunities, opportunities for physical activity (including access to safe and walkable communities), access to healthy foods, quality of working conditions and workplace health, availability of community support and resources, and access to affordable, quality healthcare. NMLFH continues to be a trusted source for heart health education and provides community programs that increase awareness and education and offer screenings for hypertension and related health conditions. Efforts include continuing to support and expand diagnostic and specialty care services related to stroke, supporting a legislative agenda to address health risk behaviors including tobacco use policies, and the promotion of community physical activity events through Go Lake County expansion. 2.1 Stroke is the leading cause of disability and the fifth-leading cause of death in the United States according to the American Stroke Association. When a patient is suffering a stroke, every minute counts. Thanks to advances in technology, patients with stroke symptoms can now be rapidly assessed by a neurologist 24/7, even if the specialist is physically located many miles away. The Northwestern Medicine telestroke program features a two-way video and audio system that allows a board-certified neurologist from the comprehensive stroke centers at Northwestern Memorial Hospital and Northwestern Medicine Central DuPage Hospital to conduct a virtual physical exam and to collaborate with the emergency medicine teams at area hospitals. The Northwestern Medicine telestroke program is offered to several hospitals in Illinois, including Northwestern Medicine Lake Forest Hospital. The videoconferencing system connects the neurologist and patient through a secure internet connection. Using the camera, the neurologist can perform observational tests, such as gauging how a patient's pupils respond to light sources and monitoring how well the patient can move and speak. Simultaneously, through the electronic medical record, the neurologist has instant access to the patient's medical information, including vital signs, CT scans and lab results. In FY18, our NMLFH conducted 231 telestroke cases.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>onsultations and the Northwestern Medicine Grayslake Outpatient Center conducted 81 telest roke consultations 2 2 Tobacco kills over 480,000 people each year, more than automobile crashes, gun violence and opiate overdoses combined and the developing teenage brain is pa rticularly vulnerable to the effects of nicotine In Lake County, 14 percent of residents are considered smokers However, according to the most recent Illinois Youth Survey, youth tobacco use has doubled since 2010 with 31 percent of 12th graders having used an e-cigar ette in the past 12 months Medical efforts to address youth tobacco use have not been eff ective as rates continue to climb Literature shows that the most effective interventions to curb youth tobacco use have been to raise the minimum legal sales age of tobacco produc ts from 18 to 21 More than 95% of addicted smokers start before age 21 This intervention has been shown to decrease youth tobacco use in other communities and so it was adopted a s a course of action by the Tobacco Prevention and Cessation Action Team as part of the Li ve Well Lake County Steering Committee Through this action team, NMLFH has worked with lo cal home-rule communities within Lake County to pass legislation raising the minimum legal sales age of tobacco products from 18 to 21 In FY18 - Four communities raised the minim um legal sales age of tobacco products from 18 to 21 - The total population covered by ne w tobacco 21 legislation is almost 150,000 people - The total population under age 18 cov ered by new tobacco 21 legislation is almost 37,000 people 2 3 The benefits of physical a ctivity are well known increased cardiovascular fitness, reduced risk of heart disease an d stroke, improved management of conditions such as hypertension, high cholesterol, and di abetes, increased muscle strength, and reduced body fat Joining a gym is a barrier for ma ny that makes staying active difficult, especially through long winter months In FY17, th rough the Be Active Walking Action Team as part of the Live Well Lake County Steering Com mittee, NMLFH worked to create the Go Lake County initiative GO Lake County is a walking initiative that promotes healthy and active living through programing and events within La ke County communities GO enables everyone in Lake County to increase their level of daily physical activity and foster community engagement GO events or programs are open to ever yone in Lake County and are intended to be free In FY18, NMLFH supported expansion of Go Lake County programming - In FY18, the number of communities with active Go Lake County p ark districts and partnerships grew to 12 - Over 5,000 people across those communities we re able to attend free walking events increasing physical activity 3 MENTAL HEALTH DISORD ERS AND SUBSTANCE ABUSE Mental health is a state of successful performance of mental funct ion, resulting in productive activities, fulfilling relationships with other people, and t he ability to adapt to change</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>and cope with challenges Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to society Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning Mental disorders contribute to a host of problems that may include disability, pain, or death The resulting disease burden of mental illness is among the highest of all diseases The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental and genetic factors throughout the lifespan In behavioral health, researchers identify risk factors (which predispose individuals to mental illness), and protective factors (which protect them from developing mental disorders) Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies NMLFH efforts to address mental health disorders include expansion of psychiatric services, evaluating the feasibility of co-locating primary care and mental health services within the outpatient psychiatry clinic to increase alignment with best practices in mental health care, and drug education and prevention programming with students in our local schools, and with parents in our local community through Text-A-Tip</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	<p>Facility , 3 - Northwestern Lake Forest Hospital 3 1 Since FY16, NMLFH has seen a significant increase in behavioral health inpatient and emergency department patient volume NMLFH seeks solutions that can be implemented in parallel to system planning, thereby offering these patients treatment in the appropriate care settings based on their diagnosis After discharge from the hospital, outpatient care was needed to close the loop on referral visits In FY18, NMLFH added additional psychiatric staff to provide behavioral health services, increasing capacity in our community New outpatient and consultation clinic visits have increased with the onboarding of new providers - Hired 2 new psychiatric APNs - 70% increase in unique patient visits 3 2 Due to insurance limitations, a nationwide shortage of psychiatrists, and a tendency for patients to see their primary care physician for mood disorders, psychiatric care may not be pursued as often as it should be In response, NMLFH began work to evaluate the feasibility of offering behavioral healthcare services within the primary care setting, based on the Collaborative Care Model, to strengthen the linkage between primary care and mental health in an effort to improve access and reduce obstacles to receiving mental health services The program brings psychiatric care to patients by embedding behavioral health screenings and services within the primary care setting If the patient is a fit for the program based on depression screening scores and symptoms, the primary care physician (PCP) refers the patient to the behavioral health care manager (BHC M) who coordinates treatment with the consulting psychiatrist and communicates the plan to both the PCP and the patient The team is in constant communication to address the patients' symptoms, medications, and progress Treatment provided in the program is outcomes-oriented The goal for the program's patients is to get to remission which is defined as having minimal to no symptoms of depression Success of the program was defined as an increase in access to depression treatment within the primary care setting, as well as a reduced wait-time to be seen by a behavioral health resource The pilot will launch in FY19, and will focus on increased behavioral health care coordination for individuals within the primary care setting We anticipate that increased access and engagement will enhance the overall health and well-being among this patient population If the pilot proves successful, NMLFH will seek to roll this clinical intervention out to its various outpatient primary care clinics 3 3 NMLFH supports Lake Forest LEAD, a local non-profit organization dedicated to the promotion of healthy family relationships and the prevention of alcohol, drug use, and other risky behavior by youth LEAD has served the Lake Forest, Lake Bluff, and Knollwood, IL communities for nearly 30 years There are a variety of long-term issues that LEAD is seeking to address, includ</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 3</p>	<p>ing underage drinking and drug abuse, prevention of prescription, over-the-counter and illegal drug abuse by youth and adults, promotion of mental health and wellness, reducing stigma related to depression and other mental health issues, and the prevention of suicide. A significant and successful strategy in the NMFLH and LEAD partnership has been the 24/7 a nonymous text crisis line, Text-A-Tip. LEAD has seen a dramatic increase in the number of people who benefit from its programming, both in our local Lake Forest and Lake Bluff community and across the nation. LEAD has conducted trainings, programs and workshops in nearly 20 states over the past two years, and our Text-A-Tip hotline is now accessible to over 7 million people, almost doubling in scope since this time last year, and including the entirety of Lake and McHenry Counties in Illinois. Finally, LEAD's online and social media presence has seen an increase of over 500% in the past 3 years. Text-A-Tip is now available to over 7 million people nationwide. Text-A-Tip has been able to deliver wellness checks and emergency personnel to teens in crisis, and has led to interventions in suicide and self-harm situations, violence situations, and situations of drug overdose. Aside from the actual lives saved to date, the resource allows students a 24/7 place to turn when they are in need of emotional support. It is safe, anonymous, and always available. The CHNA report identified areas of opportunity for health improvement for which NMLFH and the external steering committee (ESC) determined it would not prepare an implementation plan and strategy. These areas of opportunity and the reasons for not addressing are below. CANCER NMLFH provides a comprehensive range of clinical services to treat and screen for cancer. NMLFH will continue to sustain these services and work to strengthen community-based outreach both through the internal oncology department and through community partners. The ESC recommended focusing efforts on other health conditions for which NMLFH could have a greater impact. DIABETES NMLFH provides clinical services to treat diabetes and will continue to sustain these services. While there is a lot of crossover between the preventable conditions that cause Diabetes and those that cause Heart Disease and Stroke, the ESC recommended focusing efforts on other health conditions for which NMLFH could have a greater impact. Community work will continue through participation on the Diabetes Prevention and Management Action Team as part of the Live Well Lake County Steering Committee. IMMUNIZATION &amp; INFECTIOUS DISEASES NMLHH provides clinical services to treat pneumonia, asthma, and tuberculosis, as well as other infectious diseases. The ESC recommended that NMLHH focus on strengthening and improving access to medical homes, where preventive care and screening services can be effectively coordinated and access to medically necessary specialty care can be facilitated. INJURY &amp; VIOLENCE NMLFH</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	<p>will work to strengthen community-based outreach both through community partnerships to affect injury and violence. The ESC recommended focusing efforts on other determinants for which NMLFH could have a greater impact: NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT. NMLFH provides clinical services, nutritional counseling, and weight loss programming for patients and will continue to sustain these services. While there is a lot of crossover between these behaviors and those that cause Heart Disease and Stroke, the ESC recommended focusing efforts on other health conditions for which NMLFH could have a greater impact. Community work will continue through participation on the various Action Teams as part of the Live Well Lake County Steering Committee. POTENTIALLY DISABLING CONDITIONS: NMLFH provides comprehensive rehabilitation services including physical, speech, and occupational therapy for patients. The ESC recommended focusing efforts on other health conditions for which NMLFH could have a greater impact. TOBACCO USE: NMLFH supports public policies aimed at reducing tobacco use. NMLFH also offers a comprehensive Smoking Cessation Program, facilitated by an American Lung Association certified instructor. The ESC recommended focusing efforts on other health conditions for which NMLFH could have a greater impact.</p>



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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>Facility , 1 - NORTHWESTERN LAKE FOREST HOSPITAL 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 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 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 ref</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>use 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 Patient's or Guarantor's 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 Patient's or Guarantor's 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 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 An uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHC's 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 patient's behalf, D Medicaid eligibility, but not on date of service for non-covered service, or 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, or 6 Receipt of grant assistance for medical services</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 15 Facility , 1	<p>Facility , 1 - NORTHWESTERN LAKE FOREST HOSPITAL NMHC's 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 Applicant's 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. The Application Period shall be the 240 day period provided by IRS guidance, starting from the date care is provided. 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 Applicant's financial position (including, as applicable, information about the Applicant's 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 Patient's or Guarantor's 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 Patient's or Guarantor's Program eligibility. 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</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 15 Facility , 1	th 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, Line 3 Facility , 1	Facility , 1 - CENTRAL DUPAGE HOSPITAL ASSOCIATION The CHNA report also describes Central DuPage Hospital's 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.** 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 5 Facility , 1	<p>Facility , 1 - CENTRAL DUPAGE HOSPITAL ASSOCIATION 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, 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, 41 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 DuPagePads 4 American Cancer Society 5 B R Ryall YMCA of Northwestern DuPage County 6 Bartlett Park District 7 Benedictine Public Health Department 8 Breaking Free 9 Catholic Charities Diocese of Joliet 10 DuPage Foundation 11 DuPage Senior Citizens Council 12 DuPage United 13 Educare West DuPage 14 Fox Valley Special Recreation Association 15 NAMI DuPage 16 Northern Illinois Food Bank 17 People's Resource Center 18 Public School District, DuPage County 19 SamaraCare 20 Senior Services Associates, Inc 21 Warrenville Park District 22 Western DuPage Special Recreation Association 23 West Chicago Public Library District 24 Winfield Park District 25 World Relief DuPage Aurora 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>

**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 7 Facility , 1	Facility , 1 - CENTRAL DUPAGE HOSPITAL ASSOCIATION 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 * Key community organizations and leaders * Central DuPage Hospital External Steering Committee * Central DuPage Hospital Leadership

**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>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - Central DuPage Hospital Association Through the prioritization process, NM CDH identified three Priority Health Needs Access to Healthcare Services, Chronic Disease , and Mental Health NMCDH identified health needs that would be best addressed through a coordinated response from a range of healthcare and community resources Specific ways in which NMCDH is addressing the significant needs identified in its most recently conducted CHNA are defined as follows 1 MENTAL HEALTH Mental health and physical health are closely connected Mental health plays an integral role in the ability to maintain physical health Mental illnesses, such as depression, anxiety and addiction, affect people's ability to participate in health promoting behaviors Subsequently, the presence of mental health problems can have a serious impact on chronic disease and decrease the ability to participate in treatment and recovery To address the identified health needs related to Mental Health and Substance Abuse, NMCDH and members of the External Steering Committee plan to collaborate on the following strategies 1 1 Continue strategic planning efforts to evaluate the demand for hospital-based mental health services and identify appropriate NMCDH resources to address those needs A comprehensive strategic plan is being developed to properly address the mental health needs of the NMCDH and Northwestern Medicine Delnor Hospital service areas The plan continued to identify the needs and develop strategies to address those needs, including but not limited to expansion of inpatient behavioral health and addiction services and additional capacity in the outpatient mental health service line 1 2 Provide Community Benefit Grant funding and further solidify relationships with community agencies that can provide outpatient mental health services to the medically underserved residents within the service area Grants were provided to NAMI DuPage, Ecker Center, Samara Care and World Relief The following outcomes were reported A NAMI DuPage Education and Resources Services grant outcomes - 85% of the participants reported a greater understanding and changed in attitude towards mental illness, - 90% of the participants report increased knowledge of resources to help themselves and family members in recovery, - 80% of individuals with mental illness report recognizing triggers and early warning signs of their illnesses B Ecker Center grant outcomes - Medication Possession Ratio baseline is 0 8 9 and it was measured to be consistently a 0 92 over the grant period, - Clients' symptoms improvement baseline is 72% and it was measured that 90% of clients reports symptom improvement C Individuals impacted by funding from the Samara Care Mental Health Access Program reported (NMCDH/NMDH) - 87% of clients experienced an increase in their GAF scale score, - 90% of those who completed the client satisfaction survey indicated that they agree/ strongly agree, "I feel I was</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 Facility , 1	<p>able to accomplish what I set out to do," "I am better able to handle conflict and stress " - 95% of those who completed the client satisfaction survey indicated that they agree/st rongly agree, "My counselor interventions and interactions were helpful " D Outcomes repo rted as the result of NMCDH funding to the World Relief Refugee Wellness Program (NMCDH/N MDH) - 8% of participants were able to identify symptoms of mental illness, - 75% were to identify at least 3 helpful mainstream community resources and report stronger connectedne ss to members of their own community, - 68% of refugees receiving mental health treatment demonstrated an increased level of functioning, decreased symptoms and completed treatment goals 1 3 Participate in and support initiatives within Kane County that are focused on M ental Health The Kane County Health Department is currently developing a Community Health Improvement Plan (CHIP) in collaboration with the hospitals and community agencies within the county One of the identified priorities to be addressed is Mental Health and Substan ce Abuse NMCDH will continue to participate in the CHIP Executive Committee and the Menta l Health Subgroup to develop and implement the action plan to address the health priority of Mental Health and Substance Abuse 1 4 Complete the planning phase and implement the Me ntal Health First Aid Program in the NMCDH service area The Mental Health First Aid (MHFA ) program is designed to teach residents of the community how to take action when a mental illness is suspected or identified The intent is to reduce the wide reach and economic t oll that mental health disorders and crises have on the community Individuals within NMCD H are currently completing training and the certification process and will begin providing educational sessions to teach parents, family members, caregivers, teachers, school staff , peers and community members how to help an adolescent or adult experiencing a mental hea lth or addiction challenge or crisis These individuals can then intervene and direct the individual to appropriate resources The overall goal is to increase awareness and early i ntervention to those in need of behavioral health services One NMCDH/NMDH staff was train ed to offer the nationally recognized evidence-based Mental Health First Aid program - 17 classes were held, - 318 individuals (adults and youth) attended the programs, - 100% of MHFA participants scored a minimum of 85% on the MHFA course exam 2 CHRONIC DISEASE Chron ic conditions are responsible for 70% of deaths and 75% of healthcare spending Chronic di sease is a leading cause of disability and lost income Chronic disease disproportionately affects low-income and minority populations In the NMCDH service area, 35% of adults have been told that they have high blood pressure, 30% have been told they have a high cholest erol reading, 23% are obese, and chronic diseases of the heart are the second leading caus e of death To address the ide</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ntified deficiencies in Chronic Disease, NMCDH and members of the External Steering Committee plan to collaborate on the following strategies</p> <p>2 1 Provide resources and tools to patients diagnosed with heart failure in order to improve self-management skills and quality of life NMCDH continued to provide a post-discharge community-based heart failure program designed to improve the quality of life and decrease readmission rates for patients diagnosed with heart failure Efforts to improve the coordination of care for heart failure patients were expanded, and a system of referrals for specialty care and social service needs were implemented A retrospective study of outcomes related to the program was completed to ensure maximum quality is achieved Key outcomes of this program were</p> <p>A 382 individuals were enrolled in the Community-Based Heart Failure program (NMCDH/NMDH) - 30-day readmission rate for heart failure diagnosis 1% (markedly below the national rate), - 85% of clients demonstrated the ability to identify appropriate action in the event of a worsening of their condition, - 97% of clients utilized an effective medication management system, - 86% of clients demonstrated compliance with symptom tracking</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>Facility , 2 - Central DuPage Hospital Association 2 2 Continue to provide, participate and partner in community-based health education, nutrition and activity programs focused on reducing the risk of obesity and chronic disease NMCDH provided community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidence-based secondary interventions (screening) and evidence-based tertiary interventions (education to individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness) Programmatic venues included the CATCH (Coordinated Approach to Child Health) program, the Dinner with the Doc series, clinician-led educational offerings, self-help groups, rehabilitation service programs and support programs A comprehensive plan to increase patient compliance with physician and ancillary staff referrals to smoking cessation resources was also investigated and developed Community Benefit Grants were also be provided to agencies that provide programming related to the priority health need of chronic disease Key outcomes of these interventions include A A total of one educational seminars were offered in the areas of cardiovascular health A total of 170 individuals attended these seminars (NMCDH/NMDH combined data ) B Meeting space was provided at no charge for 20 support groups (NMCDH/NMDH) C A total of two educational seminars were offered in the areas of cancer A total of 102 individuals attended these seminars (NMCDH/NMDH) D A total of twelve additional educational seminars were offered 1,343 individuals attended these seminars (NMCDH/NMDH) E Rehabilitation Services offered 18 community programs 282 individuals attended (NMCDH/NMDH) F Diabetes Education Services offered 9 community programs 78 individuals attended (NMCDH/NMDH) G 104 individuals participated in the Northern Illinois Food Bank's Diabetes Prevention Education Programs H Saint Charles Park District CATCH Kids Club utilized their new CATCH Early Childhood equipment set and curriculum to impact the health and wellness of the students and families that attended Baker Station I Fox Valley Food for Health built a network of adult and teen volunteers who helped in providing nutrient rich meals, nutrition education and personal caring support to individuals and families dealing with serious illness such as cancer J The CATCH Program reached over 778 students and teachers 89% of children were able to verbalize 6 out of 8 GO foods 84% of children recognized the importance of consuming GO foods daily 95% of schools/programs adjusted their snack lists to include healthy (GO) foods 100% of teachers organized 20 minutes of moderate physical activity 96% of teachers continued to reinforce the GO-WHOA healthy food message in the classroom (NMCDH/NMDH) K A total of 10 community programs and 679 individuals participated in Community Stroke Education presee</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>ntations (NMCDH/NMDH) L A total of 308 Kits for Kids were disseminated in the areas hand washing, bicycle safety and healthy nutrition (NMCDH/NMDH) M A total of 184 individuals participated in smoking cessation programs 91% self-reported smoking cessation by the end of week 3 (NMCDH/NMDH) N The Think First Curriculum was offered to 24,240 children from kindergarten through high school and 132,733 individuals participated in Think First community events (NMCDH/NMDH) - A total of 6,549 children were fitted for and received bike helmets (NMCDH/NMDH), - A total of 77 couples attended child safety classes (NMCDH/NMDH), - A total of 1066 car seats were checked / distributed (NMCDH/NMDH), 3 ACCESS TO CARE An aging population, coupled with a challenging economy and an increasing prevalence of chronic disease, create access-to-care issues relating to both the affordability and availability of care NMCDH seeks to promote access through a variety of initiatives identified below NMCDH will continue to work with individuals and families to promote access to medically necessary services by maintaining an accessible financial assistance program Additionally, staff and leadership will work collaboratively with key community partners to promote a seamless continuum of care into local medical home settings To improve Access to Health Services, NMCDH and members of the External Steering Committee plan to collaborate on the following strategies 3 1 Strengthen and increase patient affiliation with high-quality patient-centered medical homes NMCDH and its partners from the External Steering Committee focused efforts on strengthening the care coordination, availability, cultural competency and offerings available at the patient-centered medical homes operated by the Federally Qualified Health Centers and healthcare organizations that are closely aligned with Northwestern Medicine Delnor Hospital By concentrating efforts on improving the most essential community-based component of the healthcare system - the patient-centered medical home - NMCDH focused on ensuring patients receive timely and appropriate care NMCDH will implement evidence-based practices to address the health concern related to members of the community receiving age and gender-appropriate screenings and other preventive services, including recommended routine immunizations 3 2 Investigate innovative ways to connect uninsured members of the community with applicable entitlement programs and available healthcare and social services to improve access to medical care Patients in need of financial assistance were connected with appropriate resources and assisted in the completion of applications for government assistance programs 3 3 Improve access to evidence-based preventive services, including age and gender-appropriate screenings and routine immunizations A total of 48 vaccine clinics were provided in Tax Year 2017, as well as 385 free mammograms for patients in need The CHNA report</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>identified areas of opportunity for health improvement for which NMCDH and the external steering committee (ESC) determined it would not prepare an implementation plan and strategy. These areas of opportunity and the reasons for not addressing are below:</p> <p><b>CANCER</b> NMCDH provides a comprehensive range of clinical services to treat and screen for cancer. NMCDH will continue to sustain these services and work to strengthen community-based outreach. The ESC recommended focusing efforts on other health conditions for which NMCDH could have a greater impact (heart failure and nutrition and weight).</p> <p><b>IMMUNIZATION AND INFECTIOUS DISEASE IN ADULTS</b> NMCDH provides clinical services to treat pneumonia, asthma and tuberculosis. The ESC recommended that NMCDH focus on strengthening and improving access to medical homes, where preventive care and screening services can be effectively coordinated and access to medically necessary specialty care can be facilitated. Vaccine services are provided to children as part of the access to care strategies.</p> <p><b>TOBACCO USE</b> Tobacco use was incorporated into the strategies around chronic disease.</p> <p><b>INJURY AND VIOLENCE</b> Injury prevention and car seat safety is addressed in our chronic disease initiatives through our ThinkFirst Injury Prevention program and Car Seat initiatives.</p> <p><b>NUTRITION, PHYSICAL ACTIVITY AND WEIGHT</b> Nutrition, physical activity and weight has been addressed through our preventative efforts in our strategies to address chronic disease.</p> <p><b>SUBSTANCE ABUSE</b> Substance Abuse has been linked to the priority of mental health, as resources and initiatives to address both concerns are connected.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>Facility , 1 - CENTRAL DUPAGE HOSPITAL ASSOCIATION 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 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 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 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</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>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 Patient's or Guarantor's 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 Patient's or Guarantor's 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 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 A n uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHC's Free and Discounted Care program and will not be required to provide additional supporting documentation for financial assistance A Homeless, B Deceased with no estate, C Mental incapacitation with no one to act on the patient 's behalf, D Medicaid eligibility, but not on date of service for non-covered service, or 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, or 6 Receipt of grant assistance for medical services</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	<p>Facility , 1 - CENTRAL DUPAGE HOSPITAL ASSOCIATION NMHC's 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 Applicant's 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. The Application Period shall be the 240 day period provided by IRS guidance, starting from the date care is provided. Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantors is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicant's financial position (including, as applicable, information about the Applicant's 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 Patient's or Guarantor's 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 Patient's or Guarantor's Program eligibility. 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</p>



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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	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, Line 3 Facility , 1	Facility , 1 - DELNOR-COMMUNITY HOSPITAL The CHNA report also describes Delnor Hospital's CHNA goals and objectives, public dissemination plan, and the process for the development of the implementation plan

**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 5 Facility , 1	<p>Facility , 1 - DENOR-COMMUNITY HOSPITAL TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANTS SURVEY WAS IMPLEMENTED AS PART OF THE CHNA PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY NMDH, 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, 157 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANTS SURVEY INCLUDING REPRESENTATIVES OF THE ORGANIZATIONS BELOW 1 ADVOCATE SHERMAN HOSPITAL 2 AGENCY ON AGING NORTHEASTERN ILLINOIS 3 ASSOCIATION FOR INDIVIDUAL DEVELOPMENT 4 BATAVIA INTERFAITH FOOD PANTRY AND CLOTHES CLOSET 5 BATAVIA UNITED WAY 6 BENEDICTINE UNIVERSITY 7 BLACKBERRY TOWNSHIP 8 BATAVIA PUBLIC SCHOOL DISTRICT #101 9 CASA KANE COUNTY 10 CATHOLIC SOCIAL SERVICES (CATHOLIC CHARITIES) 11 CENTRO DE INFORMACION 12 CITY OF AURORA 13 COMMUNITY CONTACTS, INC 14 COMMUNITY FOUNDATION OF THE FOX RIVER VALLEY 15 CONLEY OUTREACH COMMUNITY SERVICES 16 DAYONEPACT 17 ELDERDAY CENTER, INC 18 ELGIN AREA CHAMBER OF COMMERCE 19 ELGIN PARTNERSHIP FOR EARLY LEARNING 20 ENVIRONMENTAL PROTECTION AGENCY 21 FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA 22 FOX VALLEY SPECIAL RECREATION ASSOCIATION 23 GAIL BORDEN LIBRARY 24 GATEWAY FOUNDATION 25 GENEVA PARK DISTRICT 26 GREATER ELGIN FAMILY CARE CENTER 27 HERGET MIDDLE SCHOOL 28 HESED HOUSE 29 HIGHLAND AVENUE CHURCH OF THE BRETHREN 30 HOPE FOR TOMORROW, INC 31 INC BOARD NFP 32 KANE COUNTY BOARD 33 KANE COUNTY DEVELOPMENT AND COMMUNITY SERVICES DEPARTMENT 34 KANE COUNTY DIVISION OF TRANSPORTATION 35 KANE COUNTY FARM BUREAU 36 KANE COUNTY HEALTH DEPARTMENT 37 KANE COUNTY MEDICAL SOCIETY 38 KANE COUNTY REGIONAL OFFICE OF EDUCATION 39 KANE COUNTY SHERIFF'S OFFICE 40 KANELAND COMMUNITY SCHOOL DISTRICT #302 41 LAO-AMERICAN ORGANIZATION OF ELGIN 42 LAZARUS HOUSE 43 LUTHERAN SOCIAL SERVICES (ELGIN) 44 MARIE WILKINSON FOOD PANTRY 45 MARKLUND HYDE CENTER 46 MUTUAL GROUND 47 NAMI - KANE, DEKALB AND KENDALL COUNTIES 48 NORTHEASTERN ILLINOIS AREA AGENCY ON AGING 49 OPEN DOOR CLINIC OF GREATER ELGIN 50 PADS AT HESED HOUSE 51 PR STRATEGIES AND COMMUNICATIONS/PMS ADVERTISING, INC 52 PRESENCE MERCY MEDICAL CENTER (AURORA) 53 PRESENCE ST JOSEPH HOSPITAL (ELGIN) 54 REBUILDING TOGETHER AURORA 55 RENZ ADDICTION COUNSELING CENTER 56 RUSH COPLEY MEDICAL CENTER 57 ST CHARLES PARK DISTRICT 58 STC UNDERGROUND TEEN CENTER 59 SUICIDE PREVENTION SERVICES 60 SALVATION ARMY OF AURORA 61</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 5 Facility , 1	<p>TRI CITY FAMILY SERVICES 62 TRI CITY HEALTH PARTNERSHIP 63 U-46 SCHOOL DISTRICT (ELGIN) 64 UNIVERSITY OF ILLINOIS EXTENSION 65 VALLEY INDUSTRIAL ASSOCIATION 66 VILLAGE OF ALGONQUIN 67 VNA HEALTHCARE 68 WAUBONSEE COMMUNITY COLLEGE 69 WAYSIDE CROSS MINISTRIES 70 WELL CHILD CENTER 71 WELLBATAVIA INITIATIVE 72 WEST AURORA SCHOOL DISTRICT #129 73 YWC A ELGIN INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN CENTRAL KANE COUNTY INC LUDING LOW-INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS AND OTHER MEDICALLY UNDERSERVED RESIDENTS 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 This multidisciplinary committee was made up of key stakeholders who were selected based on strong collaborative efforts to improve the health of the community, including the medically underserved, minority and low-income populations</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 7 Facility , 1	Facility , 1 - DELNOR-COMMUNITY HOSPITAL 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

**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 Facility , 1	<p>Facility , 1 - Delnor-Community Hospital Through the prioritization process, NMDH identified three Priority Health Needs Access to Healthcare Services, Chronic Disease, and Mental Health NMDH identified health needs that would be best addressed through a coordinated response from a range of healthcare and community resources Specific ways in which NMDH is addressing the significant needs identified in its most recently conducted CHNA are defined as follows 1 MENTAL HEALTH Mental health and physical health are closely connected Mental health plays an integral role in the ability to maintain physical health Mental illnesses, such as depression, anxiety and addiction, affect people's ability to participate in health promoting behaviors Subsequently, the presence of mental health problems can have a serious impact on chronic disease and decrease the ability to participate in treatment and recovery To address the identified health needs related to Mental Health and Substance Abuse, NMDH and members of the External Steering Committee plan to collaborate on the following strategies 1 1 Continue strategic planning efforts to evaluate the demand for hospital-based mental health services and identify appropriate NMDH resources to address those needs A comprehensive strategic plan is being developed to properly address the mental health needs of the NMDH and Northwestern Medicine Central DuPage service areas The plan will identify the needs and develop strategies to address those needs, including but not limited to expansion of inpatient behavioral health and addiction services and additional capacity in the outpatient mental health service line 1 2 Provide Community Benefit Grant funding and further solidify relationships with community agencies that can provide outpatient mental health services to the medically underserved residents within the service area Grants were provided to Tri City Family Services, Ecker Center, Samara Care and World Relief The following outcomes were reported A Tri City Family Services grant outcomes - 80% reported progress towards treatment plan goals, - 47 3% reported progress in Moods and Emotions which indicate a reduction of anxiety and/or depression symptoms, - 26 5% reported progress in Home/Family, which indicates improvements in family relationships and interactions, - 9 25% reported progress in Thinking, which indicated improved cognition relative to self and others B Ecker Center grant outcomes - Medication Possession Ratio baseline is 0 89 and it was measured to be consistently a 0 92 over the grant period, - Clients' symptoms improvement baseline is 72% and it was measured that 90% of clients reports symptom improvement C Individuals impacted by funding from the Samara Care Mental Health Access Program reported (NMDH/NMCDH) - 87% of clients experienced an increase in their GAF scale score, - 90% of those who completed the client satisfaction survey indicated that they agree/strongly agree, "I</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>feel I was able to accomplish what I set out to do," "I am better able to handle conflict and stress " - 95% of those who completed the client satisfaction survey indicated that they agree/strongly agree, "My counselor interventions and interactions were helpful " D O utcomes reported as the result of NMDH funding to the World Relief Refugee Wellness Program (NMDH/NMCDH) - 8% of participants were able to identify symptoms of mental illness, - 7 5% were to identify at least 3 helpful mainstream community resources and report stronger connectedness to members of their own community, - 68% of refugees receiving mental health treatment demonstrated an increased level of functioning, decreased symptoms and complete d treatment goals 1 3 Participate in and support initiatives within Kane County that are f ocused on Mental Health The Kane County Health Department is currently developing a Commu nity Health Improvement Plan (CHIP) in collaboration with the hospitals and community agen cies within the county One of the identified priorities to be addressed is Mental Health and Substance Abuse NMDH will continue to participate in the CHIP Executive Committee and the Mental Health Subgroup to develop and implement the action plan to address the health priority of Mental Health and Substance Abuse 1 4 Complete the planning phase and implem ent the Mental Health First Aid Program in the NMDH service area The Mental Health First Aid (MHFA) program is designed to teach residents of the community how to take action when a mental illness is suspected or identified The intent is to reduce the wide reach and e conomic toll that mental health disorders and crises have on the community Individuals wi thin NMDH are currently completing training and the certification process and will begin p roviding educational sessions to teach parents, family members, caregivers, teachers, scho ol staff, peers and community members how to help an adolescent or adult experiencing a me ntal health or addiction challenge or crisis These individuals can then intervene and dir ect the individual to appropriate resources The overall goal is to increase awareness and early intervention to those in need of behavioral health services One NMCDH/NMDH staff w as trained to offer the nationally recognized evidence-based Mental Health First Aid progr am - 17 classes were held, - 318 individuals (adults and youth) attended the programs, - 100% of MHFA participants scored a minimum of 85% on the MHFA course exam 2 CHRONIC DISEA SE Chronic conditions are responsible for 70% of deaths and 75% of healthcare spending Ch ronic disease is a leading cause of disability and lost income Chronic disease disproport ionally affects low-income and minority populations In the NMDH service area, 35% of adul ts have been told that they have high blood pressure, 30% have been told they have a high cholesterol reading, 23% are obese, and chronic diseases of the heart are the second leadi ng cause of death To address</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 Facility , 1	<p>the identified deficiencies in Chronic Disease, NMDH and members of the External Steering Committee plan to collaborate on the following strategies</p> <p>2 1 Provide resources and tools to patients diagnosed with heart failure in order to improve self-management skills and quality of life</p> <p>NMDH continued to provide a post-discharge community-based heart failure program designed to improve the quality of life and decrease readmission rates for patients diagnosed with heart failure</p> <p>Efforts to improve the coordination of care for heart failure patients were expanded, and a system of referrals for specialty care and social service needs were implemented</p> <p>A retrospective study of outcomes related to the program was completed to ensure maximum quality is achieved</p> <p>Key outcomes of this program were</p> <ul style="list-style-type: none"> <li>A 382 individuals were enrolled in the Community-Based Heart Failure program (NMDH/NMCDH) -</li> <li>30-day readmission rate for heart failure diagnosis 1% (markedly below the national rate),</li> <li>- 85 % of clients demonstrated the ability to identify appropriate action in the event of a worsening of their condition,</li> <li>- 97% of clients utilized an effective medication management system,</li> <li>- 86% of clients demonstrated compliance with symptom tracking</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>Facility , 2 - Delnor-Community Hospital 2 2 Continue to provide, participate and partner in community-based health education, nutrition and activity programs focused on reducing the risk of obesity and chronic disease NMDH provided community education related to chronic disease in the areas of evidence-based primary interventions (disease prevention, health promotion), evidence-based secondary interventions (screening) and evidence-based tertiary interventions (education to individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness) Programmatic venues included the CATCH (Coordinated Approach to Child Health) program, the Dinner with the Doc series, clinician-led educational offerings, self-help groups, rehabilitation service programs and support programs A comprehensive plan to increase patient compliance with physician and ancillary staff referrals to smoking cessation resources was also investigated and developed Community Benefit Grants were also provided to agencies that provide programming related to the priority health need of chronic disease Key outcomes of these interventions include A A total of one educational seminars were offered in the areas of cardiovascular health A total of 170 individuals attended these seminars (NMDH/NMCDH combined data ) B Meeting space was provided at no charge for 20 support groups (NMDH/NMCDH) C A total of two educational seminars were offered in the areas of cancer A total of 102 individuals attended these seminars (NMDH/NMCDH) D A total of twelve additional educational seminars were offered 1,343 individuals attended these seminars (NMDH/NMCDH) E Rehabilitation Services offered 18 community programs 282 individuals attended (NMDH/NMCDH) F Diabetes Education Services offered 9 community programs 78 individuals attended (NMDH/NMCDH) G Making Kane County Fit for Kids - Provided parents and children with information on physical activity and eating habits, - Supported a culture of wellness and health promotion in schools, workplaces, and other institutions, - Developed land use, planning and policies to support physical activity, - Provide affordable and accessible fresh fruit and vegetables to all families H 104 individuals participated in the Northern Illinois Food Bank's Diabetes Prevention Education Programs I Saint Charles Park District CATCH Kids Club utilized their new CATCH Early Childhood equipment set and curriculum to impact the health and wellness of the students and families that attended Baker Station J Fox Valley Food for Health built a network of adult and teen volunteers who helped in providing nutrient rich meals, nutrition education and personal caring support to individuals and families dealing with serious illness such as cancer K The CATCH Program reached over 778 students and teachers 89 % of children were able to verbalize 6 out of 8 GO foods 84% of children recognized the importance of consuming GO food</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 Facility , 2	<p>s daily 95% of schools/programs adjusted their snack lists to include healthy (GO) foods 100% of teachers organized 20 minutes of moderate physical activity 96% of teachers cont inued to reinforce the GO-WHOA healthy food message in the classroom (NMDH/NMCDH) L A total of 10 community programs and 679 individuals participated in Community Stroke Educatio n presentations (NMDH/NMCDH) M A total of 308 Kits for Kids were disseminated in the are as hand washing, bicycle safety and healthy nutrition (NMDH/NMCDH) N A total of 184 indi viduals participated in smoking cessation programs 91% self-reported smoking cessation by the end of week 3 (NMCDH/NMDH) O The Think First Curriculum was offered to 24,240 child ren from kindergarten through high school and 132,733 individuals participated in Think Fi rst community events (NMDH/NMCDH) - A total of 6,549 children were fitted for and receiv ed bike helmets (NMDH/NMCDH), - A total of 77 couples attended child safety classes (NMDH/ NMCDH), - A total of 1066 car seats were checked / distributed (NMDH/NMCDH), 3 ACCESS TO C ARE An aging population, coupled with a challenging economy and an increasing prevalence o f chronic disease, create access-to-care issues relating to both the affordability and ava ilability of care NMDH seeks to promote access through a variety of initiatives identifie d below NMDH will continue to work with individuals and families to promote access to med ically necessary services by maintaining an accessible financial assistance program Addit ionally, staff and leadership will work collaboratively with key community partners to pro mote a seamless continuum of care into local medical home settings To improve Access to H ealth Services, NMDH and members of the External Steering Committee plan to collaborate on the following strategies 3 1 Strengthen and increase patient affiliation with high-quali ty patient-centered medical homes NMDH and its partners from the External Steering Commit tee focused efforts on strengthening the care coordination, availability, cultural compete ncy and offerings available at the patient-centered medical homes operated by the Federall y Qualified Health Centers and healthcare organizations that are closely aligned with Nort hwestern Medicine Delnor Hospital By concentrating efforts on improving the most essentia l community-based component of the healthcare system - the patient-centered medical home - NMDH focused on ensuring patients receive timely and appropriate care NMDH continued its long-established partnership with Tri City Health Partnership looked for ways to strength en the patient-centered medical home NMDH supported this partnership through grant fundin g, knowledge sharing efforts and streamlined access to medically appropriate diagnostic and specialty services at NMDH and within the Northwestern Medicine Regional Medical Group In Tax Year 2017, 106 patients from TCHP received care at no charge at Northwestern Medici ne facilities NMDH will imple</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 Facility , 2	<p>ment evidence-based practices to address the health concern related to members of the community receiving age and gender-appropriate screenings and other preventive services, including recommended routine immunizations</p> <p>3 2 Investigate innovative ways to connect uninsured members of the community with applicable entitlement programs and available healthcare and social services to improve access to medical care Patients in need of financial assistance were connected with appropriate resources and assisted in the completion of applications for government assistance programs</p> <p>3 3 Improve access to evidence-based preventive services, including age and gender-appropriate screenings and routine immunizations A total of 48 vaccine clinics were provided in Tax Year 2017, as well as 385 free mammograms for patients in need The CHNA report identified areas of opportunity for health improvement for which NMDH and the external steering committee (ESC) determined it would not prepare an implementation plan and strategy These areas of opportunity and the reasons for not addressing are below</p> <p>CANCER NMDH provides a comprehensive range of clinical services to treat and screen for cancer NMDH will continue to sustain these services and work to strengthen community-based outreach The ESC recommended focusing efforts on other health conditions for which NMDH could have a greater impact (heart failure and nutrition and weight)</p> <p>IMMUNIZATION AND INFECTIOUS DISEASE IN ADULTS NMDH provides clinical services to treat pneumonia, asthma and tuberculosis The ESC recommended that NMDH focus on strengthening and improving access to medical homes, where preventive care and screening services can be effectively coordinated and access to medically necessary specialty care can be facilitated Vaccine services are provided to children as part of the access to care strategies</p> <p>TOBACCO USE Tobacco use was incorporated into the strategies around chronic disease</p> <p>NUTRITION, PHYSICAL ACTIVITY AND WEIGHT Nutrition, physical activity and weight has been addressed through our preventative efforts in our strategies to address chronic disease</p> <p>SUBSTANCE ABUSE Substance Abuse has been linked to the priority of mental health, as resources and initiatives to address both concerns are connected</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
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>Facility , 1 - DELNOR-COMMUNITY HOSPITAL 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 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 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 e</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 13 Facility , 1	<p>Enrollment 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 Patient's or Guarantor's 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 Patient's or Guarantor's 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 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. An uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHC's 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 patient's behalf, D Medicaid eligibility, but not on date of service for non-covered service, or 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 (LIH EAP), 5 Enrollment in an organized community-based program providing access to medical care that assess and documents limited low income financial, or 6 Receipt of grant assistance for medical services.</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
<p>Schedule H, Part V, Section B, Line 15 Facility , 1</p>	<p>Facility , 1 - DELNOR-COMMUNITY HOSPITAL NMHC's 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 Applicant's 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 The Application Period shall be the 240 day period provided by IRS guidance, starting from the date care is provided 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 Applicant's financial position (including, as applicable, information about the Applicant's 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 Patient's or Guarantor's 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 Patient's or Guarantor's Program eligibility 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</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 15 Facility , 1	mation 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, Line 3 Facility , 1	Facility , 1 - KISHWAUKEE HOSPITAL The CHNA report also describes Kishwaukee Hospital background, charity care, the mission, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - KISHWAUKEE HOSPITAL PARTNERING WITH DEKALB COUNTY HEALTH DEPARTMENT, THE CHNA PROCESS INCLUDED A SURVEY ADMINISTERED TO COMMUNITY PARTNERS, THEIR EMPLOYEES, AND CLIENTS, TO ALLOW RESPONSES FROM LOW-INCOME AREAS, MENTAL HEALTH CLINICS, YOUTH ORGANIZATIONS AND FOOD PANTRIES REPRESENTATIVES OF THE COMMUNITY INCLUDED 1 ADVENTURE WORKS DEKALB 2 CITY OF DEKALB 3 CITY OF SYCAMORE 4 DEKALB COUNTY NON-PROFIT PARTNERSHIP 5 DEKALB COUNTY BOARD OF HEALTH 6 DEKALB COUNTY COMMUNITY DEVELOPMENT 7 DEKALB COUNTY COMMUNITY FOUNDATION 8 DEKALB COUNTY HEALTH DEPARTMENT 9 DEKALB COUNTY MENTAL HEALTH BOARD AND COMMUNITY ACTION 10 DEKALB CUSD 428 11 FAMILY FIRST PHYSICIANS 12 FOX VALLEY YMCA 13 KISHWAUKEE YMCA FINDINGS REPRESENT QUALITATIVE RATHER THAN QUANTITATIVE DATA THE 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 AN EXTERNAL STEERING COMMITTEE WAS CONVENED TO PROVIDE OVERSIGHT TO THE DEVELOPMENT OF THE CHNA AND ENGAGE THE COMMUNITY THROUGHOUT THE PROCESS UNDER THE LEADERSHIP AND DIRECTION OF MEMBERS FROM DEKALB COUNTY HEALTH DEPARTMENT, KISHWAUKEE HOSPITAL, AND NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL

**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 6a Facility , 1	Facility , 1 - KISHWAUKEE HOSPITAL KISHWAUKEE HOSPITAL WORKED IN TANDEM WITH VALLEY WEST HOSPITAL AND SHARED RESPONSIBILITIES ON A JOINT STEERING COMMITTEE SPECIFIC NEEDS AND CONCERNS OF KISHWAUKEE COMMUNITY HOSPITAL WERE IDENTIFIED AND ADDRESSED SEPARATELY

**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 6b Facility , 1	Facility , 1 - KISHWAUKEE HOSPITAL KISHWAUKEE HOSPITAL COMPLETED A CHNA IN PARTNERSHIP WITH DEKALB COUNTY HEALTH DEPARTMENT THE TWO ORGANIZATIONS COLLABORATED UNDER THE NAME "TOGETHER FOR A HEALTHIER DEKALB COUNTY" FOR THE PURPOSE OF THE CHNA THE TOGETHER FOR A HEALTHIER DEKALB COUNTY STEERING COMMITTEE, MADE UP OF EMPLOYEES FROM BOTH ORGANIZATIONS, UTILIZED THE ASSESSMENT TOOL OF MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) IN JANUARY 2018 MAPP IS A COMMUNITY-DRIVEN STRATEGIC PLANNING PROCESS FOR IMPROVING COMMUNITY HEALTH

**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 7 Facility , 1	Facility , 1 - KISHWAUKEE HOSPITAL 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 * Key Community Organizations & Leaders * Internal & External Steering Committee Members * Kishwaukee Hospital Leadership

**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>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - KISHWAUKEE HOSPITAL Northwestern Medicine Kishwaukee Hospital (NMKH) completed a comprehensive Community Health Needs Assessment (CHNA) to identify the highest priority health needs of residents within our community, and use this information to guide new and existing efforts to improve the overall health of the populations served. The goals of the CHNA was to implement a structured data driven approach to determine health status, behaviors, and needs of all residents in the NMKH service area. Through this assessment and prioritization process NMKH identified three health priority needs, Cancer, Cardiovascular Disease and Maternal Child Health. Specific ways in which NMKH is addressing the needs identified in the CHNA are defined as follows: 1. CANCER Cancer remains the second leading cause of death in the United States (Center for Disease Control and Prevention, 2012) and of DeKalb County residents. By cancer site, lung cancer is the most common site for both genders. The leading male cancer site deaths are lung, colorectal, and prostate, while the leading female cancer site deaths are lung, breast, and colorectal. The Centers of Disease Control and Prevention reports adult smoking prevalence as the estimated percent of the adult population that currently smokes every day of "most days" and has smoked at least 100 cigarettes in their lifetime. According to the County Health Rankings 2015 approximately 20% of DeKalb County adults, aged 18 and older, self-reported tobacco use, this is higher than the averages of both the state and the U.S. According to the National Cancer Institute, smoking causes many types of cancer, including cancers of the throat, mouth, nasal cavity, esophagus, stomach, pancreas, kidney, bladder and cervix and acute myeloid leukemia. Screening refers to tests and exams used to find disease, such as cancer, in people who do not have any symptoms. Current American Cancer Society guidelines include methods for early detection of the cervix, breast, colon and rectum, endometrial and prostate. Cancer-related check-ups depending on age and gender may include exams for cancers of the thyroid, mouth, skin, lymph nodes, testes and ovaries. Among the population 50 years and older, 53.5% in 2010 received a colonoscopy or sigmoidoscopy. More than half of all cancer deaths can be prevented by making healthy choices such as, not smoking, maintaining a healthy weight, eating right and keeping active and participating in cancer screenings. 1.1 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. Program facilitators provide information, practice skills, and support to help tobacco users reach smoke-free goals. During the fiscal year there were six group cessation classes and two priv</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>ate presentations, which provide 21 people with some type of tobacco cessation opportunity 1 2 NMKH works to support activities related to smoking prevention programs in school age children through collaboration with local school districts Tar Wars is supported in part by a grant from the American Academy of Family Physicians Foundation This program has shown to be effective in increasing students' knowledge of and attitudes toward tobacco use and advertising The program is consistent with best practice guideline for youth tobacco prevention programs set forth by the Centers for Disease Control and Prevention Locally was offered five times at middle school at the 6th grade level CATCH My Breath is a prevention program that provides students with skills to resist peer pressure and media influences to try electronic nicotine delivery systems, commonly known as e-cigarettes This program was offered 26 times and impacted 564 students at the middle school level during the fiscal year 1 3 NMKH supports the work of DeKalb county Health Department's 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 smoking Clients of the health department receive the information at each appointment at the health department The health department saw approximately 400 clients of which 46 identified as smokers and were given targeted materials and resources at each appointment Of those who reported smoking, 28 decreased or quit completely 1 4 Efforts are made to promote free and reduced cost mammograms to women with the following criteria between the ages of 40-64 years of age, reside within DeKalb County, and no insurance/under insured or high deductible plan Information about this program is shared at various events throughout the community during the fiscal year, total women who qualified based on the criteria and received free screening was 11 women 1 5 Information related to skin cancer prevention and education is provided at various community events The information shared was from The American Academy of Dermatology on best practice on early detection and sun safety Information was given at several community events and 250 people received information related to best practice behaviors for UV safety and early detection 2 CARDIOVASCULAR DISEASE Cardiovascular Disease, principally heart disease and stroke, is the leading cause of death in the U S for both men and women among all racial and ethnic groups (Centers for Disease Control and Prevention, 2012) It is also the leading cause of death among DeKalb County residents Cardiovascular disease is the most widespread and costly health problem, although heart disease and stroke are often preventable High cholesterol is one of the major risk factors leading to heart 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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>sease, heart attack, and stroke, and uncontrolled high blood pressure can injure or kill Over one-fourth of DeKalb County residents have high cholesterol (25 9%) or high blood pre ssure (27 3%) and almost two-thirds (64 4%) are overweight or obese based on body mass ind ex (BMI) Overweight or obesity increases risk for high cholesterol, high blood pressure, and insulin resistance, and is a precursor of type 2 diabetes - all factors that heighten risk for cardiovascular disease The proportions of DeKalb County residents who currently smoke is 20 0%, much higher than previous rates and slightly higher than the 18 0% rate of the state The National Cancer Institute reports that people who smoke are up to six time s more likely to suffer a heart attack than nonsmokers, and the risk increases with the nu mber of cigarettes smoked 2 1 Better prevention of and the management of high cholesterol , high blood pressure or diabetes to help lower the risk for heart disease is a key compon ent to the Know Your Numbers biometric screening appointments A screening designed to pro vide a participant with their individual cardiovascular risk factors including fasting glu cose, total cholesterol, Body Mass Index (BMI), blood pressure and waist measurement Life style changes such as quitting or never smoking, limiting alcohol use, exercising and eati ng healthy all lower risk for cardiovascular disease and are thoroughly discussed during t he screening appointments Community members have access to this complimentary screening a nd appointments are available monthly 138 community members participated in the screening Additionally, blood pressure checks are offered weekly free of charge for community memb ers and patients at two locations, Kishwaukee Hospital and NM Genoa clinic The goal of of fering the blood pressure checks is to improve awareness of one's own blood pressure numbe r, an indicator used for heart disease risk factors 1,907 people participated in blood pr essure screenings during the fiscal year 2 2 The Leishman Center for Culinary Health offe rs a variety of natural, whole foods cooking classes designed to help participants make si mple changes for a healthier lifestyle Classes offered in the center include disease spec ific offerings such as Eat to Beat Cancer and Eat to Beat Heart Disease The philosophy of the Leishman Center is focused around eating real food, which support the mission of th e department in tackling chronic illness, disease and obesity The Leishman Center for Cul inary Health reached more than 1,800 participants through 171 in-house classes and externa l programs</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>Facility , 2 - Kishwaukee Hospital 2 3 Increase awareness on the daily consumption of sodium and its impact on high blood pressure, which is a leading risk factor for cardiovascular disease As part of larger community events, NMKH participated in seven community opportunities to share information related to sodium consumption, reading a nutrition label to identify sodium on the label, and helpful tips for reducing sodium in the diet, this evidence based information is from the American Heart Association The development and implementation of the program called Managing your Blood Pressure with the DASH (Dietary Approaches to Stop Hypertension) Diet was also implemented This 4-week educational series on how to manage hypertension using the DASH Eating Plan was offered four times throughout the year and had a total of 20 participants The number of participants able to identify sodium on a food label by week 4 of the program was 20 participants The number of the participants able to use/follow the DASH Eating Plan by week 4 was 20 participants The class continues to be offered on a quarterly basis 2 4 The hospital supports and collaborates with the DeKalb County Health Department and Northern Illinois University Departments of Nursing, Kinesiology and Physical Education to implement the CATCH program in local school districts CATCH aims to impact the messaging a child receives in physical education, the lunchroom, the classroom, and at home, to influence a child's choices This program seeks to motivate and educate students and families on eating healthy and moving more During the fiscal year 13,329 students received lessons in the classroom from NMKH employees In collaboration with the partners, 630 students received lessons in the classroom Additionally, there were two family events for the community in which 250 people participated in learning about healthy eating and making healthier choices 3 MATERNAL CHILD HEALTH According to the Centers for Disease Control and Prevention, safe motherhood begins before conception with good nutrition and a healthy lifestyle It continues with appropriate prenatal care with the ideal result being a full-term pregnancy without unnecessary interventions and the delivery of a healthy baby In addition, it includes a healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby and family 2012 birth rates for DeKalb County by race/ethnicity were white non-Hispanic (72 2%), black non-Hispanic (9 0%), other non-Hispanic (2 6%) and Hispanic (16 2%) Over one-third (36 7%) of DeKalb County births were to unmarried mothers, a record high for the county and more than three times the 1980 proportion (9 7%) Almost one-third (32 3%) of DeKalb County births were to women ages 25-29 years, while one quarter (24 7%) were born to women ages 30-34 and another quarter (24 5%) to ages 20-24 The percentage of women in DeKalb County who smoke during pregnancy has</p>



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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>increased 3% since 2012. Currently 12% of pregnant women smoke. 105 DeKalb County births were of low weight (less than 2,500 grams or five and one-half pounds). Low birth weight percentages by race/ethnicity for 2012 were white non-Hispanic (7.8%), black non-Hispanic (13.1%), other non-Hispanic (16.1%) and Hispanic (9.9%). The proportions of both black and Hispanic low birth weight births tripled from 2009 to 2012. Birth weight is a leading indicator for the health of a population. 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. 3.1 NMKH community wellness continued to offer ongoing sessions of the Respiratory Health Association's Courage to Quit smoking cessation programs to women who are receiving services at the DeKalb County Health Department. 3.2 This evidence-based program is aimed at discussing asthma signs, symptoms, management plans, and medication options to educate parents of asthmatic children to reduce costly emergency department visits. This program was planned, implemented and publicized in the community wellness program guide. No class was offered due to the lack of registration. Efforts are being made to increase awareness of a future program. 3.3 NMKH supports the work of DeKalb County Health Department's 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 smoking. This material is given to clients of the health department at each visit to discuss the harmful effects of smoking, secondhand smoke, and the benefits of smoke-free living spaces and vehicles. Approximately 400 clients in the WIC program received information. 3.4 The hospital supports and collaborates with the DeKalb County Health Department and Northern Illinois University Departments of Nursing, Kinesiology and Physical Education to implement the CATCH program in local school districts. CATCH aims to impact the messaging a child receives in physical education, the lunchroom, the classroom, and at home, to influence a child's choices. This program seeks to motivate and educate students and families on eating healthy and moving more. During the fiscal year, 13,329 students received lessons in the classroom from NMKH employees. In collaboration with the partners, 630 students received lessons in the classroom. Additionally, there were two family events for the community in which 250 people participated in learning about</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 Facility , 2	<p>ut healthy eating and making healthier choices The CHNA report identified area of opportunity for health improvement for which NMKH and its external committee determined it would not prepare an implementation plan and strategy These identified areas and the reason for not addressing are listed below</p> <p>Access to health services Access to health services ranked as a concern that will be addressed within the health priorities selected through the MAPP process Environmental Health NMKH did not select this as a priority to address in the population, as there are programs and initiatives available through other organizations, such as the Local Health Department within DeKalb County Health communication/Health Information Technology NMKH did not select this as a priority to address, however, the hospital does utilize tools such as an electronic medical record as a way to continue to assist patients and community members with Health Information Technology Infectious Disease/Sexually transmitted infections NMKH did not select this as a priority to address in the population, as there are programs and initiatives available through other organizations within DeKalb County Injury and violence NMKH did not select this as a priority to address in the population, as there are programs and initiatives available through the organizations within DeKalb County Social determinants of health Social Determinants of Health ranked as a concern that will be addressed within the health priorities selected through the MAPP process</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 13 Facility , 1	<p>Facility , 1 - KISHWAUKEE COMMUNITY HOSPITAL 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. 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 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</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
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>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 Patient's or Guarantor's 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 Patient's or Guarantor's 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 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 An uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHC's 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 patient's behalf, D Medicaid eligibility, but not on date of service for non-covered service, or 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, or 6 Receipt of grant assistance for medical services</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 15 Facility , 1	<p>Facility , 1 - KISHWAUKEE COMMUNITY HOSPITAL NMHC's 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 Applicant's 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. The Application Period shall be the 240 day period provided by IRS guidance, starting from the date care is provided. 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 Applicant's financial position (including, as applicable, information about the Applicant's 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 Patient's or Guarantor's 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 Patient's or Guarantor's Program eligibility. 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</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	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, Line 3 Facility , 1	Facility , 1 - VALLEY WEST HOSPITAL The CHNA report also describes Valley West Hospital background, charity care, the mission, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - VALLEY WEST HOSPITAL PARTNERING WITH DEKALB COUNTY HEALTH DEPARTMENT, THE CHNA PROCESS INCLUDED A SURVEY ADMINISTERED TO COMMUNITY PARTNERS, THEIR EMPLOYEES, AND CLIENTS, TO ALLOW RESPONSES FROM LOW-INCOME AREAS, MENTAL HEALTH CLINICS, YOUTH ORGANIZATIONS AND FOOD PANTRIES REPRESENTATIVES OF THE COMMUNITY INCLUDED 1 ADVENTURE WORKS DEKALB 2 CITY OF DEKALB 3 CITY OF SYCAMORE 4 DEKALB COUNTY NON-PROFIT PARTNERSHIP 5 DEKALB COUNTY BOARD OF HEALTH 6 DEKALB COUNTY COMMUNITY DEVELOPMENT 7 DEKALB COUNTY COMMUNITY FOUNDATION 8 DEKALB COUNTY HEALTH DEPARTMENT 9 DEKALB COUNTY MENTAL HEALTH BOARD AND COMMUNITY ACTION 10 DEKALB CUSD 428 11 FAMILY FIRST PHYSICIANS 12 FOX VALLEY YMCA 13 KISHWAUKEE YMCA FINDINGS REPRESENT QUALITATIVE RATHER THAN QUANTITATIVE DATA THE 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 AN EXTERNAL STEERING COMMITTEE WAS CONVENED TO PROVIDE OVERSIGHT TO THE DEVELOPMENT OF THE CHNA AND ENGAGE THE COMMUNITY THROUGHOUT THE PROCESS UNDER THE LEADERSHIP AND DIRECTION OF MEMBERS FROM DEKALB COUNTY HEALTH DEPARTMENT, KISHWAUKEE HOSPITAL, AND NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL



**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 6a Facility , 1	Facility , 1 - VALLEY WEST HOSPITAL VALLEY WEST HOSPITAL WORKED IN TANDEM WITH KISHWAUKEE HOSPITAL AND SHARED RESPONSIBILITIES ON A JOINT STEERING COMMITTEE SPECIFIC NEEDS AND CONCERNS OF VALLEY WEST HOSPITAL WERE IDENTIFIED AND ADDRESSED SEPARATELY

**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 6b Facility , 1	Facility , 1 - VALLEY WEST HOSPITAL VALLEY WEST HOSPITAL PARTNERED WITH DEKALB COUNTY HEALTH DEPARTMENT UNDER THE NAME "TOGETHER FOR A HEALTHIER DEKALB COUNTY" AND UTILIZED THE ASSESSMENT TOOL OF MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP) THIS COLLABORATION ENGENDERED BROADER THINKING ABOUT COMMUNITY NEEDS FOR THE VALLEY WEST COMMUNITY

**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 7 Facility , 1	Facility , 1 - VALLEY WEST HOSPITAL 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 * Key Community Organizations & Leaders * NMVWH Internal & External Steering Committee Members * Northwestern Medicine Valley West Hospital Leadership

**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>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - Valley West Hospital Northwestern Medicine Valley West Hospital (NMVW) completed a comprehensive Community Health Needs Assessment (CHNA) to identify the highest priority health needs of residents within our community, and use this information to guide new and existing efforts to improve the overall health of the populations served. The goals of the CHNA was to implement a structured data driven approach to determine health status, behaviors, and needs of all residents in the NMVW service area. Through this assessment and prioritization process NMVW identified three health priority needs, Cancer, Cardiovascular Disease and Diabetes. Specific ways in which NMVW is addressing the needs identified in the CHNA are defined as follows:</p> <p>1. <b>CANCER</b> Cancer remains the second leading cause of death in the United States (Center for Disease Control and Prevention, 2012) and of DeKalb County residents. By cancer site, lung cancer is the most common site for both genders. The leading male cancer site deaths are lung, colorectal, and prostate, while the leading female cancer site deaths are lung, breast, and colorectal. The Centers of Disease Control and Prevention reports adult smoking prevalence as the estimated percent of the adult population that currently smokes every day of "most days" and has smoked at least 100 cigarettes in their lifetime. According to the County Health Rankings 2015 approximately 20% of DeKalb County adults, aged 18 and older, self-reported tobacco use, this is higher than the averages of both the state and the U.S. According to the National Cancer Institute, smoking causes many types of cancer, including cancers of the throat, mouth, nasal cavity, esophagus, stomach, pancreas, kidney, bladder and cervix and acute myeloid leukemia. Screening refers to tests and exams used to find disease, such as cancer, in people who do not have any symptoms. Current American Cancer Society guidelines include methods for early detection of the cervix, breast, colon and rectum, endometrial and prostate. Cancer-related check-ups depending on age and gender may include exams for cancers of the thyroid, mouth, skin, lymph nodes, testes and ovaries. Among the population 50 years and older, 53.5% in 2010 received a colonoscopy or sigmoidoscopy. More than half of all cancer deaths can be prevented by making healthy choices such as, not smoking, maintaining a healthy weight, eating right and keeping active and participating in cancer screenings.</p> <p>1.1 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. Program facilitators provide information, practice skills, and support to help tobacco users reach smoke-free goals. This program continues to be offered on a regular basis at NMVW.</p> <p>1.2 NMVW works to su</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Support activities related to smoking prevention programs in school age children through collaboration with local school districts. This prevention program provides students with skills to resist peer pressure and media influences to try nicotine delivery systems, commonly known as E-Cigarettes. This program was offered to 73 students at the middle school to 7th grade level during the fiscal year. 1.3 NMVW supports the work of DeKalb county Health Department's 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 smoking. Clients of the health department receive the information at each appointment at the health department. The health department saw approximately 400 clients of which 46 identified as smokers and were given targeted materials and resources at each appointment. Of those who reported smoking, 28 decreased or quit completely. 1.4 Efforts are made to promote free and reduced cost mammograms to women with the following criteria between the ages of 40-64 years of age, reside within DeKalb County, and no insurance/under insured or high deductible plan. Information about this program is shared at various events throughout the community during the fiscal year, total women who qualified based on the criteria and received free screening was four women. 1.5 Information related to skin cancer prevention and education is provided at various community events. The information shared was from The American Academy of Dermatology on best practice on early detection and sun safety. Information was shared at community events and 250 people received information related to best practice behaviors for UV safety and early detection. 2. CAR DIOVASCULAR DISEASE Cardiovascular Disease, principally heart disease and stroke, is the leading cause of death in the U.S. for both men and women among all racial and ethnic groups (Centers for Disease Control and Prevention, 2012). It is also the leading cause of death among DeKalb County residents. Cardiovascular disease is the most widespread and costly health problem, although heart disease and stroke are often preventable. High cholesterol is one of the major risk factors leading to heart disease, heart attack, and stroke, and uncontrolled high blood pressure can injure or kill. Over one-fourth of DeKalb County residents have high cholesterol (25.9%) or high blood pressure (27.3%) and almost two-thirds (64.4%) are overweight or obese based on body mass index (BMI). Overweight or obesity increases risk for high cholesterol, high blood pressure, and insulin resistance, and is a precursor of type 2 diabetes - all factors that heighten risk for cardiovascular disease. The proportions of DeKalb County residents who currently smoke is 20.0%, much higher than previous rates and slightly higher.</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 Facility , 1	<p>than the 18.0% rate of the state. The National Cancer Institute reports that people who smoke are up to six times more likely to suffer a heart attack than nonsmokers, and the risk increases with the number of cigarettes smoked. 2.1 Better prevention of and the management of high cholesterol, high blood pressure or diabetes to help lower the risk for heart disease is a key component to the Know Your Numbers biometric screening appointments. 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. Lifestyle changes such as quitting or never smoking, limiting alcohol use, exercising and eating healthy all lower risk for cardiovascular disease and are thoroughly discussed during the screening appointments. Community members have access to this complimentary screening and appointments are available monthly. 62 community members participated in the screening. NMVW works with local school districts to provide the biometric screening to district staff, there were five events held and 76 district employees who benefited from this complimentary screening on-site at the school locations. Additionally, blood pressure checks are offered weekly free of charge for community members and patients at NMVW aimed at improving awareness of one's own blood pressure number, an indicator used for heart disease risk factors. 704 people participated in blood pressure screenings during the fiscal year. 2.2 Increase awareness on the daily consumption of sodium and its impact on high blood pressure, which is a leading risk factor for cardiovascular disease. As part of larger community events, NMVW participated in six community opportunities to share information related to sodium consumption, reading a nutrition label to identify sodium on the label, and helpful tips for reducing sodium in the diet, this evidence based information is from the American Heart Association. The development and implementation of the program called Managing your Blood Pressure with the DASH (Dietary Approaches to Stop Hypertension) Diet was also implemented. This 4-week educational series on how to manage hypertension using the DASH Eating Plan was offered two times throughout the year and had a total of 3 participants. The number of participants able to identify sodium on a food label by week 4 of the program was 3 participants. The number of the participants able to use/follow the DASH Eating Plan by week 4 was 3 participants. Additionally, 35 community members participated in a blood pressure program aimed at increasing knowledge on lifestyle factors related to lowering blood pressure, incorporating more fruits and vegetables into their diet, and incorporating physical activity daily.</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>Facility , 2 - Valley West Hospital 2 3 Founded by the American Heart Association and the Clinton Foundation, the Alliance for a Healthier Generation is a collaborative of change makers working to create a national where children thrive The evidence based Health School Program is currently building healthier school environments for eleven local schools in NMVW primary service area The Healthy Schools Program Framework of Criteria identifies best practices to create a healthier school environment Three schools were recognized at the National Bronze level this year To earn the award, schools must demonstrate implementation of specific best practices in each of the following modules that address school health School Health and Safety Policies and Environment, Health Education, Physical Education and other Physical Activity Programs, Nutrition Services, Health Promotion for Staff, and Family and Community Involvement These three schools joined six additional schools in the local districts who already have been awarded and carry this designation As a best practice using the Healthy Schools Program, the hospital facilitates with the local school districts a walking challenge among the staff to engage faculty to become more physically active These walking challenges offered in the spring had over 170 staff participate in the four-week challenge 3 DIABETES/KIDNEY DISEASE Diabetes is a disease marked by high levels of blood glucose and can lead to serious complications and premature death If untreated, diabetes can cause more serious health complications, including, but not limited to heart disease, stroke, eye, foot, and skin complication, high blood pressure, hearing loss, and kidney disease as defined by the American Diabetes Association Almost two thirds (64 4%) of DeKalb County adults are overweight or obese based on body mass index (BMI) calculated from height and weight The proportion of obese individuals has risen substantially since 2001, when the proportion stood at 18 8% According to the Centers for Disease Control and Prevention, being overweight or obese increases the likelihood of developing diabetes and excess weight keeps the body from making and using insulin properly Moderate exercise of about 30 minutes or more 5 days per week, or 150 minutes or more per week, resulting in a 5% to 7% weight loss can delay and possibly prevent type 2 diabetes In DeKalb County, 4 4% of the population 18 years and older are afflicted with diabetes, with a significant increase to 18 9% in those aged 65 and over Diabetes was noted as a top 10 health concern in the online community survey Also, worth mentioning is the increase in diagnosis related groups with the health system for renal failure Uncontrolled diabetes can contribute to kidney/renal issues NMVW Center for Diabetes offers diabetes screenings, diet and nutrition counseling, and mindful eating programs for prediabetes and diabetes to assist with management of this chronic issue</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>e 3 1 Northwestern Medicine Kishwaukee and Valley West Hospital Diabetes Centers will provide diabetes education to school personnel, home care agencies, long-term care facilities , and other community/organizations upon request Presentations are tailored to the organizations/establishment's request Diabetes education was offered to 12 organizations and to 146 people 3 2 Northwestern Medicine Valley West Hospital Diabetes Center will provide 6 -week comprehensive Managing Diabetes Mindfully classes throughout the year regularly Thi s curriculum is approved by the American Diabetes Association meeting required diabetes self-management training and education criteria Managing Diabetes Mindfully classes were offered 6 times to 11 people at Northwestern Medicine Valley West Hospital Diabetes Center Additionally, this program is also offered at the Kishwaukee Hospital Diabetes Center and community members from the service area can also attend this program and location At this location, Managing Diabetes Mindfully classes were offered 12 times to 112 people 3 3 The Road to Health program was designed by the National Diabetes Education Program (NDEP), in partnership with the Center of Disease Control, the Department of Health and Human Services and the National Institutes of Health The program is designed to preventatively educate Hispanic individuals on how to prevent or delay that may be at high risk for developing type 2 diabetes It offers lessons in helping understand and identify at least 5 risk factors for type 2 diabetes, identify symptoms of type 2 diabetes, define serving and portion sizes for common foods, identify serving sizes, total calories, and saturated fat on a nutrition facts label, understand the importance of making small lifestyle changes to prevent or delay the onset of type 2 diabetes and use a NDEP Food and Activity Tracker to record food and drink intake and physical activity The curriculum is specifically designed for the Hispanic community, offering culturally specific intervention methodologies This program was done in partnership with a Spanish language church and at a local high school The program impacted 32 individuals during the four sessions of the program that were offered The CHNA report identified areas of opportunity for health improvement for which NMVW and its external committee determined it would not prepare an implementation plan and strategy These identified areas and the reason for not addressing are listed below Access to health services Access to health services ranked as a concern that will be addressed within the health priorities selected through the MAPP process Environmental Health NMVW did not select this as a priority to address in the population, as there are programs and initiatives available through other organizations, such as the Local Health Department within De Kalb County Health communication/Health Information Technology NMVW did not select this as a priority to address, however</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 Facility , 2	er, the hospital does utilize tools such as an electronic medical record as a way to continue to assist patients and community members with Health Information Technology Infectious Disease/Sexually transmitted infections NMKH did not select this as a priority to address in the population, as there are programs and initiatives available through other organizations within DeKalb County Injury and violence NMVW did not select this as a priority to address in the population, as there are programs and initiatives available through the organizations within DeKalb County Social determinants of health Social Determinants of Health ranked as a concern that will be address within the health priorities selected through the MAPP process

**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>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>Facility , 1 - NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL 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 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 amount s 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 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 fa</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
<p>Schedule H, Part V, Section B, Line 13 Facility , 1</p>	<p>il 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 Patient's or Guarantor's 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 Patient's or Guarantor's 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 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 An uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for NMHC's 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 patient's behalf, D Medicaid eligibility, but not on date of service for non-covered service, or 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, or 6 Receipt of grant assistance for medical services</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 15 Facility , 1	<p>Facility , 1 - NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL NMHC's 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 s ervice, and self-pay follow-up shall assist Applicants after services have been provided The determination of an Applicant's eligibility for Financial Assistance should be made as early as possible In cases where the Patient is seeking services other than Emergency Se rvices, 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 in structed to apply for Financial Assistance within sixty (60) days after discharge or the r eceipt 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 ti me during the Application Period The Application Period shall be the 240 day period provi ded by IRS guidance, starting from the date care is provided Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guar antor is required to complete an Application for Financial Assistance and provide supporti ng documentation, which provides, in accordance with law, information about the Applicant' s financial position (including, as applicable, information about the Applicant's family) and other information which is necessary in making a determination of eligibility for Fina ncial Assistance The Application shall be available on a form provided by NMHC and consis tent 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 onl y be accepted from individuals who have had a previously existing relationship with NMHC d uring 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 Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application In such instances, eligibility determination s 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 Guarantor's Program eligibility The Financial Assistance application described the primary and suppl ementary information required of an individual to provide as part of his or her applicatio n This was documented on the 'Financial Assistance Required Supporting Documents' page in cluded with the Financial Assistance application Contact information of hospital facility staff who can provide an indi</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 15 Facility , 1	vidual 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, Line 3 Facility , 1	Facility , 1 - MARIANJOY REHABILITATION HOSPITAL THE CHNA REPORT ALSO DESCRIBES MARIANJOY REHABILITATION HOSPITAL BACKGROUND, CHARITY CARE, THE MISSION, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - MARIANJOY REHABILITATION HOSPITAL 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 PROVIDED BY MARIANJOY REHABILITATION HOSPITAL 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, 41 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY INCLUDING REPRESENTATIVES OF THE ORGANIZATIONS BELOW 1 DUPAGE FOUNDATION 2 DUPAGE SENIOR CITIZENS COUNCIL 3 DUPAGE UNITED 4 EDUCARE WEST DUPAGE 5 FOX VALLEY SPECIAL RECREATION ASSOCIATION 6 NAMI DUPAGE 7 NORTHERN ILLINOIS FOOD BANK 8 PEOPLE'S RESOURCE CENTER 9 SAMARACARE 10 SENIOR SERVICES ASSOCIATES, INC 11 WARRENVILLE PARK DISTRICT 12 WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION 13 WEST CHICAGO PUBLIC LIBRARY DISTRICT 14 WINFIELD PARK DISTRICT 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 FORM 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 7 Facility , 1	Facility , 1 - MARIANJOY REHABILITATION HOSPITAL 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 * KEY COMMUNITY ORGANIZATIONS & LEADERS * MARIANJOY REHABILITATION HOSPITAL INTERNAL & EXTERNAL STEERING COMMITTEE MEMBERS * MARIANJOY REHABILITATION HOSPITAL LEADERSHIP



**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>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - Marianjoy Rehabilitation Hospital Through the prioritization process, Mari anjoy Rehabilitation Hospital (MRH) identified 4 priority health needs 1 Access to healt hcare services 2 Chronic disease management and rehabilitation 3 Promoting Independence in Individuals with Disabilities 4 Injury Prevention MRH identified priority health needs that would be best addressed through a coordinated response from a range of healthcare an d community resources Specific ways in which MRH is addressing the significant needs iden tified in its most recently conducted CHNA are below 1 Access to healthcare services MRH ensures that residents of our community have access to high quality medically necessary he althcare services in the most appropriate setting Dedicated to the delivery of physical m edicine 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 c ommitted to developing and maintaining programs that address the affordability of and acce ssibility to healthcare services Additionally, MRH offers a comprehensive financial assis tance 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, special ists, midlevel practitioners, registered professional nurses and other specialties committ ed to working in an evidence-based practice setting by providing a clinical site for educa tional experiences The development and implementation of the DuPage County Access to Heal th Services Action Plan is led by the DuPage Health Coalition Formerly known as Access Du Page, 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-i ncome, 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 Act's Healthcare Marketplace In early 2017, the DuP age 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 colla boratively with the DuPage Coalition to promote affordable access to care for all resident s of DuPage County MRH will continue to support national and local efforts to increase ac cess to care by providing leadership, investing resources and working collaboratively with other community organizations throughout the county In conjunction with DuPage Health Co alition's Access DuPage program and independent medical providers, MRH will support the ma intenance of an efficient and effective continuum of care for individuals with disabilitie s, offering inpatient and outpatient rehabilitation services to those in need 1 1 MRH wil l offer financial assistance p</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>olicies that are easily accessible, user-friendly, respectful, and meet all regulatory requirements In FY18, Marianjoy completed another audit and will expand communication of programs through the registration process 1 2 MRH will continue to provide medically necessary inpatient and outpatient hospital services to uninsured and underinsured patients in accordance with the hospital's financial assistance policies MRH tracked the number of individuals and the amount of rendered financial assistance annually In FY18, 168 patients/services provided, in the amount of \$1,547,991 of community care provided 1 3 MRH will continue to address the needs of individuals identified as potentially eligible for public health insurance by facilitating their application for government-sponsored healthcare coverage via a trained in-person staff who will assist in facilitating enrollment In FY18, MRH maintained 99% approval rate of applications submitted 1 4 MRH leadership will continue representation on various task forces and work groups related to the collaborative work occurring on access to care issues In FY18, MRH continued coordination of monetary support of Access DuPage services 1 5 MRH will provide low-cost transportation to outpatient appointments In FY18, MRH provided 13,662 rides through MRH transport services 1 6 MRH will continue to provide free inpatient and outpatient care to all Access DuPage clients in accordance with presumptive eligibility and existing MRH financial assistance policies Opportunities to promote coordinated care to needed services for Access DuPage will be evaluated In FY18, 168 patients/services provided, in the amount of \$1,547,991 of community care provided 1 7 MRH will serve as a training center for physicians, nursing and other allied health professions Quantitative data, such as the number and types of internships and staff time commitment, was tracked throughout FY18 and maintained 99% approval rate of applications submitted 1 8 MRH will provide trained professional healthcare interpreters and of fer language assistance programs In FY18, MRH provided a total of \$500,908 in interpreter services for MRH patients, including \$10,070 on phone interpretation and the remainder on in-person interpretation 2 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</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>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 health care, 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 programming and services to support both primary and tertiary interventions. 2.1 MRH will offer evidence-based community health and wellness programming in the areas of chronic disease management and rehabilitation, overcoming the limitations of chronic disabilities. In FY18, MRH staff developed curriculum for the five courses listed below. Follow-up based on course content was tracked through the support groups. A Understanding Pediatric Spasticity B Relaxation and meditation C Balance and Fall Risks D Posture training to increase flexibility and decrease lower back pain E Behavioral Coaching 2.2 MRH will provide access to the Emerging Fitness Center, including specialty group classes for individuals with specific exercise needs. In FY18, 3,476 sessions were held in the MRH Fitness Center for individuals with disabilities. Many of the participants were prior MRH patients or family members. 2.3 MRH Medical Library will provide educational and supportive resources for the community. In FY18, MRH experienced 4,484 literature searches, 75 hours of education support, and 292 interlibrary loan transactions. 2.4 MRH will offer evidence-based support programs in the areas of chronic disease management programmatic venues including but not limited to, self-help and support groups. In FY18, MRH provided the following support groups: A Amputee (4 sessions, 43 participants) B Parkinson's (5 sessions, 40 participants) C Caregiver Support (13 sessions, 37 participants) D Stroke (6 sessions, 45 participants) E ALS (8 sessions, 185 participants) F Aphasia (7 sessions, 189 participants) G Connections-Peds (7 sessions, 83 participants) H High Hopes- BI (7 sessions, 121 participants) I Lives in Motion- SCI (7 sessions, 158 participants) J MS (5 sessions, 72 participants)</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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>Facility , 2 - Marianjoy Rehabilitation Hospital 3 Promoting Independence in Individuals with Disabilities 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 and 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 3 1 MRH will provide aquatic programs in a group class setting for adults and children In FY18, MRH provided 210 patient sessions (3,159 pool sessions provided) Individual goals were established, and PHI documented towards goal attainment 3 2 MRH will provide a program that will seek to match qualified individuals to employers who embrace diversity This program will also provide job-seeking skills through practice interviewing sessions and educational programs on finding employment In FY18, MRH experienced 52,910 Ability Links Website visitors A total of 450 resumes were submitted, and 51 individuals self-disclosed that they were placed 3 3 MRH will provide services through the Tellabs Center for Neurorehabilitation and Neuroplasticity, an innovative rehab technology designed to support a wide range of patient conditions which benefit from the creation of lasting neuro-pathway changes derived through repetition In FY18 , MRH provided 5,373 sessions using the mobility and upper extremity robotic equipment available in the TCNN In addition, patients were assessed by therapy experts and individual goals were established 3 4 The Marianjoy Driver Rehabilitation Program will work with clients utilizing specialized equipment to promote the ability to drive for individuals with disabilities Participants are provided with a comprehensive appraisal of a person's ability to drive safely The Driver</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 Facility , 2	<p>Rehabilitation Program also provides behind-the-wheel training for students that qualify, and will assist in obtaining the requirements for a driver's license In FY18, MRH evaluated and/or provided drivers training to 171 students In addition, a self-reported tracking process was implemented 3 5 MRH will provide the GoBabyGo program, where therapists and engineers collaborate to retrofit powered toy vehicles to meet the needs of children with disabilities In FY18, 37 volunteers from the community participated in MRH's GoBabyGo program which served 17 children, 10 of which were new recipients The program provided three car upgrades from existing participants 3 6 MRH will offer evidence-based community health and wellness programming in the areas of chronic disease management and rehabilitation , overcoming the limitations of chronic disabilities, including but not limited to the following topic Life after an amputation In FY18, MRH staff developed curriculum for the five courses listed below Follow-up based on course content was tracked through the support groups A Understanding Pediatric Spasticity B Relaxation and meditation C Balance and fall risks D Posture training to increase flexibility and decrease lower back pain 3 7 MRH will offer evidence-based support programs in the areas of promoting independence in programmatic venues including but not limited to, self-help and support groups In FY18, MRH provided the following support groups A Amputee B Parkinson's C Caregiver Support D Stroke E ALS F Aphasia G Connections-Peds H High Hopes- BI I Lives in Motion- SCI J MS 4 Injury Prevention 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 4 1 MRH will offer evidence-based community health and wellness programming in the areas of chronic disease management and rehabilitation, overcoming the limitations of chronic disabilities In FY18, MRH developed and implemented curriculum for four courses A Yoga (10 five-week sessions were held, 152 participants) B</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 Facility , 2	<p>Running Injuries (1 course, 12 participants) C Aging and Balance (2 courses, 84 participants) D Therapeutic Golf Program (11 adult sessions, 161 participants) In addition, six youth events were offered with 14 registered participants</p> <p>4 2 MRH will offer the CarFit program for seniors, which allows older adults the opportunity to check how well their personal vehicles fit them. Evaluations will be provided by certified inspectors and occupational therapists. In FY18, MRH staff will be able to monitor and track program outcomes, as well as the number of programs offered and individuals attending when the program is implemented in FY19</p> <p>4 3 MRH will collaborate with Central DuPage Hospital (NMCDH) to offer evidence-based community-based injury prevention programming. In FY18, MRH collaborated with NMCDH and began to market programming in the shared NM program brochure. In order to increase efficiency, course registration was transitioned to the general NM registration line, and data will be collected in FY19 to measure the impact of this program</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 3</p>	<p>Facility , 3 - Marianjoy Rehabilitation Hospital The CHNA report identified areas of opportunity for health improvement for which Marianjoy Rehabilitation Hospital and the external steering committee 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 improve access and quality of behavioral health services for all DuPage county residents, advocate for aligning resources and funding, and to educate the community about the signs and symptoms of mental health issues The collaborative is composed of two teams the treatment leadership team (behavioral health) and the prevention leadership team (substance abuse) Northwestern Medicine Central DuPage Hospital (NMCDH) leadership and staff serve as integral members of both teams working both independently and collaboratively to address mental health and substance abuse issues in DuPage County Both teams are comprised of members from local hospitals, public health, private and community sectors and represent a broad cross-section of the community united to respond to both issues Additionally, the DuPage county health department crisis intervention unit is a mental health support system that deals with mental health emergencies on a 24-hour basis This unit deals with urgent mental health issues that require immediate attention such as suicidal thoughts, homicidal threats, and symptoms of serious mental illness including depression, schizophrenia, bipolar disorder, anxiety and other issues that may require hospitalization Individuals can contact the unit at any time and set up an appointment either by phone or in person The crisis program also has a ten-bed respite unit available for short term stabilization Psychiatric evaluations and short-term crisis counseling intervention are also available on a scheduled basis as needed In the area of inpatient care, NMCDH offers immediate help, providing short-term psychiatric care for adults and teens (13 years of age and older) in a hospital setting Short term inpatient care is provided in three secure hospital psychiatric units to help people who pose a risk to themselves or others and those who are unable to care for themselves Following stabilization, NMCDH offers a full range of treatment including outpatient partial hospitalization, individual and family therapy, group therapy and follow-up services in the community NMCDH also offers a full range of substance abuse services including inpatient detoxification, residential treatment and rehabilitation services, along with continued counseling to support long-term recovery Immunization and infectious disease The DuPage County Health Dep</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 Facility , 3	<p>Department is responsible for monitoring the incidence of infectious diseases and providing childhood and adult immunizations. Immunization services are offered at the CPHC (Wheaton), SEPHC (Westmont), and EPHC (Lombard) offices. Childhood immunizations are available for all children who do not have insurance, or have insurance that does not cover immunizations, through the state of Illinois' Vaccines for Children (VFC) program. Additionally, immunizations and selected testing are also offered by the county's Federally Qualified Health Centers (FQHC), thereby assuring multiple opportunities for residents to receive screening and immunizations. Access to health promotion activities MRH works collaboratively to support the provision of health promotion and health education sessions to clients residing in the community. It is widely recognized that the most effective way to address chronic disease is to address the problem across its lifespan in a coordinated effort. Health education programs are offered by NMCDH and MRH in an effort to focus on health promotion and disease prevention. Local primary care providers and FQHCs provide medical homes and routine care aimed at screening, early detection and prompt treatment of disease and other health concerns. Local hospitals provide immediate and emergently needed acute care. Programs such as access DuPage and engage DuPage ensure access to routine healthcare, screening, primary care providers, specialists, medications and medical homes. Guided by the ESC, MRH will continue to support and work collaboratively with existing local organizations who are providing affordable primary healthcare to individuals experiencing the remaining healthcare issues noted above as we believe they are best positioned to lead the provision of these services.</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	MOB
<b>4</b> Northwestern Medicine Lakeview 1333 W Belmont Avenue STE 100/200 Chicago, IL 60657	MOB
<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 203/502/504 Chicago, IL 60642	MOB
<b>7</b> Northwestern Medicine Chicago 150 E Huron Street Chicago, IL 60611	MOB
<b>8</b> Northwestern Medicine Crest Hill 16151 Weber Road STE 107 Crest Hill, IL 60403	MOB
<b>9</b> Northwestern Medicine Bucktown 1776 Milwaukee Ave Chicago, IL 60647	MOB
<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	MOB
<b>12</b> Northwestern Medicine Washington 201 N Cummings Lane Washington, IL 61571	MOB
<b>13</b> Northwestern Medicine Chicago Ave 211 E Chicago Ave Chicago, IL 60611	MOB
<b>14</b> Streeterville CTR 233 E Erie Chicago, IL 60611	MOB

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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>16</b> Northwestern Medicine Oak Brook 2425 W 22nd Street STE 203B Oak Brook, IL 60523	MOB
<b>1</b> Robert H Lurie Comprehensive Cancer CTR 250 E Superior St STE 420 Chicago, IL 60611	Cancer Center
<b>2</b> Maggie Daley CTR for Women's Cancer Care 250 E Superior Street Fourth Floor Chicago, IL 60611	Cancer Center
<b>3</b> Northwestern Memorial Hospital -Lavin FP 259 E Erie Street Chicago, IL 60611	MOB
<b>4</b> 2701 S Western Ave 2701 S Western Ave Chicago, IL 60608	MOB
<b>5</b> Lincoln Park Office 2835 N Sheffield Chicago, IL 60657	MOB
<b>6</b> River North Office 310 W Superior Chicago, IL 60610	MOB
<b>7</b> 321 N Clark Street 321 N Clark Street Chicago, IL 606545313	MOB
<b>8</b> Halsted Radiology 3245 N Halsted Chicago, IL 60657	MOB
<b>9</b> CNA Bldg 333 S Wabash Chicago, IL 60604	SUPPORT
<b>10</b> Northwestern Medicine Portage Indiana 3691 Willowcreek Road STE 100 Portage, IN 46368	MOB
<b>11</b> Northwestern Medicine River Forest 420 Thatcher Avenue River Forest, IL 60305	MOB
<b>12</b> Northwestern Medicine Laboratory Chicago 4255 W 63rd Street Chicago, IL 60629	Laboratory
<b>13</b> Northwestern Memorial Hospital 446 E Ontario St Chicago, IL 60611	MOB
<b>14</b> Northwestern Medicine Sauganash 4801 W Peterson STE 406 Chicago, IL 60646	MOB

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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 Medicine Moline 515 Valley View Drive Moline, IL 61265	MOB
<b>1</b> Northwestern Medicine River North 635 N Dearborn Street STE 100 Chicago, IL 60654	MOB
<b>2</b> Northwestern Medicine Immediate Care Riv 635 N Dearborn Street STE 100 Chicago, IL 60654	Urgent Care
<b>3</b> Northwestern Memorial Hospital Arkes 676 N St Clair Street Chicago, IL 60611	MOB
<b>4</b> Northwestern Medicine Streeterville 680 N Lake Shore Drive STE 810 Chicago, IL 60611	MOB
<b>5</b> Northwestern Medicine Chicago N Michigan 737 N Michigan Avenue STE 700 Chicago, IL 60611	MOB
<b>6</b> Northwestern Medicine Chicago 750 N Lake Shore Drive Chicago, IL 60611	MOB
<b>7</b> 10024 Skokie Blvd 10024 Skokie Blvd STE 304 Skokie, IL 60077	MOB
<b>8</b> Northwestern Medicine Lake Forest Health 1200 N Westmoreland Lake Forest, IL 60045	Fitness Center
<b>9</b> Northwestern Medicine Grayslake 1275 E Belvidere Grayslake, IL 60030	MOB
<b>10</b> Northwestern Medicine Grayslake - OP 1475 E Belvidere Road Grayslake, IL 60030	MOB
<b>11</b> Northwestern Medicine Emergency CTR 1475 E Belvidere Road Grayslake, IL 60030	Urgent Care
<b>12</b> Northwestern Medicince Cancer CTR 1475 East Belvidere Road Grayslake, IL 60030	Cancer Center
<b>13</b> Glenview Carillion Sq 1500 Waukegan Road Glenview, IL 60025	MOB
<b>14</b> 1632 W Central Road 1632 W Central Road Arlington Heights, IL 60005	MOB

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

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Name and address	Type of Facility (describe)
<b>46</b> Northwestern Medicine Evanston 1704 Maple Avenue Evanston, IL 60021	MOB
<b>1</b> Northwestern Medicine Immediate Care 1704 Maple Avenue Evanston, IL 60021	Urgent Care
<b>2</b> Northwestern Medicine Laboratory Vernon 175 E Hawthorth Parkway Vernon Hills, IL 60061	Laboratory
<b>3</b> Highland Park ofc 1770 1st Avenue Highland Park, IL 60063	MOB
<b>4</b> Libertyville Hollister 1800 Hollister Drive Libertyville, IL 60048	MOB
<b>5</b> Libertyville Med Bldg 1900 USG Drive Libertyville, IL 60048	MOB
<b>6</b> LFH Bannockburn 2151 Waukegan Road Bannockburn, IL 60015	MOB
<b>7</b> Northwestern Medicine Gurnee 25 Tower Court Gurnee, IL 60031	Imaging
<b>8</b> Northwestern Medicine Glenview 2501 Compass Road Glenview, IL 60025	MOB
<b>9</b> Northwestern Medicine Glenview - OP 2701 Patriot Boulevard Glenview, IL 60026	MOB
<b>10</b> Northwestern Medicine Immediate Care 2701 Patriot Boulevard Glenview, IL 60026	Urgent Care
<b>11</b> Northwestern Medicine Lindenhurst Health 3098 Fallingwaters Boulevard Lindenhurst, IL 60046	Fitness Center
<b>12</b> Northwestern Medicine Deerfield 350 S Waukegan Deerfield, IL 60015	MOB
<b>13</b> Northwestern Medicine Immediate Care 350 S Waukegan Deerfield, IL 60015	Urgent Care
<b>14</b> Northwestern Medicine Gurnee 36100 N Brookside Gurnee, IL 60031	MOB

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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>61</b> 3633 W Lake Ave 3633 W Lake Ave Glenview, IL 60026	MOB
<b>1</b> Northwestern Medicine Highland Park 600 Central Avenue Highland Park, IL 60035	MOB
<b>2</b> LFH Womens CTR 660 N Westmoreland Lake Forest, IL 60045	MOB
<b>3</b> LFH Westmoreland Bldg 660 N Westmoreland Lake Forest, IL 60045	OUTPATIENT
<b>4</b> Northwestern Medicine Lake Forest Hosp 660 N Westmoreland Rd Lake Forest, IL 60045	Urgent Care
<b>5</b> Northwestern Medicine Lake Forest Hospit 700 N Westmoreland Lake Forest, IL 60045	MOB
<b>6</b> 740 N Waukegan Road 740 N Waukegan Road Deerfield, IL 60015	MOB
<b>7</b> Northwestern Medicine Lake Forest Hospit 800 N Westmoreland Lake Forest, IL 60045	MOB
<b>8</b> Gurnee Radiology CTR 83 Ambrogio Drive Gurnee, IL 60031	MOB
<b>9</b> Northwestern Medicine Vernon Hills 870 N Milwaukee Vernon Hills, IL 60061	MOB
<b>10</b> Northwestern Medicine Immediate Care 870 N Milwaukee Vernon Hills, IL 60061	Urgent Care
<b>11</b> Vernon Hills Med Bldg 870 West End Ct Vernon Hills, IL 60061	MOB
<b>12</b> Northwestern Medicine Arlington Heights 880 W Central Road Arlington Heights, IL 60005	MOB
<b>13</b> Northwestern Medicine Lake Forest Hosp 900 N Westmoreland Lake Forest, IL 60045	MOB
<b>14</b> 9555 Gross Point Road 9555 Gross Point Road Skokie, IL 60076	MOB

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

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Name and address	Type of Facility (describe)
<b>76</b> Northwestern Medicine Naperville 101 E 75th Street Naperville, IL 60563	MOB
<b>1</b> Northwestern Medicine Lisle 1019 School Street Lisle, IL 60532	MOB
<b>2</b> Northwestern Medicine Batavia 1049 E Wilson Street Batavia, IL 60510	MOB
<b>3</b> Elmhurst Memorial Hosp 1200 York Road Elmhurst, IL 60126	MOB
<b>4</b> Northwestern Medicine HealthLab 1311 N Arlington Ave Indianapolis, IN 46219	HealthLab - Draw Station
<b>5</b> Oak Brook Regency 1415 West 22nd Street STE 750E Oakbrook, IL 60523	MOB
<b>6</b> CPG Rheumatology 1425 N McLean Blvd Suite 400 Elgin, IL 60123	MOB
<b>7</b> Northwestern Medicine Elgin 1600 North Randall Road Elgin, IL 60123	MOB
<b>8</b> Wheaton Med MOB 1800 N Main St Wheaton, IL 60187	MOB
<b>9</b> Northwestern Medicine Sycamore 1830 Mediterranean Drive Sycamore, IL 60178	MOB
<b>10</b> Northwestern Medicine New Lenox 1890 Silver Cross Boulevard New Lenox, IL 60451	MOB
<b>11</b> Northwestern Medicine Wheaton 2001 Gary Avenue Wheaton, IL 60187	MOB
<b>12</b> Northwestern Medicine Wheaton 2001 Weisbrook Road Wheaton, IL 60187	MOB
<b>13</b> Northwestern Medicine Bloomingdale 235 S Gary Avenue Bloomingdale, IL 60108	MOB
<b>14</b> Northwestern Medicine Convenient Care 235 S Gary Avenue Bloomingdale, IL 60108	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>91</b> Prairie Medical CTR 2434 S Wolf Rd Westchester, IL 60154	MOB
<b>1</b> Northwestern Medicine Bloomingdale 245 S Gary Ave Bloomingdale, IL 60108	MOB
<b>2</b> Northwestern Medicine Aurora 2635 Church Road Aurora, IL 60502	MOB
<b>3</b> Northwestern Medicine Convenient Care 2635 Church Road Aurora, IL 60502	Urgent Care
<b>4</b> Northwestern Medicine Warrenville 27650 Ferry Road Warrenville, IL 60555	MOB
<b>5</b> Behavioral Health Bldg 27W350 High Lake Rd Winfield, IL 60190	BEHAVIORAL
<b>6</b> Cantera Medical Bldg 28375 Davis Pkwy Warrenville, IL 60555	MOB
<b>7</b> Bloomindale Springfield 290 Springfield Drive Bloomingdale, IL 60108	MOB
<b>8</b> Northwestern Medicine St Charles 2900 Foxfield Drive St Charles, IL 60174	MOB
<b>9</b> Northwestern Medicine Convenient Care St 2900 Foxfield Drive St Charles, IL 60174	Urgent Care
<b>10</b> Northwestern Medicine Delnor Health 296 Randall Road Geneva, IL 60134	Fitness Center
<b>11</b> Delnor 302 MOB 302 Randall Rd Geneva, IL 60134	MOB
<b>12</b> Northwestern Medicine Delnor Hospital 304 Randall Road Geneva, IL 60134	Cancer Center
<b>13</b> Twin Dialysis Building 306 Randall Rd Geneva, IL 60134	OUTPATIENT
<b>14</b> Northwestern Medicine Delnor Hospital 308 Randall Road Geneva, IL 60134	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>106</b> Northwestern Medicine HealthLab Highland 3100 45th Street Highland, IN 46322	HealthLab - Draw Station
<b>1</b> Wheaton Office CTR 311 South County Farm Rd Wheaton, IL 60187	MOB
<b>2</b> 333 Chestnut Street 333 Chestnut Street Hinsdale, IL 60521	MOB
<b>3</b> Delnor 345 MOB 345 Randall Rd Geneva, IL 60134	MOB
<b>4</b> Delnor 351 MOB 351 Delnor Rd Geneva, IL 60134	MOB
<b>5</b> Northwestern Medicine HealthLab Buffalo 355 W Dundee Road STE 110B Buffalo Grove, IL 60089	HealthLab - Draw Station
<b>6</b> Batavia house 3S105 Wagner Rd Batavia, IL 60510	BEHAVIORAL
<b>7</b> Northwestern Medicine Sugar Grove 414 Division Street Sugar Grove, IL 60554	MOB
<b>8</b> Northwestern Medicine Cancer CTR Warrenv 4405 Weaver Parkway Warrenville, IL 60555	Cancer Center
<b>9</b> LivingWell Cancer Resource CTR 442 Williamsburg Avenue Geneva, IL 60134	Cancer Center
<b>10</b> Northwestern Medicine Glen Ellyn 444 Park Boulevard Glen Ellyn, IL 60137	MOB
<b>11</b> Northwestern Medicine Chicago Proton CTR 4455 Weaver Parkway Warrenville, IL 60555	Cancer Center
<b>12</b> Northwetsern Medicine Bloomingdale 455 Scott Drive Bloomingdale, IL 60108	MOB
<b>13</b> Northwestern Medicine HealthLab Blooming 471 W Army Trail Road STE 104 Bloomingdale, IL 60108	HealthLab - Draw Station
<b>14</b> Northwestern Medicine Bloomingdale W Ar 471 W Army Trail Road Bloomingdale, IL 60108	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>121</b> Northwestern Medicine DeKalb 5 Kish Hospital Drive DeKalb, IL 60115	MOB
<b>1</b> Winfield Town CTR 50 Winfield Rd Winfield, IL 60190	MOB
<b>2</b> Northwestern Medicine Carol Stream 501 Thornhill Drive Carol Stream, IL 60188	MOB
<b>3</b> Yorkville 502 Center Parkway Yorkville, IL 60560	MOB
<b>4</b> Northwestern Medicine Carol Stream 515 Thornhill Drive Carol Stream, IL 60188	MOB
<b>5</b> Northwestern Medicine South Elgin 552 Randall Road South Elgin, IL 60177	MOB
<b>6</b> Northwestern Medicine Naperville 636 Raymond Drive Naperville, IL 60563	MOB
<b>7</b> Northwestern Medicine Convenient Care 636 Raymond Drive Naperville, IL 60563	Urgent Care
<b>8</b> Northwestern Medicine HealthLab Crown PT 6625 Lincoln Highway Crown Point, IN 46307	HealthLab - Draw Station
<b>9</b> Northwestern Medicine Wheaton 7 Blanchard Circle Wheaton, IL 60187	MOB
<b>10</b> Northwestern Medicine Convenient Care 7 Blanchard Circle Wheaton, IL 60187	Urgent Care
<b>11</b> Batavia- Express Care 811 North Randall Rd Batavia, IL 60510	MOB
<b>12</b> Northwestern Medicine Bartlett 820 S Rt 59 Bartlett, IL 60103	MOB
<b>13</b> Northwestern Medicine Convenient Care 820 S Rt 59 Bartlett, IL 60103	Urgent Care
<b>14</b> Medical Plaza of Porter 85 East HU Hwy 6 STE 330 Valparaiso, IN 46383	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>136</b> Northwestern Medicine Glen Ellyn 875 Roosevelt Road Glen Ellyn, IL 60137	MOB
<b>1</b> Northwestern Medicine Glen Ellyn 885 Roosevelt Road Glen Ellyn, IL 60137	MOB
<b>2</b> Northwestern Medicine Convenient Care 885 Roosevelt Road Glen Ellyn, IL 60137	Urgent Care
<b>3</b> Elburn MOB 905 N First St Elburn, IL 60119	MOB
<b>4</b> Northwestern Medicine St Charles 964 N 5th Avenue St Charles, IL 60174	MOB
<b>5</b> Delnor Glen Senior Livi 975 N 5th Ave St Charles, IL 60174	SENIOR
<b>6</b> Stratford North Outlook 235 S Gary Ave Bloomington, IL 60108	MOB
<b>7</b> KishHealth System Physical Therapy CTR - 1 E County Line Road Sandwich, IL 60548	MOB
<b>8</b> KishHealth System Cancer CTR DeKalb 10 Health Services Drive DeKalb, IL 60115	Cancer Center
<b>9</b> KishHealth System - Ben Gordon CTR 100 S Latham Street STE 204 Sandwich, IL 60548	MOB
<b>10</b> KishHealth System Physician Group 10003 US Rt 30 Waterman, IL 60556	MOB
<b>11</b> BHS Ben Gordon Cental Ofc 12 Health Services Dr DeKalb, IL 60115	BEHAVIORAL
<b>12</b> KishHealth System Physician Group 1209 Starfire Drive Unit 2 Ottawa, IL 61350	MOB
<b>13</b> KishHealth System Physician Group -Plano 12700 US Highway 34 Plano, IL 60545	MOB
<b>14</b> KishHealth System Cancer CTR Sandwich 1310 North Main Street STE 201 Sandwich, IL 60548	Cancer 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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>151</b> KishHealth System Cancer CTR Aurora 1315 N Highland Ave STE 201 Aurora, IL 60506	Cancer Center
<b>1</b> Plank Road Clinic 165 E Plank Rd Sycamore, IL 60178	MOB
<b>2</b> KishHealth System Physician Group 1850 Gateway Drive Sycamore, IL 60178	MOB
<b>3</b> KishHealth System Physician Group 1850 Gateway Drive Sycamore, IL 60178	Urgent Care
<b>4</b> KishHealth System Physical Therapy CTR 2111 Midlands Court Sycamore, IL 60178	MOB
<b>5</b> KishHealth System CTR for Family Health 21193 Malta Road Malta, IL 60150	MOB
<b>6</b> Midlands Surgical CTR 2120 Midlands Court Sycamore, IL 60178	OUTPATIENT
<b>7</b> BHS Discovery House 220 College Ave DeKalb, IL 60115	BEHAVIORAL
<b>8</b> KishHealth System Physician Group 224 E Railroad Street Sandwich, IL 60548	MOB
<b>9</b> KishHealth System HospiceHomecareEMS 2727 Sycamore Road DeKalb, IL 60115	MOB
<b>10</b> KishHealth System Physical Therapy CTR 3875 Edlamain Road Plano, IL 60545	MOB
<b>11</b> KishHealth System Physician Group - Peru 4040 Progress Boulevard Peru, IL 61354	MOB
<b>12</b> KishHealth System Physician Group 450 Coronado Drive Rochelle, IL 61068	MOB
<b>13</b> KishHealth System Cancer CTR 450 Coronado Drive Rochelle, IL 61068	Cancer Center
<b>14</b> KishHealth System Physician Group 599 Pearson Drive Genoa, IL 60135	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>166</b> KishHealth System - Ben Gordon CTR 631 S 1st Street DeKalb, IL 60115	MOB
<b>1</b> KishHealth System Behavior Health Svcs 760 Foxpointe Drive Sycamore, IL 60178	MOB
<b>2</b> KishHealth System Physician Group Prof 8 Health Services Drive DeKalb, IL 60115	MOB
<b>3</b> KishHealth System Physical Therapy CTR - 895 S State Street Hampshire, IL 60140	MOB
<b>4</b> Marianjoy at Park Pl Health & Wellness 1150 S Euclid Avenue Elmhurst, IL 60126	MOB
<b>5</b> Marianjoy at Victorian Village 12525 Renaissance Circle Homer Glen, IL 60491	MOB
<b>6</b> Marianjoy at Providence Healthcare 13259 S Central Avenue Palos Heights, IL 60464	MOB
<b>7</b> Marianjoy Physical Therapy & Outpatient 17W682 Butterfield Road Oakbrook Terrace, IL 60181	MOB
<b>8</b> Marianjoy at Rush Copley Medical CTR 2020 W Ogden Avenue STE 365 Aurora, IL 60504	MOB
<b>9</b> Marianjoy at Loyola University Medical 2160 S 1st Ave Maywood, IL 60153	MOB
<b>10</b> Marianjoy Outpt bldg 26W171 Roosevelt Rd Wheaton, IL 60187	OUTPATIENT
<b>11</b> Elmhurst Orthopedics 300 W Butterfield Rd Elmhurst, IL 60126	MOB
<b>12</b> Marianjoy at Providence Healthcare 3450 Saratoga Avenue Downers Grove, IL 60515	MOB
<b>13</b> Marianjoy at RUSH Oak Park Hospital 520 S Maple Oak Park, IL 60304	MOB
<b>14</b> Marianjoy at RUSH Medical Offc Building 610 S Maple STE 3420 Oak Park, IL 60304	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>181</b> 7411 Lake Street STE 2210 7411 Lake Street River Forest, IL 60305	MOB
<b>1</b> NORTHWESTERN MEDICINE HEALTHLAB ST LOUIS 916 OLIVE ST ST LOUIS, MO 63101	HEALTHLAB - DRAW STATION

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77

**3** Enter total number of other organizations listed in the line 1 table 5

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	106	247,800			
(2) EMPLOYEE CRISIS ASSISTANCE	116	181,941			
(3) PATIENT BILL ASSISTANCE	18	50,730			
(4) PATIENT TRANSPORTATION ASSISTANCE	284	5,787			
(5) FOOD AND MEDICINE FOR INDIVIDUALS	188	25,361			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part III, Column (b) Number of recipients	The number of scholarship recipients is known. For the other types of assistance to domestic individuals the number of recipients benefiting was estimated based on an average or typical amount of assistance provided.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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. IN ADDITION, CDH-DELNOR HEALTH SYSTEM AND KISHHEALTH SYSTEM ALSO PROVIDE GRANTS UNDER THEIR COMMUNITY BENEFIT GRANT PROGRAMS TO NONPROFIT, GOVERNMENTAL OR PUBLIC ORGANIZATIONS WITHIN THEIR LOCAL COMMUNITIES WHO ARE WORKING TO ADDRESS IDENTIFIED COMMUNITY HEALTH PRIORITIES, BASED ON THEIR LOCAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND/OR COMMUNITY HEALTH IMPROVEMENT PLANS. THE GUIDING PHILOSOPHY OF THE CHARITABLE GRANT ACTIVITY IS TO NOT ONLY CONTRIBUTE OUR RESOURCES BUT TO ACTIVELY ENGAGE PARTNERS TO ASSESS, PLAN FOR AND MEET COMMUNITY HEALTH NEEDS. THE NMHC GROUP ORGANIZATIONS WORK CLOSELY WITH THEIR PARTNERS IN THE PROGRAMS THAT ARE AWARDED GRANTS. 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.

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**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	10,208,183				Academic support
DuPage Health Coalition 511 Thornhill Dr Ste E Carol Stream, IL 60188	36-4448208	501(c)3	641,377				Access to healthcare



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

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Erie Family Health Center 1701 W Superior St Chicago, IL 60622	36-3088628	501(c)3	330,000				Access to healthcare
Near North Health Svcs Corp 1276 N Clybourn Ave Chicago, IL 60610	36-3197647	501(c)3	325,000				Access to healthcare

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

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Northern Illinois University Fnd Altgeld Hall 134 DeKalb, IL 60115	36-6086819	501(c)3	274,368				Community and Education Support
Winfield Fire Protection District 27W560 High Lake Rd Winfield, IL 60190	36-2797572	Government	150,000				Community safety 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
CommunityHealth 2611 W Chicago Ave Chicago, IL 60622	36-3831793	501(c)3	115,000				Access to healthcare
TRI CITY HEALTH PARTNERSHIP INC 318 Walnut St St Charles, IL 60174	36-4475369	501(c)3	110,000				Access to healthcare

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

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Kane County 719 S Batavia Ave Geneva, IL 60134	36-6006585	Government	102,912				Community health and education
YMCA of Metropolitan Chicago 824 N Hamlin Ave Chicago, IL 60651	36-2179782	501(c)3	100,000				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
PARENTS ALLIANCE EMPLOYMENT PROJECT 2525 Cabot Dr Lisle, IL 60532	36-3003311	501(c)3	94,600				Support adults with disabilities
Ann & Robert H Lurie Children's Hospital of Chicago 225 E Chicago Ave Chicago, IL 60611	36-2170833	501(c)3	75,000				Health and well-being of children

**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	13-1788491	501(c)3	50,000				Support Relay for Life event
Sycamore Park District 940 E State St Sycamore, IL 60178	36-6006122	Government	45,500				Support park district programs

**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
COMMUNITY FOUNDATION OF THE FOX RIVER VALLEY 111 W Downer Pl Aurora, IL 60506	36-6086742	501(c)3	40,750				Support community education
Kishwaukee Family YMCA 2500 W Bethany Rd Sycamore, IL 60178	36-2379643	501(c)3	34,500				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
Sandwich Park District 1001 N Latham Rd Sandwich, IL 60548	36-2646087	Government	29,000				Support for park district programs
Family Service Agency of DeKalb County 14 Health Services Dr DeKalb, IL 60115	36-2360012	501(c)3	25,000				Community health



**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
Fox Valley Food For Health PO Box 532 Geneva, IL 60134	46-0961627	501(c)3	25,000				Community health and education
Lazarus House 214 Walnut St St Charles, IL 60174	36-4187609	501(c)3	25,000				Shelter and meals for homeless

**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 COLLEGE FOUNDATION 21193 Malta Rd Malta, IL 60150	23-7433949	501(c)3	19,260				Community and Education Support
World Business Chicago 177 N State St Chicago, IL 60601	36-4313685	501(c)3	17,840				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
DEKALB COUNTY COMMUNITY FOUNDATION 475 DeKalb Ave Sycamore, IL 60178	36-3788167	501(c)3	17,500				Community support
Luster Learning Institute 1126 Hillcrest Ave Highland Park, IL 60035	36-4604965	501(c)3	16,750				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
Northern Illinois Food Bank 273 Dearborn Geneva, IL 60134	36-3203648	501(c)3	16,060				Community health and nutrition
DeKalb County Economic Development Corporation 421 N California St Sycamore, IL 60178	36-3524353	501(c)3	15,880				Support economic development

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American Heart Association 205 N Michigan Ave Chicago, IL 60604	13-5613797	501(c)3	15,000				Education/research/support
DEKALB COUNTY YOUTH SERVICES BUREAU 330 Grove St DeKalb, IL 60115	36-3034427	501(c)3	15,000				Support for youth programs

**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
Safe Passage PO Box 621 DeKalb, IL 60115	36-3108372	501(c)3	15,000				Prevention of domestic violence
VNA Healthcare 400 N Highland Ave Aurora, IL 60506	36-2182095	501(c)3	15,000				Healthcare 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
Young Mens Christian Association of Northwestern DuPage County 49 Diecke Dr Glen Ellyn, IL 60137	36-2470895	501(c)3	15,000				Community health and education
DUPAGE COUNTY CONVALESCENT CENTER 400 N County Farm Rd Wheaton, IL 60187	36-6006553	Government	14,000				Community health

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Fox Valley YMCA 3875 Eldamain Rd Plano, IL 60545	36-3028169	501(c)3	13,000				Promote healthy lifestyle
Fox Valley Older Adult Services 1406 Suydam Rd Sandwich, IL 60548	36-2738669	501(c)3	13,000				Programs for seniors



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

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CASA - DeKalb County 407 W State St Sycamore, IL 60178	36-3903898	501(c)3	12,500				Well-being of abused and neglected children
SYCAMORE EDUCATION FOUNDATION 245 W Exchange St Sycamore, IL 60178	36-3329746	501(c)3	12,500				Community and Education 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
Thresholds 4101 N Ravenswood Chicago, IL 60613	36-2518901	501(c)3	12,000				Support for mental health programs
Chicago Youth Symphony Orchestra 410 S Michigan Ave Chicago, IL 60605	36-6109808	501(c)3	10,000				Community support

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

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LAKE COUNTY PARTNERS 1 Overlook Pt Lincolnshire, IL 60069	36-4206288	501(c)3	10,000				Community support
Pulmonary Fibrosis Foundation 230 E Ohio St Chicago, IL 60611	84-1558631	501(c)3	10,000				Research and education

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

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DEKALB COUNTY COMMUNITY GARDENS PO Box 348 DeKalb, IL 60115	46-3681206	501(c)3	10,000				Community support
HOPE HAVEN OF DEKALB COUNTY INC 1145 Rushmore Dr DeKalb, IL 60115	36-3537762	501(c)3	10,000				Shelter and meals for homeless

**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 115 N First St DeKalb, IL 60115	36-6158489	501(c)3	10,000				Support programs for community health
VOLUNTARY ACTION CENTER OF DEKALB COUNTY 1606 Bethany Rd Sycamore, IL 60178	36-2798257	501(c)3	10,000				Transportation and nutrition needs

**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
Common Threads 3811 Bee Caves Rd Austin, TX 78746	20-0106847	501(c)3	10,000				Community health and education
DuPage PADS 601 W Liberty Wheaton, IL 60187	36-3675494	501(c)3	10,000				Shelter and meals for homeless

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

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DeKalb Chamber of Commerce 164 E Lincoln Hwy DeKalb, IL 60115	36-0981630	501(c)6	9,500				Community support
United Way 205 W Wacker Dr Chicago, IL 60606	30-0200478	501(c)3	9,350				Community support

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

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SPECTRIOS INSTITUTE for low VISION 219 E Cole Ave Wheaton, IL 60187	36-3083157	501(c)3	9,340				Support for those with low vision
Winfield Lions Club PO Box 252 Winfield, IL 60190	36-3332525	501(c)4	9,000				Vision and hearing assistance programs



**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
GILDAS CLUB CHICAGO 537 N Wells St Chicago, IL 60654	36-4115144	501(c)3	8,900				Support for cancer patients
Navy Pier Inc 600 E Grand Ave Chicago, IL 60611	27-4813461	501(c)3	8,500				Community support

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

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The Civic Federation 205 W Wacker Dr Chicago, IL 60606	36-2170124	501(c)3	8,000				Improve government efficiency
MIDTOWN EDUCATIONAL FOUNDATION 718 S Loomis Ave Chicago, IL 60607	36-3417278	501(c)3	8,000				Community and Education Support

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RONALD MCDONALD HOUSE 1301 W 22nd St Oak Brook, IL 60523	36-3532553	501(c)3	8,000				Community support
Opportunity House 202 Lucas St Sycamore, IL 60178	36-2476231	501(c)3	8,000				Support adults with disabilities

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SYCAMORE CHAMBER OF COMMERCE 407 W State St Sycamore, IL 60178	36-1848940	501(c)6	7,800				Community support
Catholic Charities of the Archdiocese of Chicago 721 N LaSalle St Chicago, IL 60610	36-2170821	501(c)3	7,500				Community and Education Support

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

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Family Shelter Service 605 E Roosevelt Rd Wheaton, IL 60187	36-2883552	501(c)3	7,500				Support for victims of domestic abuse
Habitat for Humanity 233 N Michigan Ave Chicago, IL 60601	36-4257107	501(c)3	7,500				Shelter for homeless

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Jackson Chance Foundation 200 N Michigan Ave Chicago, IL 60601	46-1400798	501(c)3	7,500				Community support
Wings Program PO Box 95615 Palatine, IL 60095	36-3456061	501(c)3	7,500				Support for victims of domestic violence

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HOSPITAL SISTER MISSION OUTREACH CORP PO Box 1665 Springfield, IL 62705	35-2271729	501(c)3	6,886				Medical assistance for the underserved
Roman Catholic Diocese of Joliet-St John the Baptist 0S259 Church St Winfield, IL 60190	36-2167849	501(c)3	6,500				Community support

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GENOA CHAMBER OF COMMERCE 113 N Genoa St Genoa, IL 60135	36-2355846	501(c)6	6,300				Community support
BEARS CARE 1920 Football Dr Lake Forest, IL 60045	20-3902715	501(c)3	6,000				Community support



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Friends for Therapeutic Equine Activities 28W051 Liberty St Winfield, IL 60190	36-4095011	501(c)3	5,500				Support for children/adults with special needs
Special Camps for Special Citizens 26W684 Lindsey Winfield, IL 60190	36-4002804	501(c)3	5,500				Recreational programs for youth with special needs

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Digestive Health Foundation 251 E Huron Chicago, IL 60611	47-4178944	501(c)3	5,300				Research and education
Winfield Park District 0N020 County Farm Rd Winfield, IL 60190	36-3303703	Government	5,098				Community health

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Winfield in Action 05623 Jefferson St Winfield, IL 60190	23-7359257	501(c)3	5,020				Recreational program support
FEED MY STARVING CHILDREN 401 93rd Ave NW Coon Rapids, MN 55433	41-1601449	501(c)3	5,000				Community health and nutrition

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KISHWAUKEE SYMPHONY ORCHESTRA PO Box 310 DeKalb, IL 60115	36-3069093	501(c)3	5,000				Community support
TriCities Family Services 1120 Randall Ct Geneva, IL 60134	23-7310008	501(c)3	5,000				Mental health program for low income

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Ecker Center for Mental Health 1845 Grandstand Pl Elgin, IL 60123	36-2312495	501(c)3	5,000				Mental health program for low income
EPILEPSY FOUNDATION OF GREATER CHICAGO 17 N State St Chicago, IL 60602	36-2317619	501(c)3	5,000				Research and education

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World Relief 7 E Baltimore St Baltimore, MD 21202	23-6393344	501(c)3	5,000				Support for Refugee programs
Almost Home Kids 75721 State Rte 53 Naperville, IL 60540	36-3822010	501(c)3	5,000				Support for children with special-needs

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NAMI of DuPage County 115 N County Farm Rd Wheaton, IL 60187	36-3412057	501(c)3	5,000				Support for mental health programs
Samaritan Interfaith Counseling Center 1819 Bay Scott Cir Naperville, IL 60540	36-2846570	501(c)3	5,000				Support for mental health programs

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Western DuPage Special Recreation Association Foundation 116 N Schmale Rd Carol Stream, IL 60188	36-3932924	501(c)3	5,000				Recreation scholarships for those with special needs
Knights of Columbus 0S233 Church St Winfield, IL 60190	36-3180409	501(c)8	5,000				Community support



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

OMB No 1545-0047

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

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

# 2017

**Open to Public Inspection**

Name of the organization  
Northwestern Memorial HealthCare Group

Employer identification number  
36-4724966

### Part I Questions Regarding Compensation

		Yes	No								
<p><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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><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</p>	<b>1b</b>	Yes									
<p><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?</p>	<b>2</b>	Yes									
<p><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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><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</p>											
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes									
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes									
<p><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</p>	<b>4c</b>		No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>											
<p><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</p>											
<p><b>a</b> The organization?</p>	<b>5a</b>	Yes									
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No								
<p><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</p>											
<p><b>a</b> The organization?</p>	<b>6a</b>		No								
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes									
<p><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</p>	<b>8</b>		No								
<p><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)?</p>	<b>9</b>										

**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
Schedule J, Part I, Line 8 INITIAL CONTRACT EXCEPTION	WHILE THERE ARE NO AMOUNTS REPORTED ON FORM 990, PART VII, FOR WHICH THE INITIAL CONTRACT EXCEPTION EXPRESSLY APPLIES, THE ORGANIZATION RESERVES THE RIGHT TO ASSERT AT ANY TIME THAT THE INITIAL CONTRACT EXCEPTION APPLIES TO AN AMOUNT PROVIDED A PERSON LISTED IN PART VII AND/OR ON SCHEDULE J
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	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 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.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SEVERANCE PAYMENTS THE FOLLOWING PERSONS RECEIVED SEVERANCE PAYMENTS Dean Manheimer, \$165,592 James Dechene, \$423,520 Michele McClelland, \$225,233 Pamela Duffy, \$43,820 Brad Copple, \$121,532 Loren Foelske, \$279,309
Schedule J, 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 FUTURE 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 CREAMER IS VESTED IN A NON-QUALIFIED PLAN. AS SUCH, ANY CONTRIBUTIONS ARE TAXED CURRENTLY AND THERE IS NO DEFERRED COMPONENT. THE CURRENT YEAR CONTRIBUTION AMOUNT IS \$606,772. DEAN 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 \$1,989,073. DEAN 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 \$810,655. PLAN B THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CURRENT YEAR CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2: MAUREEN BRYANT, \$24,744; JULIA CREAMER, \$74,160; JAMES DECHENE, \$109,752; STEPHEN FALK, \$81,192; FRANCIS FRAHER, \$16,542; DEAN HARRISON, \$318,780; BRIAN LEMON, \$33,018; DENISE MAJESKI, \$14,526; DEAN MANHEIMER, \$67,980; PETER MCCANNA, \$150,645; DANAE PROUSIS, \$29,220; KATHLEEN YOSKO, \$24,720; DOUGLAS YOUNG, \$55,968. THE FOLLOWING EMPLOYEES ARE NOT VESTED IN THE PLAN, AND FOR SUCH EMPLOYEES THE CURRENT YEAR EARNED AMOUNT (WHICH REMAINS AT RISK BECAUSE OF THE REQUIREMENT OF SUBSTANTIAL FUTURE SERVICES) WAS: JAMES ADAMS, \$43,260; JAY ANDERSON, \$87,432; ROGER BELL, \$18,450; HOWARD CHRISMAN, \$37,080; CARL CHRISTENSEN, \$81,456; BRAD COPPLE, \$18,771; JOSEPH DANT, \$17,838; PAMELA DUFFY, \$13,613; CONNIE FALCONE, \$12,250; MATTHEW FLYNN, \$51,600; RICHARD FRANCO, \$17,136; JAMES GIBLIN, \$93,960; DAVID HENSLEY, \$14,232; EMILY KOZAK, \$13,542; MICHAEL KULISZ, \$25,035; THOMAS MCAFFEE, \$106,392; GARY NOSKIN, \$43,200; JOHN ORSINI, \$147,672; KEVIN POORTEN, \$116,501; ELIZABETH ROSENBERG, \$118,152; MAUREEN TAUS, \$19,440; PATRICK TOWNE, \$27,000; MICHAEL VIVODA, \$195,648; BRIAN WALSH, \$21,594; JENNIFER WOOTEN IBERARDI, \$18,000.
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	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.
Schedule J, Part I, Line 7 Non-fixed payments	THE BONUS AND INCENTIVE COMPENSATION AMOUNTS LISTED IN COLUMN (B)(II) FOR ALL LISTED INDIVIDUALS WERE DETERMINED USING A SPECIFIED FORMULA. THIS FORMULA AND THE CALCULATION OF THEIR ANNUAL BONUS IS BASED ON TWO COMPONENTS: THE EMPLOYEE'S TITLE/POSITION (STAFF, MANAGER, DIRECTOR, VP, ETC.) AND THE DEGREE TO WHICH ESTABLISHED PERFORMANCE GOALS WERE ACHIEVED. 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:** 17005876  
**Software Version:** 2017v2.2  
**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	JAY ANDERSON	(i) 494,685	322,619	64,160	178,642	25,369	1,085,476	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
1	Howard B Chrisman MD	(i) 631,122	309,699	1,800	127,200	5,371	1,075,192	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
2	Seamus Collins	(i) 200,858	55,907	820	24,412	26,191	308,188	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
3	JULIE L CREAMER	(i) 627,325	435,848	688,022	108,600	25,333	1,885,128	126,149
	See Schedule O	(ii) 0	0	0	0	0	0	0
4	Connie Falcone	(i) 199,576	62,118	1,310	19,802	11,322	294,127	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
5	Matthew J Flynn	(i) 348,303	166,173	4,327	67,800	25,538	612,141	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
6	Richard Franco	(i) 276,425	115,638	2,050	33,336	24,850	452,299	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
7	James Giblin MD	(i) 518,289	223,341	4,974	110,160	29,049	885,813	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
8	Dean M Harrison	(i) 1,671,192	2,362,489	2,368,306	670,970	18,052	7,091,009	460,979
	See Schedule O	(ii) 0	0	0	0	0	0	0
9	Emily J Kozak	(i) 207,779	125,742	22,267	26,073	25,479	407,340	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
10	Brian J Lemon	(i) 553,322	257,376	40,413	76,895	27,821	955,828	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
11	Thomas J McAfee	(i) 572,984	395,897	100,259	209,063	26,957	1,305,159	231,453
	See Schedule O	(ii) 0	0	0	0	0	0	0
12	Eric G Neilson MD	(i) 559,359	405,375	31,415	16,200	16,414	1,028,763	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
13	John A Orsini	(i) 774,824	565,551	20,258	275,155	18,522	1,654,310	162,274
	See Schedule O	(ii) 0	0	0	0	0	0	0
14	Kevin P Poorten	(i) 622,699	275,740	77,674	243,078	27,122	1,246,313	10,000
	See Schedule O	(ii) 0	0	0	0	0	0	0
15	PATRICK TOWNE MD	(i) 457,607	217,785	5,287	87,009	23,925	791,613	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
16	TODD BARROWCLIFT DO	(i) 188,622	35,710	1,280	11,769	25,880	263,262	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
17	Michael Kulisz DO	(i) 412,781	161,876	170,588	41,235	24,312	810,791	50,703
	See Schedule O	(ii) 0	0	0	0	0	0	0
18	PATRICK M MCCARTHY MD	(i) 1,355,631	551,250	29,702	16,200	21,832	1,974,615	0
	See Schedule O	(ii) 0	0	0	0	0	0	0
19	Amy S Paller MD	(i) 222,667	130,791	19,229	16,200	24,749	413,637	0
	See Schedule O	(ii) 0	0	0	0	0	0	0



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>4</b> Brad Copple	(i)	216,554	118,037	228,054	34,971	16,455	614,071	20,860
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>1</b> Mark Daniels MD	(i)	320,021	136,262	35,677	16,200	23,991	532,151	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>2</b> James C Dechene	(i)	165,194	146,565	604,388	9,648	18,736	944,531	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>3</b> Pamela Duffy	(i)	180,359	87,520	147,413	26,356	8,995	450,642	7,563
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>4</b> Erik Englehart MD	(i)	258,151	30,715	133,843	10,094	23,649	456,452	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>5</b> Stephen Falk	(i)	331,577	200,774	203,483	16,200	12,380	764,414	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>6</b> Loren Foelske	(i)	10,565	0	307,878	322	680	319,445	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>7</b> Francis Fraher	(i)	273,652	119,760	25,788	16,200	25,600	461,001	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>8</b> David Hensley	(i)	232,120	100,620	8,337	28,264	17,513	386,855	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>9</b> John Hubbe	(i)	124,578	4,119	18,198	9,337	25,469	181,700	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>10</b> Denise Majeski	(i)	240,291	97,731	18,670	11,174	9,748	377,615	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>11</b> Dean Manheimer	(i)	394,395	542,117	1,266,050	16,200	23,087	2,241,848	361,807
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>12</b> Peter McCanna	(i)	728,582	685,416	2,324,510	16,200	18,773	3,773,480	426,058
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>13</b> Michele McClelland	(i)	0	0	225,233	0	0	225,233	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>14</b> Gary Noskin MD	(i)	430,659	212,313	25,733	102,600	26,451	797,757	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>15</b> Elizabeth Rosenberg	(i)	632,655	450,289	10,314	222,902	28,043	1,344,203	134,188
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>16</b> Michael Vivoda	(i)	939,913	656,608	10,941	211,848	27,508	1,846,817	227,495
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>17</b> Brian Walsh	(i)	361,608	172,670	10,646	37,794	26,590	609,308	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>18</b> Jennifer Wooten Ierardi	(i)	265,428	137,260	24,600	34,200	25,092	486,580	0
See Schedule O	(ii)	0	0	0	0	0	0	0
<b>19</b> Douglas M Young	(i)	367,299	156,190	81,744	16,200	34,470	655,904	0
See Schedule O	(ii)	0	0	0	0	0	0	0

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **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).**

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	45200FBZ1	12-19-2007	214,500,000	REFUND BONDS ISSUED 05/27/2004		X		X		X
<b>B</b> ILLINOIS FINANCE AUTHORITY	86-1091967	45200FTB5	01-13-2009	207,360,000	REFUND BONDS ISSUED 05/27/2004		X		X		X
<b>C</b> ILLINOIS FINANCE AUTHORITY	86-1091967		08-05-2011	127,150,000	REFUND SERIES 2004A BONDS		X		X		X
<b>D</b> ILLINOIS FINANCE AUTHORITY	86-1091967		08-24-2011	58,415,000	REFUND SERIES 2008 BONDS		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired . . . . .		11,100,000		138,030,000		12,550,000		2,365,000
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .		269,866,112		207,360,000		127,150,000		58,415,000
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .		1,871,062		1,985,000				
<b>8</b> Credit enhancement from proceeds . . . . .				25,000				
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .		267,995,050		205,350,000		127,150,000		58,415,000
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2007		2007		2006		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)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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		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		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 . . . . . ▶								
<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 . . . . .	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? . . . . .								
<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**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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 & BARCLAYS							
<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 . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .		X						
<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
Schedule K, Part I, Column (f) LINE A, COLUMN F, GROUP II	Refund series 2009B, reimburse for the construction of health facilities

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 2007 Bond Issue	The total proceeds of issue reported at Part II, Line 3, exceed the issue price of Part I due to interest earnings related to this issue

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 02/27/2018

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **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).**

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
A ILLINOIS FINANCE AUTHORITY	86-1091967	45203HPT3	02-27-2013	119,589,286	SEE SUPPLEMENTAL INFORMATION		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967		03-02-2015	12,300,000	BUILDING ACQUISITION		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .		1,638,424		
2 Amount of bonds legally defeased . . . . .				
3 Total proceeds of issue . . . . .	119,738,878	12,300,000		
4 Gross proceeds in reserve funds . . . . .				
5 Capitalized interest from proceeds . . . . .				
6 Proceeds in refunding escrows . . . . .				
7 Issuance costs from proceeds . . . . .	1,667,403			
8 Credit enhancement from proceeds . . . . .				
9 Working capital expenditures from proceeds . . . . .				
10 Capital expenditures from proceeds . . . . .	65,004,825	12,300,000		
11 Other spent proceeds . . . . .	53,066,650			
12 Other unspent proceeds . . . . .				
13 Year of substantial completion . . . . .	2011		2015	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X	X	
15 Were the bonds issued as part of an advance refunding issue? . . . . .	X		X	
16 Has the final allocation of proceeds been made? . . . . .	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		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					
<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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	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					
<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 %						
<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 %						
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		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				
<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? . . . . .								
<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					

**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				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .		X	X					
<b>c</b> No rebate due? . . . . .	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				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<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				
<b>b</b> Name of provider . . . . .								
<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				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	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					

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

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

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **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).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization Northwestern Memorial HealthCare Group	Employer identification number 36-4724966
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**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
(1) JOACQUIN BRIEVA	FORMER DIRECTOR	RETENTION		X	50,000	17,500		No		No	Yes	
<b>Total</b>						▶ \$	17,500					

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES TOWNE	JAMES TOWNE, EMPLOYEE OF THE ORG AND BROTHER OF PATRICK TOWNE, A DIRECTOR OF NMRMG	277,566	EMPLOYEE		No
(2) WILLIAM TOWNE	WILLIAM TOWNE, EMPLOYEE OF THE ORG AND BROTHER OF PATRICK TOWNE, A DIRECTOR OF NMRMG	644,468	EMPLOYEE		No
(3) MEDLINE	CHARLES N MILLS, A DIRECTOR NLFH, INDIRECTLY OWNS A GREATER THAN 35% INTEREST	845,690	MEDICAL PRODUCTS		No
(4) CHRISTINE E ENGLEHART	EMPLOYEE OF THE ORG AND DAUGHTER OF ERIK ENGLEHART, M D , A FORMER OFFICER OF KCH	44,146	EMPLOYEE		No
(5) Hailey Orsini	HAILEY ORSINI, EMPLOYEE OF NMHC AND DAUGHTER OF JOHN ORSINI, CURRENT DIRECTOR OF NMHC	64,675	EMPLOYEE		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **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)**

**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 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 . . . . .	X		3,291	Market value
5 Clothing and household goods . . . . .	X		303,375	Selling cost
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	65	7,094,255	Market value
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 . . . . .	X	3	3,175	Market value
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ See Additional Data				
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

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?	Yes	No
		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 nonstandard 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
Schedule M, Part I, Line 31 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
Schedule M, Part I Column (b)	The amount in column (b) represents the number of contributions during the period
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	MEMBERS OF THE NORTHWESTERN MEMORIAL HEALTHCARE GROUP DO NOT USE THIRD PARTIES TO SOLICIT OR PROCESS NONCASH CONTRIBUTIONS HOWEVER THIRD PARTIES ARE USED TO SELL CONTRIBUTIONS OF REAL OR PERSONAL PROPERTY

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 36-4724966

**Name:** Northwestern Memorial HealthCare Group

### Part I, Lines 25-28

(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
Other ▶ ( Gym Membership )	1	1,000	Market value
Other ▶ ( Dinner )	2	1,600	Market value
Other ▶ ( Lighting )	1	10,870	Market value
Other ▶ ( TRAVEL )	2	9,600	Market value
Other ▶ ( EVENT TICKETS )	3	16,190	Market value
Other ▶ ( GIFTCARD )	1	500	Market value
Other ▶ ( CIGAR BASKET )	1	500	Market value
Other ▶ ( TV )	1	1,099	Market value

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Northwestern Memorial HealthCare Group

**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

**2017**

**Open to Public Inspection**

**Employer identification number**

36-4724966

## 990 Schedule O, Organizational Information

Return Reference	Explanation
Form 990, Part I, Line 1 Mission Statement	<p>PEOPLE SEEKING QUALITY HEALTHCARE 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 \$846.5 MILLION IN COMMUNITY BENEFIT IN FISCAL YEAR 2018 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 \$104.7 MILLION IN FUNDING FOR RESEARCH AND MEDICAL EDUCATION IN FISCAL YEAR 2018, INCLUDING PARTICIPATING IN MORE THAN 4,500 CLINICAL RESEARCH STUDIES AND TRAINING MORE THAN 1,660 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 LAW'S MEDICAID EXPANSION OR THE HEALTH INSURANCE MARKETPLACE - THUS REDUCING THE TOTAL COST OF CHARITY CARE PROVIDED UNDER OUR FINANCIAL ASSISTANCE PROGRAMS. 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 2018. 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 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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 1 Mission Statement	<p>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 VIOLEN CE 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 ME DICINE THROUGH NATIONALLY RECOGNIZED RESEARCH PROGRAMS AS WELL AS ENTIRELY NEW SCIENTIFIC DISCIPLINES THAT ARE PIONEERING DIRECTIONS FOR PREVENTING AND CURING DISEASE NMHC IS A GR OWING, NATIONALLY RECOGNIZED HEALTH SYSTEM THAT PROVIDES ACCESS TO WORLD-CLASS CARE ONE PA TIENT AT A TIME AT MORE THAN 100 LOCATIONS, INCLUDING ITS SEVEN HOSPITALS THROUGHOUT CHICA GO, ITS NORTH AND WEST SUBURBS AND NORTHERN ILLINOIS MORE THAN 29,000 PHYSICIANS,NURSES, STAFF AND VOLUNTEERS PROVIDED CARE FOR MORE THAN 91,000 INPATIENT ADMISSIONS AND MORE THAN 2 4 MILLION OUTPATIENT ENCOUNTERS IN FISCAL YEAR 2018 THE GEOGRAPHICAL REACH OF NMHC MEE TS THE GROWING DEMAND FOR QUALITY HEALTHCARE CLOSE TO WHERE PEOPLE LIVE AND WORK OUR PATI ENTS HAVE ACCESS TO EVIDENCE-BASED MEDICINE AND RESEARCH THAT IS TRANSLATED TO CLINICAL PR ACTICE, OFFERING NEW HOPE THROUGH LEADING-EDGE APPROACHES TO HEALTH,WELLNESS AND DISEASE THE NMHC MEDICAL STAFF OF MORE THAN 4,250 INCLUDES MORE THAN 900 RESIDENTS AND FELLOWS AND NEARLY 1,900 EMPLOYED PHYSICIANS WHO ARE PART OF NMG, RMG, KMG OR MMG FOR GENERATIONS, N MHC 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 NEED S OF THEIR COMMUNITIES, PROVIDING ACCESS TO MEDICALLY NECESSARY CARE, REGARDLESS OF THE PA TIENT'S ABILITY TO PAY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4a PROGRAM SERVICES CONTINUED</p>	<p>MARIANJOY REHABILITATION HOSPITAL AND CLINICS, INC (EIN 36-2680776) ("MJRH") MJRH IS A SPECIALTY AND TEACHING HOSPITAL IN WHEATON, ILLINOIS, DEDICATED TO THE DELIVERY OF PHYSICAL MEDICINE AND REHABILITATION RESIDENTS TRAIN IN THE HIGHLY SPECIALIZED FIELD THROUGH CLINICAL EXPERIENCE, EDUCATIONAL OPPORTUNITIES AND RESEARCH ACTIVITIES MARIANJOY IS A DESTINATION HOSPITAL LOCATED IN DUPAGE COUNTY, SERVING THE RESIDENTS OF DUPAGE AND NEARBY COUNTIES MORE THAN 90 PHYSICIANS PROVIDE HIGHLY SPECIALIZED PROGRAMS FOCUSED ON TREATMENT OF STROKE, SPINAL CORD INJURY, BRAIN INJURY, PEDIATRIC CONDITIONS AND ORTHOPAEDIC/MUSCULOSKELETAL CONDITIONS, WITH 127 LICENSED BEDS INCLUDING 100 ACUTE INPATIENT REHABILITATION BEDS AND 27 MEDICARE-LICENSED, SUBACUTE BEDS FISCAL YEAR 2018 SAW MORE THAN 3,000 INPATIENT ADMISSIONS AND MORE THAN 4,000 OUTPATIENT REGISTRATIONS REHABILITATION MEDICINE CLINIC, INC (EIN 36-3236791) ("RMC") REHABILITATION MEDICINE CLINIC, INC IS A MEDICAL GROUP THAT HAS 6 PRACTICE MEDICAL OFFICES LOCATED IN 5 GEOGRAPHIC LOCATIONS THERE ARE 37 HEALTH CARE PROVIDERS, SPECIALIZING IN PHYSICAL MEDICINE AND REHABILITATION MARIANJOY REHABILITATION CENTER AUXILIARY (36-3896976) ("MJRCA") THE MARIANJOY AUXILIARY SUPPORTS THE EFFORTS OF THE MARIANJOY REHABILITATION HOSPITAL AND CLINICS THIS GROUP OF DEVOTED INDIVIDUALS ORGANIZES AND HOSTS SEVERAL FUNDRAISING EVENTS, INCLUDING SPRING AND FALL LUNCHEONS, AND RUNS THE MARIANJOY GIFT SHOP KISHHEALTH SYSTEM (EIN 36-3649080) ("KHS") FORMERLY KISHWAUKEE HEALTH SYSTEM, KISHHEALTH SYSTEM OPERATES TWO COMMUNITY HOSPITALS, KISHWAUKEE AND VALLEY WEST, WHICH HAVE A COMBINED 125 STAFFED BEDS, AS WELL AS SEVERAL CANCER CENTERS, IMAGING FACILITIES, AND AN EYE INSTITUTE THAT SERVE DEKALB COUNTY AND SURROUNDING AREAS IN NORTHERN ILLINOIS SPECIALTY SERVICES INCLUDE CARDIOLOGY, EMERGENCY CARE, NEUROSURGERY, OBSTETRICS, AND ORTHOPEDICS KISHHEALTH BECAME PART OF NMHC IN LATE 2015 KISHHEALTH FOUNDATION (EIN 36-3649077) ("KHF") KISHHEALTH FOUNDATION, PART OF NORTHWESTERN MEDICINE SUPPORTS THE CARING MISSION OF NORTHWESTERN MEDICINE HOSPICE-DEKALB (FORMERLY KISHHEALTH HOSPICE) FUNDS RAISED THROUGH DEKALB COUNTY WILL BENEFIT DONOR SUPPORTED PROGRAMS AND SERVICES SUCH AS MUSIC THERAPY, BEREAVEMENT PROGRAMS AND VOLUNTEER TRAINING BECAUSE OF GENEROUS COMMUNITY SUPPORT, THE HOSPICE IS ABLE TO TOUCH THE LIVES OF MANY AS THEY JOURNEY WITH LOVED ONES DEALING WITH END-OF-LIFE ISSUES ALL DONATIONS STAY LOCAL AND ARE USED TO HELP ALL FAMILIES IN NEED OF HOSPICE SERVICES REGARDLESS OF THEIR ABILITY TO PAY DEKALB BEHAVIORAL HEALTH FOUNDATION, INC (EIN 47-4579189) ("DBHF") DEKALB BEHAVIORAL HEALTH FOUNDATION, INC PROVIDES A VARIETY OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PROFESSIONAL MENTAL HEALTH COUNSELING FOR ADULTS INCLUDES MARITAL, INDIVIDUAL, GROUP AND FAMILY COUNSELING AS WELL AS THERAPY GROUPS DEKALB COUNTY HOSPICE (EIN 36-3164329) ("DKCH") LOCATED IN DEKALB, IL, DEKALB COUNTY HOSPICE IS A COMMUNITY BASED H</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a PROGRAM SERVICES CONTINUED	OSPICE PROGRAM THAT HAS BEEN PROVIDING QUALITY END-OF-LIFE CARE AND BEREAVEMENT SUPPORT TO THE COMMUNITY SINCE 1982 KISHHEALTH SYSTEM HOME CARE (EIN 37-1703513) ("KSHC") KISHHEALTH SYSTEM HOME CARE PROVIDES HOME HEALTH SERVICES TO DEKALB COUNTY AND NORTHERN ILLINOIS AREA RESIDENTS WHO PREFER TO RECEIVE CARE IN THE COMFORT OF THEIR HOME KISHWAUKEE PHYSICIAN GROUP (EIN 65-1293967) ("KPG") KISHWAUKEE PHYSICIAN GROUP IS A BRANCH OF KISHHEALTH SYSTEM, EMPLOYING PRIMARY CARE AND SPECIALIST PHYSICIANS IN THE NORTHERN ILLINOIS COMMUNITIES THAT IT SERVES CENTER FOR FAMILY HEALTH-MALTA (EIN 80-0869393) ("CFHM") CENTER FOR FAMILY HEALTH-MALTA IS DESIGNED TO PROVIDE COMPASSIONATE, INNOVATIVE, AND AFFORDABLE MEDICAL CARE AND TO COLLABORATE WITH PARTNERS TO SERVE THE HEALTH NEEDS OF THE COMMUNITY IT SERVES CFHM OFFERS CARE TO ADULTS AND CHILDREN OF ALL AGES AND INCLUDES AN ON-SITE LABORATORY



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 3 Significant changes in program services	ARTICLES OF MERGER WERE FILED ON BEHALF OF MARIANJOY, INC, MARIANJOY FOUNDATION AND NORTHWESTERN FOUNDATION FOR RESEARCH AND EDUCATION AS OF 8/31/2017 ADDITIONALLY, CDH-DELNOR HEALTH SYSTEM, KISHWAUKEE PHYSICIAN GROUP, INC, AND KISHHEALTH FOUNDATION FILED ARTICLES OF MERGER AS OF 8/31/2018 THE MERGER OF THESE ENTITIES REPRESENTS A REALLOCATION OF RESOURCES RATHER THAN A CESSATION OF SERVICE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	ANNE R PRAMAGGIORE AND WILLIAM A VON HOENE - Business relationship, DONALD THOMPSON, FREDERICK H WADDELL, AND DEAN M HARRISON - Business relationship, TERRY SAVAGE AND DENNIS CHOOKASZIAN - Business relationship, DEAN M HARRISON, JOHN ORSINI AND EMILY KOZAK - Business relationship, ALBERT FRIEDMAN AND RICHARD MELMAN - Business relationship, DEAN M HARRISON AND JOHN CANNING, JR - Business relationship, JAMES MURRAY III AND BRETT DALE - Business relationship

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	THE ARTICLES OF NORTHWESTERN MEDICAL FACULTY FOUNDATION (NMFF) WERE AMENDED AS OF 8/30/2017 TO REFLECT THE MERGER OF NORTHWESTERN FOUNDATION FOR RESEARCH AND EDUCATION (NFRE) INTO NMFF THE ARTICLES OF NORTHWESTERN MEMORIAL HEALTHCARE WERE AMENDED AS OF 8/30/2017 TO RECORD THE MERGER OF MARIANJOY, INC WITH NMHC ARTICLES OF MERGER WERE FILED AS OF 8/31/2018 ON BEHALF OF CDH-DELNOR HEALTH SYSTEM AND KISHWAUKEE PHYSICIAN GROUP, INC, BOTH HAVE MERGED INTO NMHC KISHWAUKEE FOUNDATION FILED ARTICLES OF MERGER AS OF 8/31/2018 WITH NORTHWESTERN MEMORIAL FOUNDATION NMF NOW ACTS AS ADMINISTRATOR FOR PURPOSES OF FUNDRAISING, GRANTMAKING, PROPERTY AND REAL ESTATE, CONTRACTING AND OTHER ACTIVITIES NECESSARY TO THE KISHWAUKEE FOUNDATION'S CONTINUED ROLE AS A DIVISION OF NMF AND THE NM HEALTH SYSTEM NMF WILL USE PRIOR FUNDS TO SERVE THE KISHWAUKEE POPULATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	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 REHABILITATION HOSPITAL & CLINICS, INC - REHABILITATION MEDICINE CLINIC, INC NORTHWESTERN LAKE FOREST HOSPITAL SERVES AS THE SOLE MEMBER OF NORTHWESTERN LAKE FOREST HEALTH AND FITNESS INSTITUTE CDH-DELNOR HEALTH SYSTEM SERVES AS THE SOLE MEMBER OF THE FOLLOWING SUBSIDIARIES IN THE GROUP RETURN - CENTRAL DUPAGE HOSPITAL ASSOCIATION - CENTRAL DUPAGE PHYSICIAN 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 Marianjoy Rehabilitation Hospital & Clinics, Inc serves as the sole member of Marianjoy Rehabilitation Center Auxiliary Kishwaukee Community Hospital serves as the sole member of Center for Family Health-Malta

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	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 APOINTS 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 THEIR RESPECTIVE CORPORATIONS, OR IN THEIR CAPACITY AS OFFICERS OR ADMINISTRATORS OF RELATED ORGANIZATIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders</p>	<p>NORTHWESTERN MEMORIAL HEALTHCARE (NMHC), AS THE ULTIMATE PARENT OF ALL ENTITIES IN THIS GROUP RETURN HAS BROAD RESERVED POWERS FOR ENTITIES WHICH NMHC DOES NOT SERVE AS SOLE MEMBER, THESE RESERVED 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 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 EVERY NMHC SUBSIDIARY, FOR THOSE POWERS THAT ARE SPECIFICALLY DELEGATED TO THE BOARD OF DIRECTORS IN EACH SUBSIDIARY'S BYLAWS THESE RESERVED 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 ILCS 5/785(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 CORPORATION AS PROPOSED BY THE BOARD OF DIRECTORS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	OF THE SUBSIDIARY BUSINESS CORPORATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 (FORM) IS 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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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 COMMITTEE OF THE BOARD OF DIRECTORS WHOSE MEMBERS ARE ALL DISINTERESTED, INDEPENDENT AND UNPAID, (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, AND (4) ALL COMPENSATION DECISIONS AND SUPPORT ARE RECORDED IN THE MINUTES OF THE COMMITTEE'S MEETINGS IN ADDITION, A SIGNIFICANT PORTION OF COMPENSATION IS AT RISK AND IS PAYABLE ONLY UPON ACHIEVEMENT OF A BROAD ARRAY OF DIFFICULT PERFORMANCE GOALS TIED TO THE STRATEGIC VISION OF NORTHWESTERN MEDICINE AND ACHIEVEMENT OF ITS TAX-EXEMPT PURPOSES 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE RESPONSE TO 15A

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A, Line 1a GROUP TITLES AND COMPENASTION PRESENTATION	NORTHWESTERN MEMORIAL HEALTHCARE (NMHC), IS THE DIRECT PARENT ORGANIZATION FOR NORTHWESTERN MEMORIAL HOSPITAL (NMH), NORTHWESTERN MEMORIAL FOUNDATION (NMF), NORTHWESTERN MEDICAL FACULTY FOUNDATION, DOING BUSINESS AS NORTHWESTERN MEDICAL GROUP (NMG), NORTHWESTERN LAKE FOREST HOSPITAL (NLFH), CDH-DELNOR HEALTH SYSTEM (CDHS), AND KISHHEALTH SYSTEM (KHS) NMHC IS ALSO THE INDIRECT PARENT FOR LAKE FOREST HEALTH AND FITNESS INSTITUTE (HFI), CENTRAL DUPAGE HOSPITAL ASSOCIATION (CDHA), CENTRAL DUPAGE PHYSICIAN GROUP (CDPG), DELNOR -COMMUNITY HOSPITAL (DCH), MARIANJOY REHABILITATION HOSPITAL AND CLINICS (MJRH), MARIANJOY REHABILITATION CENTER AUXILIARY (MJAUX), REHABILITATION MEDICINE CLINIC (RMC), KISHWAUKEE COMMUNITY HOSPITAL (KCH), CENTER FOR FAMILY HEALTH-MALTA (CFHM), VALLEY WEST COMMUNITY HOSPITAL (VW), KISHHEALTH FOUNDATION (KHF), DEKALB BEHAVIORAL HEALTH FOUNDATION (DBHF), DEKALB COUNTY HOSPICE (KHH), KISHHEALTH SYSTEM HOME CARE (KHHC), AND KISHWAUKEE PHYSICIANS GROUP (KPG) THESE 21 CORPORATIONS HAVE COMBINED THROUGH THE ELECTION UNDER REGULATION 1 6033-2 (D) (5) TO REPORT THE DIRECTORS, OFFICERS, KEY EMPLOYEES AND FIVE HIGHLY COMPENSATED EMPLOYEES UNDER THE GROUP RETURN REQUIREMENTS FOR FORM 990 FOR THE FISCAL YEAR ENDED 8/31/2018 NO ORGANIZATION IN THIS GROUP RETURN COMPENSATES ITS DIRECTORS FOR SERVICES PERFORMED AS DIRECTORS WHERE COMPENSATION IS REPORTED FOR A DIRECTOR, THE COMPENSATION IS ASSOCIATED WITH ANOTHER POSITION HELD WITHIN THE CORPORATIONS CERTAIN INDIVIDUALS HOLD MULTIPLE POSITIONS THROUGHOUT THESE 21 CORPORATIONS THE DETAIL IS HIGHLIGHTED BY INDIVIDUAL WITHIN SCHEDULE O

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A ANDERSON, JAY ADDITIONAL POSITIONS HELD	Organization Name Valley West Community Hospital, Title PRESIDENT , AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital , Title PRESIDENT , AverageHours 1 000, Officer Organization Name DeKalb Behavioral Health Foundation, Inc , Title DIRECTOR (1/17/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Barnes, Marvin ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Chair & Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Bruch, Tonda ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Vice Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A CANNING, JOHN A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title CHAIR & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Memorial HealthCare, Title Vice Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Chrisman, Howard B , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title PRESIDENT & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Collins, Seamus ADDITIONAL POSITIONS HELD	Organization Name Lake Forest Health and Fitness Institute, Title Secretary & Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A CREAMER, JULIE L ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title PRESIDENT & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Dauten, Kent ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Physician Group, Title Chair & Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Rehabilitation Medicine Clinic, Inc, Title Chair and Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Physician Group, Inc , Title Chair & Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Evans, Gary ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Falcone, Connie ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title PRESIDENT & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A FLESCH, WILLIAM P ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name CDH-Delnor Health System, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Valley West Community Hospital, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Central Dupage Hospital Association, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Kishwaukee Community Hospital , Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Memorial HealthCare, Title Vice Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Flynn, Matthew J ADDITIONAL POSITIONS HELD	Organization Name Center for Family Health-Malta, Title Vice Chair & Treasurer & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Franco, Richard ADDITIONAL POSITIONS HELD	Organization Name Lake Forest Health and Fitness Institute, Title Treasurer & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Giblein, James, MD ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Secretary and Director (1/1/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Illinois Proton Center Holdings, LLC , Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc, Title PRESIDENT & Director (2/1/18-4/30/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System Home Care, Title Secretary & DIRECTOR (9/1/17 to 4/30/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc, Title PRESIDENT & Director (2/1/18-4/30/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VII, Section A Harrison, Dean M  <b>ADDITIONAL POSITIONS HELD</b></p>	<p>Organization Name Delnor-Community Hospital, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Memorial Hospital, Title CEO &amp; Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Dekalb County Hospice, Title Chair &amp; Director (1/1/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name CDH-Delnor Health System, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Valley West Community Hospital, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Central Dupage Hospital Association, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Central Dupage Physician Group, Title CEO &amp; Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc, Title Chair &amp; CEO &amp; Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Kishwaukee Community Hospital , Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Rehabilitation Medicine Clinic, Inc, Title CEO and Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Memorial HealthCare, Title President, CEO &amp; Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Lake Forest Hospital, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System Home Care, Title Chair &amp; Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Memorial Foundation, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc, Title Chair &amp; CEO &amp; Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System, Title CEO &amp; DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Kishwaukee Physician Group, Inc , Title CEO &amp; Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hoste, Staci ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Vice Chair & Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Johnson, Christine ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Secretary & Director (9/1/17 to 1/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Kozak, Emily J ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Center for Family Health-Malta, Title Secretary & Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Memorial Hospital, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name CDH-Delnor Health System, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Central Dupage Hospital Association, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Central Dupage Physician Group, Title Assistant Secretary , AverageHours 1 000, Officer Organization Name Valley West Community Hospital, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital , Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc, Title Asst Secretary, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Northwestern Memorial HealthCare, Title Assistant Secretary, AverageHours 1 000, Officer Organization Name DeKalb Behavioral Health Foundation, Inc , Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name KishHealth System, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer Organization Name Kishwaukee Physician Group, Inc , Title Assistant Secretary , AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation, Title ASSISTANT SECRETARY, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A KRAFT, DIANA, MD ADDITIONAL POSITIONS HELD	Organization Name DeKalb Behavioral Health Foundation, Inc , Title VICE CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Lemon, Brian J ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title DIRECTOR (5/1/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Illinois Proton Center Holdings, LLC , Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title PRESIDENT , AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc, Title President & DIRECTOR (5/1/18-8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System Home Care, Title Secretary & DIRECTOR (5/1/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc, Title President & DIRECTOR (5/1/18-8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Mason, Karen ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Secretary/Treasurer & Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A McAfee, Thomas J ADDITIONAL POSITIONS HELD	Organization Name Lake Forest Health and Fitness Institute, Title Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Northwestern Lake Forest Hospital, Title PRESIDENT & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A McNerney, W James ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Nelson, Eric G , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Medical Faculty Foundation, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Orsini, John A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title TREASURER, AverageHours 1 000, Officer Organization Name Dekalb County Hospice, Title Vice Chair, Treasurer, Director (1/1/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Illinois Proton Center Holdings, LLC , Title Secretary & Treasurer, AverageHours 1 000, Officer Organization Name Valley West Community Hospital, Title TREASURER, AverageHours 1 000, Officer Organization Name Central Dupage Physician Group, Title TREASURER, AverageHours 1 000, Officer Organization Name CDH-Delnor Health System, Title TREASURER, AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc, Title Treasurer & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Delnor-Community Hospital, Title TREASURER, AverageHours 1 000, Officer Organization Name Central Dupage Hospital Association, Title TREASURER, AverageHours 1 000, Officer Organization Name Northwestern Memorial HealthCare, Title Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital, Title TREASURER, AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital , Title TREASURER, AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc, Title Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation, Title TREASURER, AverageHours 1 000, Officer Organization Name DeKalb Behavioral Health Foundation, Inc , Title TREASURER, AverageHours 1 000, Officer Organization Name KishHealth System Home Care, Title Vice Chair & Treasurer & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc, Title Treasurer & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System, Title TREASURER, AverageHours 1 000, Officer Organization Name Kishwaukee Physician Group, Inc , Title TREASURER, AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation, Title TREASURER, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Osborn, William A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Vice Chair & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A PATEL, HOMI B ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Lake Forest Hospital, Title VICE CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Poorten, Kevin P ADDITIONAL POSITIONS HELD	Organization Name Center for Family Health-Malta, Title Chair & Director , AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Dekalb County Hospice, Title President & Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Illinois Proton Center Holdings, LLC , Title President & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name CDH-Delnor Health System, Title DIRECTOR & PRESIDENT, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Valley West Community Hospital, Title DIRECTOR , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name DeKalb Behavioral Health Foundation, Inc , Title CHAIR (9/1/17 to 2/4/18) & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth System, Title DIRECTOR & PRESIDENT, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name KishHealth Foundation, Title President & Director, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Kishwaukee Physician Group, Inc , Title President , AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Pritzker, M K ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR AND CHAIR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Tilton, Glenn F ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Medical Faculty Foundation, Title VICE CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A TOWNE, PATRICK, MD ADDITIONAL POSITIONS HELD	Organization Name Central Dupage Physician Group, Title PRESIDENT & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A WEHMER, EDWARD J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title CHAIR & DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A ALCORN- KELL, NANCY ADDITIONAL POSITIONS HELD	Organization Name Illinois Proton Center Holdings, LLC , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Barrett, Dean ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A BARROWCLIFT, TODD, DO ADDITIONAL POSITIONS HELD	Organization Name DeKalb Behavioral Health Foundation, Inc , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Benson, Roger L ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Bernick, Peter ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Bernick, Carol ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Bickner, Joan ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Bluhm, Andrew ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Boies, John ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A BRENNAN, CHARLES M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A BRODSKY, WILLIAM J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A BROWN, DAVID ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Capek, Cindy ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Casper, David R ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Chabraja, Nicholas D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Chookaszian, Dennis S ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Collins, Craig T ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A CONNOLLY, SEAN M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Cooper, Adam ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Cozzi, Mark ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Crawford, Stephen ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A CRAWFORD, KERMIT R ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A CRIST, PETER D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Crown, Keating ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Cullen, Michael A ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Physician Group, Title Director (11/8/17 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Rehabilitation Medicine Clinic, Inc, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Physician Group, Inc , Title Director (11/8/17 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Cunningham, William ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Curren, Denise ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Dale, Brett M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Daley, William M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A DALUGA, WILLIAM G ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A DAMICO, JOSEPH F ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Darnall, Matthew S ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Davis, Anthony B ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Davis, Richard ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A DeCanniere, Dan ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A DEJESUS, PEDRO ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A DeSantiago, Michael F ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A DICK, JOHN H ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Donnelly, Shawn M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Elliott, Stephen W ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Ettelson, John R ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Favela, Manny ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Feldmann, Ronald, MD ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Ferro, Michael W ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Friedman, Albert M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Furlong, Mark ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR (9/1/17 to 6/30/18), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Giles, Lisa M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Glerum, James T ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Gobel, Teresa ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Goldberg, William ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Gordon, James A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A GORDON, ILENE S ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Gordon McCallister, Trina ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Greffin, Judy ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A HARRIS, ROGER T ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hart, Brett J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Helton, Sandra L ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Herencia, Roberto R ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hilde, Mark ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hoeflich, Adam ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A HUNTER, WILLARD M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hurst, Peter S , BDS ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Johnson Rice, Linda ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Kachmer, Michael J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Kash, Rick H ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Keane, Dennis, MD ADDITIONAL POSITIONS HELD	Organization Name Rehabilitation Medicine Clinic, Inc, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A KESMAN, ANTHONY K ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Kessler, John A , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Keswani, Sushil ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Klein, Ron ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A KLOOSTERBOER, JAY ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A KOZIK, CATHERINE ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Kulisz, Michael, DO ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Physician Group, Inc , Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Kunkler, William C ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Lampert, Julie ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Lenny, Richard H ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Levy, Lawrence F ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Livingston, Robert A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Luby, Timothy J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Manire, Dee A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Mansueto, Joseph D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Matya, Thomas ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Maybury, J Richard ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A MCCARTHY, PATRICK M , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Melman, Richard ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Meza, Ricardo ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Milliman, Becky ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Mills, Karen ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A MILLS, CHARLES N ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A MITCHELL, LEE M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Moen, Timothy P ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Moyer, Lou Jean ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director (9/1/17 to 2/15/18), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A MUILENBERG, DENNIS ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Murray, James, III ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Novakovic, Phebe N ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A OLEKSYN, ANDREW, DO ADDITIONAL POSITIONS HELD	Organization Name Valley West Community Hospital, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name CDH-Delnor Health System, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR (9/1/17 to 5/1/18), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Paller, Amy S , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Parkinson, Robert J , Jr ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A PATEL, JAGDISH, MD ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System, Title DIRECTOR (7/18/18 TO 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR (7/18/18 TO 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR (7/18/18 TO 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR (7/18/18 TO 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR (7/18/18 TO 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR (7/18/18 TO 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A PEABODY, TERRANCE D , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A PEREZ, WILLIAM D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Persak, Joseph M , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Pigott, Jane D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Plantanias, Leonidas C , MD, PhD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Podjasek, John ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A PRAMAGGIORE, ANNE ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Pryde, Craig R ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Redmond- Ferguson, Andrea ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Reyes, J Christopher ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A RICHMAN, LARRY D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Richmond, Mary Beth, MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Richter, Sue ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A RIZZI, LEONETTA ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name DeKalb Behavioral Health Foundation, Inc , Title DIRECTOR (1/17/18 to 8/31/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Rogers, Desiree ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Ross, Matthew W ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Saran, Debbie S ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Saslow, Ron ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Satter, Muneer A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Savage, Terry ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Schapiro, Morton O ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Schmidt, John, MD ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Schulman, Marc S ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Scott, Samuel C , III ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A SEVERINO, RONALD J , MD ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A SHOENER, DEAN P , MD ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Smith, Scott C ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Smith, Greg ADDITIONAL POSITIONS HELD	Organization Name Central Dupage Physician Group, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Rehabilitation Medicine Clinic, Inc, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Physician Group, Inc , Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A SOPER, NATHANIEL J , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A STRAUSS, MARC ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Valley West Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Delnor-Community Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Central Dupage Hospital Association, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Kishwaukee Community Hospital , Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name KishHealth System, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A STUART, ALEXANDER D ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Stucker, Robert J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Sullivan, Robert ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Sullivan, Timothy P ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Talton, Shelia G ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A THOMPSON, DONALD L ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Thornton, Michael, MD ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Tilly, Edward T ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A TSARWHAS, DEAN G , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Tyler, Jason ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Vaughan, Douglas E ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Volpe, Nicholas J , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A VONHOENE, WILLIAM A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A WADDELL, FREDERICK H ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A WALKER, Ruth ADDITIONAL POSITIONS HELD	Organization Name Dekalb County Hospice, Title Director (9/1/17 to 12/31/17), AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Waud, Reeve ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A WAYNE, JEFFREY D , MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A West, Ann, MD ADDITIONAL POSITIONS HELD	Organization Name KishHealth Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Whinfrey, Peter ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Whittaker, Forrest ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A WILKIN, ABRA PRENTICE ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Woertz, Patricia A ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial HealthCare, Title Director, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Wood, Corinne J ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A ZALLIE, JAMES P ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Zopp, Andrea ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation, Title DIRECTOR, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A BRYANT, MAUREEN ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital, Title PRESIDENT , AverageHours 1 000, Officer



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Prousis, Danae K ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title SECRETARY , AverageHours 1 000, Officer Organization Name Central Dupage Physician Group, Title SECRETARY , AverageHours 1 000, Officer Organization Name CDH-Delnor Health System, Title SECRETARY , AverageHours 1 000, Officer Organization Name Valley West Community Hospital, Title SECRETARY , AverageHours 1 000, Officer Organization Name Delnor-Community Hospital, Title SECRETARY , AverageHours 1 000, Officer Organization Name Central Dupage Hospital Association, Title SECRETARY , AverageHours 1 000, Officer Organization Name Northwestern Memorial HealthCare, Title Secretary, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation, Title SECRETARY , AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital, Title SECRETARY , AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital , Title SECRETARY , AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc, Title Secretary, AverageHours 1 000, Officer Organization Name DeKalb Behavioral Health Foundation, Inc , Title SECRETARY, AverageHours 1 000, Officer Organization Name KishHealth System, Title SECRETARY , AverageHours 1 000, Officer Organization Name Kishwaukee Physician Group, Inc , Title SECRETARY , AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation, Title SECRETARY , AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Savaiano, Mary ADDITIONAL POSITIONS HELD	Organization Name Illinois Proton Center Holdings, LLC , Title Assistant Secretary, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Taus, Maureen A ADDITIONAL POSITIONS HELD	Organization Name Illinois Proton Center Holdings, LLC , Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Northwestern Memorial Hospital, Title ASSISTANT TREASURER , AverageHours 1 000, Officer Organization Name Central Dupage Physician Group, Title Assistant Treasurer , AverageHours 1 000, Officer Organization Name CDH-Delnor Health System, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Valley West Community Hospital, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Delnor-Community Hospital, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Central Dupage Hospital Association, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Northwestern Memorial HealthCare, Title Assistant Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc, Title Asst Treasurer, AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital , Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name DeKalb Behavioral Health Foundation, Inc , Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name KishHealth System, Title ASSISTANT TREASURER, AverageHours 1 000, Officer Organization Name Kishwaukee Physician Group, Inc , Title Assistant Treasurer , AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation, Title ASSISTANT TREASURER, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A YOSKO, KATHLEEN ADDITIONAL POSITIONS HELD	Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc, Title PRESIDENT (9/1/17-12/31/17), AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc, Title President, AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc, Title PRESIDENT (9/1/17-12/31/17), AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Bare, Aaron ADDITIONAL POSITIONS HELD	Organization Name Central Dupage Physician Group, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Lee, Michael, MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Shownkeen, Harish, MD ADDITIONAL POSITIONS HELD	Organization Name Central Dupage Physician Group, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Stein, Regina, MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Tellez, Claudia, MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Adams, James ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation(Former), Title Former CMO, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Bell, Roger ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Community Hospital (Former), Title Former CIO, AverageHours 1 000, Officer Organization Name Kishwaukee Physician Group, Inc (Former), Title Former CIO, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Burandt, Steven, MD ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System(Former), Title Former Secretary and Treasurer, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Christensen, Carl ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation(Former), Title Former CIO, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Copple, Brad ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Community Hospital (Former), Title Former President, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Daniels, Mark, MD ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System(Former), Title Former Secretary, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Dant, Joseph ADDITIONAL POSITIONS HELD	Organization Name Center for Family Health-Malta(Former), Title Former Chair/Secretary, AverageHours 1 000, Officer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Dechene, James C ADDITIONAL POSITIONS HELD	Organization Name Delnor-Community Hospital(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Northwestern Memorial Hospital(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name CDH-Delnor Health System(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Valley West Community Hospital(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Central Dupage Hospital Association(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Lake Forest Health and Fitness Institute(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Central Dupage Physician Group (Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital (Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name KishHealth System(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation(Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Kishwaukee Physician Group, Inc (Former), Title Former Secretary, AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation(Former), Title Former Secretary, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Duffy, Pamela ADDITIONAL POSITIONS HELD	Organization Name KishHealth System Home Care(Former), Title Former President, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Englehart, Erik, MD ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Physician Group, Inc (Former), Title Former Vice Chair, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Falk, Stephen ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation(Former), Title Former President, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Foelske, Loren ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Community Hospital (Former), Title Former VP Finance, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Fraher, Francis ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hensley, David ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Foundation(Former), Title Former President, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Hubbe, John ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Community Hospital (Former), Title Fmr General Counsel, AverageHours 1 000, Officer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Majeski, Denise ADDITIONAL POSITIONS HELD	Organization Name Northwestern Lake Forest Hospital(Former), Title Former CNO, AverageHours 40 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Manheimer, Dean ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation(Former), Title Former Sr VP HR, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A McCanna, Peter ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital(Former), Title Former Chair, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A McClelland, Michele ADDITIONAL POSITIONS HELD	Organization Name Kishwaukee Community Hospital (Former), Title Former VP HR, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Noskin, Gary, MD ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital(Former), Title Former CMO, AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation(Former), Title SVP, Quality and CMO, NMH, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Rosenberg, Elizabeth ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation(Former), Title Former Key Employee, AverageHours 40 000, KeyEmployee

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Vivoda, Michael ADDITIONAL POSITIONS HELD	Organization Name CDH-Delnor Health System(Former), Title Former President, AverageHours 1 000, Officer Organization Name Central Dupage Physician Group(Former), Title Former Chair, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Walsh, Brian ADDITIONAL POSITIONS HELD	Organization Name Northwestern Medical Faculty Foundation(Former), Title Former CFO, AverageHours 1 000, Officer



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A Wooten lerardi, Jennifer ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital(Former), Title Former Asst Secretary, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital(Former), Title Former Asst Secretary, AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation(Former), Title Former Asst Secretary, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Young, Douglas M ADDITIONAL POSITIONS HELD	Organization Name Northwestern Memorial Hospital(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Hospital and Clinics, Inc(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Valley West Community Hospital(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Rehabilitation Medicine Clinic, Inc(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Delnor-Community Hospital(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Lake Forest Hospital(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Central Dupage Hospital Association(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name CDH-Delnor Health System(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Memorial Foundation(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Kishwaukee Community Hospital (Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Marianjoy Rehabilitation Center Auxiliary, Inc(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name KishHealth System(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer Organization Name Northwestern Medical Faculty Foundation(Former), Title Former Asst Treasurer, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	all other program service - Total Revenue 656752365, Related or Exempt Function Revenue 654892628, Unrelated Business Revenue 1859737, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc Revenue - Total Revenue 25967, Related or Exempt Function Revenue 23075, Unrelated Business Revenue 2892, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN INTEREST RATE SWAPS - 31265133, TRANSFER TO/FROM AFFILIATES - 534091608, NET ASSET RELEASE FROM RESTRICTION - -31457018, CHANGE IN FV OF SPLIT-INTEREST AGREEMENT - 936151, PURCHASE OF PROTON CENTER INTEREST - -5686476, CHANGE IN PENSION - 33822508, DISTRIBUTION OF NCI-NMH & KISH - -1242859, MSC DEFERRED RENT ADJUSTMENT - -635812, OTHER - -3732059, Investment in CORNERSTONE MEDICAL GROUP - -11778727,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME CDH-DELNOR HEALTH SYSTEM ADDRESS 25 N WINFIELD ROAD WINFIELD, Illinois 60190 EIN 36-3099698 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 52,040,624 TOTAL EXEMPT PURPOSE EXPENDITURES 52,040,624 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME CENTRAL DUPAGE HOSPITAL ASSOCIATION ADDRESS 25 N WINFIELD ROAD WINFIELD, Illinois 60190 EIN 36-2513909 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 72,325 TOTAL LOBBYING EXPENDITURES 72,325 OTHER EXEMPT PURPOSE EXPENDITURES 936,731,348 TOTAL EXEMPT PURPOSE EXPENDITURES 936,803,673 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME DELNOR-COMMUNITY HOSPITAL ADDRESS 300 RANDALL ROAD GENEVA, Illinois 60134 EIN 36-3484281 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 37,334 TOTAL LOBBYING EXPENDITURES 37,334 OTHER EXEMPT PURPOSE EXPENDITURES 339,639,455 TOTAL EXEMPT PURPOSE EXPENDITURES 339,639,455 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME CENTRAL DUPAGE PHYSICIAN GROUP ADDRESS 25 N WINFIELD ROAD WINFIELD, Illinois 60190 EIN 36-3149833 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 268,377,840 TOTAL EXEMPT PURPOSE EXPENDITURES 268,377,840 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME COMMUNITY NURSING SERVICES OF DUPAGE ADDRESS 690 E NORTH AVE CAROL STREAM, Illinois 60188 EIN 36-6080833 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 24,567,454 TOTAL EXEMPT PURPOSE EXPENDITURES 24,567,454 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME CENTRAL DUPAGE SPECIAL HEALTH ASSOC ADDRESS 27W353 JEWELL RD WINFIELD, Illinois 60190 EIN 36-4310557 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 4,570,046 TOTAL EXEMPT PURPOSE EXPENDITURES 4,570,046 LOBBYING NONTAXABLE AMOUNT 378,502 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 94,626 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME PAHCS II ADDRESS 27W353 JEWELL RD WINFIELD, Illinois 60190 EIN 36-3887234 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 10,279,875 TOTAL EXEMPT PURPOSE EXPENDITURES 10,279,875 LOBBYING NONTAXABLE AMOUNT 663,994 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 663,994 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME KISHHEALTH SYSTEM HOMECARE ADDRESS 100 E WASHINGTON ST SPRINGFIELD, Illinois 62701 EIN 37-1703513 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 2,914,216 TOTAL EXEMPT PURPOSE EXPENDITURES 2,914,216 LOBBYING NONTAXABLE AMOUNT 295,711 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 73,928 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME KISHWAUKEE COMMUNITY HOSPITAL ADDRESS ONE KISH HOSPITAL DR DEKALB, Illinois 60115 EIN 23-7087041 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 30,131 TOTAL LOBBYING EXPENDITURES 30,131 OTHER EXEMPT PURPOSE EXPENDITURES 194,793,250 TOTAL EXEMPT PURPOSE EXPENDITURES 194,823,381 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME VALLEY WEST COMMUNITY HOSPITAL ADDRESS ONE KISH HOSPITAL DR DEKALB, Illinois 60115 EIN 36-4244337 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 14,833 TOTAL LOBBYING EXPENDITURES 14,833 OTHER EXEMPT PURPOSE EXPENDITURES 46,068,823 TOTAL EXEMPT PURPOSE EXPENDITURES 46,068,823 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME MARIANJOY REHAB HOSPITAL & CLINICS, INC ADDRESS 26W171 ROOSEVELT RD WHEATON, Illinois 60187 EIN 36-2680776 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 10,217 TOTAL LOBBYING EXPENDITURES 10,217 OTHER EXEMPT PURPOSE EXPENDITURES 88,570,062 TOTAL EXEMPT PURPOSE EXPENDITURES 88,580,279 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME KISHHEALTH SYSTEM FOUNDATION ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 36-3649077 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES TOTAL EXEMPT PURPOSE EXPENDITURES LOBBYING NONTAXABLE AMOUNT TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS</p>	<p>ORGANIZATION NAME KISHHEALTH PHYSICIAN GROUP ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 65-1293967 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 33,043,574 TOTAL EXEMPT PURPOSE EXPENDITURES 33,043,574 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME DEKALB BEHAVIORAL HEALTH FOUNDATION ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 47-4579189 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 7,403,428 TOTAL EXEMPT PURPOSE EXPENDITURES 7,403,428 LOBBYING NONTAXABLE AMOUNT 520,171 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 130,043 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME CENTER FOR FAMILY HEALTH - MALTA ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 80-0869393 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 437,695 TOTAL EXEMPT PURPOSE EXPENDITURES 437,695 LOBBYING NONTAXABLE AMOUNT 87,539 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 21,885 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME KISHHEALTH SYSTEM HOSPICE ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 36-3164329 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 2,420,792 TOTAL EXEMPT PURPOSE EXPENDITURES 2,420,792 LOBBYING NONTAXABLE AMOUNT 271,040 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 67,760 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME REHABILITATION MEDICINE CLINIC ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 36-3236791 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES 14,914,029 TOTAL EXEMPT PURPOSE EXPENDITURES 14,914,029 LOBBYING NONTAXABLE AMOUNT 895,701 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 223,925 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule C, Part II-A, Line 1b, Column (a) AFFILIATED ORGANIZATIONS	ORGANIZATION NAME MARIANJOY AUXILIARY ADDRESS 541 N FAIRBANKS CT, RM 1639 CHICAGO, IL 60611 EIN 36-3896976 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT TOTAL LOBBYING EXPENDITURES OTHER EXEMPT PURPOSE EXPENDITURES TOTAL EXEMPT PURPOSE EXPENDITURES LOBBYING NONTAXABLE AMOUNT TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**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	10,524,164	23,395,272	CDH-DELNOR HEALTH SYSTEM
<b>(2)</b> CADENCE MEDICAL PARTNERS LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 90-0917479	HEALTHCARE	IL	27,214,301	16,935,370	CDH-DELNOR HEALTH SYSTEM
<b>(3)</b> CADENCE HEALTH ACO 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 35-2507700	HEALTHCARE	IL	0	0	CDH-DELNOR HEALTH SYSTEM
<b>(4)</b> ILLINOIS PROTON CENTER LLC 4455 Weaver Pkwy WARRENVILLE, IL 60555 26-0876468	HEALTHCARE	DE	16,520,453	91,475,578	ILLINOIS PROTON CENTER HOLDINGS LLC
<b>(5)</b> ILLINOIS PROTON CENTER HOLDINGS LLC 4455 Weaver Pkwy WARRENVILLE, IL 60555 26-0876420	HEALTHCARE	DE	16,520,453	91,475,578	CENTRAL DUPAGE HOSPITAL

**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.

See Additional Data Table

(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



**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	
<b>(1)</b> GROSVENOR ALTERNATIVE INVESTMENTS LP 900 NORTH MICHIGAN AVE SUITE 1 CHICAGO, IL 60611 80-0833919	INVESTMENTS	DE	CDH-DELNOR HEALTH SYSTEM	Excluded	0	0		No	0		No	100 %
<b>(2)</b> KISHWAUKEE AREA PHYSICIAN HOSPITAL ORGANIZATION LLC 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-4205273	HEALTHCARE	IL	KISHWAUKEE COMM HOSP	Related	-40,648	-41,043		No	0		No	66 67 %
<b>(3)</b> ILLINOIS REGIONAL CANCER CENTER LLP 10 HEALTH SERVICES DR DEKALB, IL 60115 36-3847273	HEALTHCARE	IL	NA	N/A				No			No	
<b>(4)</b> NORTHWESTERN MEDICAL FACULTY FOUNDATION DIALYSIS CENTER 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 46-2159685	HEALTHCARE	DE	NMFF	Related	1,996,176	3,354,923		No	0		No	80 %
<b>(5)</b> MIDLAND SURGICAL CENTER LLC 3085 WOLF CT DEKALB, IL 60115 35-2194610	HEALTHCARE	IL	KISHWAUKEE COMM HOSP	Related	450,853	639,872		No	0		No	74 5 %

**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 SUITE 1630 CHICAGO, IL 60611 36-3382383	HEALTHCARE	IL	NMH	C Corporation	973,540	2,239,634	100 %	Yes	
<b>(2)</b> NORTHWESTERN MEMORIAL INSURANCE COMPANY 98-0384611	RISK TRANSFER	CJ	NMHC	C Corporation			100 %		
<b>(3)</b> DUPAGE HEALTH SERVICES INC 541 N FAIRBANKS CT SUITE 1630 CHICAGO, IL 60611 36-3270521	HEALTHCARE	IL	CDH-DELNOR HEALTH SYS	C Corporation	-532	994,118	100 %	Yes	
<b>(4)</b> DELCOM CORPORATION 541 N FAIRBANKS CT SUITE 1630 CHICAGO, IL 60611 36-3334711	HEALTH MGMT	IL	CDH-DELNOR HEALTH SYS	C Corporation	5,242,070	13,893,506	100 %	Yes	
<b>(5)</b> CORNERSTONE MEDICAL GROUP 541 N FAIRBANKS CT SUITE 1630 CHICAGO, IL 60611 36-4345453	HEALTHCARE	IL	CDPG	C Corporation	5,369,139	0	100 %	Yes	
<b>(6)</b> HEALTH PROGRESS INC 541 N FAIRBANKS CT SUITE 1630 CHICAGO, IL 60611 36-3824138	HEALTHCARE	IL	KISH HEALTH SYSTEM	C Corporation	3,121,619	22,778,341	100 %	Yes	

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>No</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e Yes</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g Yes</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h Yes</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>No</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>No</b>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<b>No</b>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Northwestern Healthcare Corporation	M	299,192	Cost
(2)Community Nursing Services of DuPage County	L	469,732	Cost
(3)Central DuPage Special Health Association	L	95,638	Cost
(4)PAHCS II	L	182,089	Cost
(5)Northwestern Healthcare Corporation	A	65,077	Cost

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

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**Part VII**    **Supplemental Information**

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

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**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**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
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3152959	MANAGEMENT	IL	501(c)(3)	Type III-FI	NA		No
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 37-0960170	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3155315	FUNDRAISING	IL	501(c)(3)	7	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2179779	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3835030	HEALTH	IL	501(c)(3)	10	NORTHWESTERN LAKE FOREST HOSP	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3097297	HEALTHCARE	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3099698	MANAGEMENT	IL	501(c)(3)	Type II	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2513909	HOSPITAL	IL	501(c)(3)	3	CDH-DELNOR HLTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3484281	HOSPITAL	IL	501(c)(3)	3	CDH-DELNOR HLTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3149833	HEALTHCARE	IL	501(c)(3)	10	CDH-DELNOR HLTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-4310557	PHARMACY	IL	501(c)(3)	10	CDH-DELNOR HLTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-6080833	HOME HEALTH	IL	501(c)(3)	10	CDH-DELNOR HLTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3887234	OCCUPATIONAL HEALTH	IL	501(c)(3)	10	CDH-DELNOR HLTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3649080	MANAGEMENT	IL	501(c)(3)	Type II	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 23-7087041	HOSPITAL	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-4244337	HOSPITAL	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3649077	FUNDRAISING	IL	501(c)(3)	7	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 65-1293967	HEALTHCARE	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 37-1703513	HOME HEALTH	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3164329	HOSPICE	IL	501(c)(3)	7	KISHHEALTH SYSTEM	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
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 47-4579189	BEHAVIORAL HEALTH	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 80-0869393	HEALTHCARE	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2680776	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3236791	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3896976	SUPPORTING	IL	501(c)(3)	Type I	NMHC	Yes	
251 E HURON CHICAGO, IL 60611 36-3930139	SUPPORTING	IL	501(c)(3)	Type III-O	NA		No
645 N MICHIGAN CHICAGO, IL 60611 36-2656113	SUPPORTING	IL	501(c)(3)	Type I	NA		No