



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  
2008Open to Public  
InspectionDepartment 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 black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Northwest Community Hospital		<b>D Employer identification number</b> 36-2340313	
		<b>Doing Business As</b>		<b>E Telephone number</b> (847) 618-1000	
		Number and street (or P O box if mail is not delivered to street address) 800 WEST CENTRAL ROAD		<b>Room/suite</b>	
		<b>City or town, state or country, and ZIP + 4</b> ARLINGTON HEIGHTS, IL 60005		<b>G Gross receipts</b> \$ 576,159,818	
		<b>F Name and address of Principal Officer</b> Bruce K Crowther 800 W Central Road Arlington Heights, IL 60005		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) (3) ► (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions)			
<b>J Web site:</b> ► www.nch.org		<b>H(c) Group Exemption Number</b> ►			
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►		<b>L Year of Formation</b> 1953		<b>M State of legal domicile</b> IL	

## Part I Summary

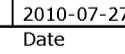
1 Briefly describe the organization's mission or most significant activities	NCH operates an acute care hospital in Arlington Heights, IL. The hospital exists to provide quality compassionate healthcare services to the people of the northwest suburban community of Chicago		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	18	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
5 Total number of employees (Part V, line 2a)	5	4,024	
6 Total number of volunteers (estimate if necessary)	6	800	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,214,596	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	11,374,532	36,803,133
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	420,839,626	434,294,611
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,323,507	4,872,780
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,540,594	6,467,135
	445,078,259	482,437,659

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	65,000,000	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	219,672,496	241,750,900
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b (Total fundraising expenses, Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	208,266,897	212,448,341
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	492,939,393	454,199,241
19 Revenue less expenses Subtract line 18 from line 12	-47,861,134	28,238,418

20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)	557,189,669	575,280,731
22 Net assets or fund balances Subtract line 21 from line 20	448,032,040	436,136,979
	109,157,629	139,143,752

## 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			
 Signature of officer		 Date	
 MICHAEL B ZENN EXEC VICE PRESIDENT Type or print name and title			

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN <input type="checkbox"/>
	111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204			Phone no (317) 681-7000
	May the IRS discuss this return with the preparer shown above? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission

The Hospital's Mission Statement is We exist to provide quality, compassionate healthcare services to the people of the northwest community

**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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 369,429,236 including grants of \$ ) (Revenue \$ 431,080,015 )

Northwest Community Hospital provides quality healthcare services to inpatients and outpatients regardless of race, sex, national origin, age or ability to pay. In serving all members of its community, Northwest Community Hospital provides free/subsidized care, care to persons covered by governmental programs at less than full charges, and community health/education/wellness programs. The Hospital treats patients in immediate need of medical services without regard to their ability to pay for such services. Pursuant to its written charity care policy which is widely distributed and communicated to the community, the cost of charity care provided during FY 2009 was \$6,517,000. The Hospital also provides care to persons covered by governmental programs at below cost. The unreimbursed cost of providing this care to Medicare and Medicaid patients was \$72,423,000 in FY2009. In addition, the Hospital provides community benefits in the form of health and wellness education (\$297,000 cost in FY09), language translation services (\$335,000), paramedic training (\$268,000), and other social services, transportation services, emergency preparedness, and adult day care programs (\$421,000). During FY2009, the community contributed 117,100 hours towards our mission of serving the healthcare needs of the community. The value of these volunteer services was approximately \$1,147,000, which benefits the community through lower costs of patient services. During FY2009, the Hospital provided care to 25,990 inpatients and 82,418 emergency department patients and treated 71,845 patients at its three immediate care centers. Outpatient care included 620,754 laboratory exams, 268,504 radiology procedures, and 43,528 home healthcare visits.

**4b** (Code) (Expenses \$ ) (Revenue \$ )

**4c** (Code) (Expenses \$ ) (Revenue \$ )

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

**4e** Total program service expenses \$ 369,429,236 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11</b>	Yes	
<b>12</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20</b>	Yes	
<b>21</b>		No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>	Yes	
<b>24b</b>		No
<b>24c</b>		No
<b>24d</b>		No
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>	Yes	
<b>27</b>		No

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

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>	Yes	
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>	Yes	
<b>34</b>	Yes	
<b>35</b>	Yes	
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 490	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 4,024	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9a No	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
<b>11</b>	<i>Section 501(c)(12) organizations</i> Enter		
<b>11a</b>	Gross income from members or shareholders	11a No	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	18
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	16
<b>2</b> 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? . . . . .	<b>2</b>	Yes
<b>3</b> 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? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or 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 . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> 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		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed IL

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
LAURENCE APPEL CONTROLLER  
3060 SALT CREEK LN  
ARLINGTON HEIGHTS, IL 60005  
(847) 618-4610

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

\* 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 the organization did not compensate any officer, director, trustee or key employee.

## Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►170

	<b>Yes</b>	<b>No</b>
<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>	<b>3</b>	No
<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>	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>	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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
OWPP	111 W Washington St Suite 2100		Architectural Svcs		4,447,402
Chicago, IL	60602				
Hospital Laundry Services	2689 Reliable Parkway		Laundry Services		1,932,979
Chicago, IL	60686				
Siemens Medical Solutions USA Inc	Dept CH 14195		IT Services		1,822,318
Palatine, IL	60055				
Transcend Services Inc	Dept 40089 PO Box 740209		Transcription SVCS		1,627,024
Atlanta, GA	30374				
McKesson	PO Box 98347		IT Services		1,274,814
Chicago, IL	60693				
<b>2</b>	<b>Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation</b>				91

Part  
VIII

## Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a					
	b Membership dues . . . 1b					
	c Fundraising events . . . 1c					
	d Related organizations . . . 1d	36,616,683				
	e Government grants (contributions) 1e	7,150				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	179,300				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total (Add lines 1a-1f) . . . . .	36,803,133				
Program Service Revenue	2a Net patient services	Business Code 622,110	429,825,217	429,825,217		
	b Lab services	621,500	3,214,596		3,214,596	
	c CLASSES AND TRAINING	900,099	1,106,903	1,106,903		
	d CMH - PEDIATRIC ED PROGRAM REV	900,099	147,895	147,895		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f . . . . . ► \$ 434,294,611					
	3 Investment income (including dividends, interest other similar amounts) . . . . .		3,811,129			3,811,129
4 Income from investment of tax-exempt bond proceeds .		340,925			340,925	
5 Royalties . . . . .		0				
6a Gross Rents	(i) Real 2,499,490					
b Less rental expenses	942,243					
c Rental income or (loss)	1,557,247					
d Net rental income or (loss) . . . . .	►	1,557,247			1,557,247	
7a Gross amount from sales of assets other than inventory	(i) Securities 93,183,231	24,306				
b Less cost or other basis and sales expenses	92,239,724	247,087				
c Gain or (loss)	943,507	-222,781				
d Net gain or (loss) . . . . .	►	720,726			720,726	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a						
b Less direct expenses . . . . . b						
c Net income or (loss) from fundraising events . . . . .	►	0				
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
b Less direct expenses . . . . . b						
c Net income or (loss) from gaming activities . . . . .	►	0				
10a Gross sales of inventory, less returns and allowances .						
a	296,684					
b Less cost of goods sold . . . . . b	293,105					
c Net income or (loss) from sales of inventory . . . . .	►	3,579			3,579	
Miscellaneous Revenue	Business Code					
11a Cafeteria	722,210	1,899,011			1,899,011	
b Reinsurance Recovery	900,099	1,650,442			1,650,442	
c COMMUNICATIONS	900,099	340,365			340,365	
d All other revenue _____		1,016,491			1,016,491	
e Total. Add lines 11a-11d . . . . .	►	\$ 4,906,309				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	►	482,437,659	431,080,015	3,214,596	11,339,915	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	7,463,083		7,463,083	
<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) . . . . .	190,451	190,451		
<b>7</b> Other salaries and wages	174,298,456	140,868,802		
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	16,994,118	13,078,626	3,915,492	
<b>9</b> Other employee benefits . . . . .	30,021,323	23,036,127	6,985,196	
<b>10</b> Payroll taxes . . . . .	12,783,469	10,010,146	2,773,323	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	628,940	147,838	481,102	
<b>c</b> Accounting . . . . .	189,844		189,844	
<b>d</b> Lobbying . . . . .	40,000	40,000		
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	264,701		264,701	
<b>g</b> Other . . . . .	23,382,436	11,130,064	12,252,372	
<b>12</b> Advertising and promotion . . . . .	3,125,592	7,480	3,118,112	
<b>13</b> Office expenses . . . . .	81,932,811	78,162,177	3,770,634	
<b>14</b> Information technology . . . . .	5,803,641	4,450,863	1,352,778	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	9,489,085	8,541,261	947,824	
<b>17</b> Travel . . . . .	421,604	269,459	152,145	
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b> Conferences, conventions and meetings . . . . .	173,554	132,364	41,190	
<b>20</b> Interest . . . . .	3,918,258	3,918,258		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	30,161,100	23,174,054	6,987,046	
<b>23</b> Insurance . . . . .	12,096,768	11,866,269	230,499	
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> PROV FOR UNCOLLECTIBLE ACCTS	25,753,949	25,753,949		
<b>b</b> ILLINOIS HOSPITAL ASSESSMENT	14,595,153	14,595,153		
<b>c</b> DUES	300,942	55,895	245,047	
<b>d</b> BASIS SWAP SETTLEMENT	169,963		169,963	
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	454,199,241	369,429,236	84,770,005	0
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>1</b>	Cash—non-interest-bearing	580,485	<b>1</b> 1,209,935
<b>2</b>	Savings and temporary cash investments	61,442,687	<b>2</b> 12,628,619
<b>3</b>	Pledges and grants receivable, net	3	
<b>4</b>	Accounts receivable, net	56,998,525	<b>4</b> 52,563,797
<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	0	<b>5</b> 86,707
<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
<b>7</b>	Notes and loans receivable, net	341,650	<b>7</b> 293,377
<b>8</b>	Inventories for sale or use	4,117,434	<b>8</b> 3,839,375
<b>9</b>	Prepaid expenses and deferred charges	3,760,796	<b>9</b> 6,152,404
<b>10a</b>	Land, buildings, and equipment cost basis	<b>10a</b> 583,535,930	
<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<b>10b</b> 199,341,766	320,370,589 <b>10c</b> 384,194,164
<b>11</b>	Investments—publicly traded securities	96,760,797	<b>11</b> 100,895,013
<b>12</b>	Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i>	12	
<b>13</b>	Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i>	5,147,141	13 6,703,439
<b>14</b>	Intangible assets	14	
<b>15</b>	Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i>	7,669,565	<b>15</b> 6,713,901
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	557,189,669	<b>16</b> 575,280,731
<b>17</b>	Accounts payable and accrued expenses	74,360,809	<b>17</b> 68,033,504
<b>18</b>	Grants payable	18	
<b>19</b>	Deferred revenue	129,163	<b>19</b> 129,163
<b>20</b>	Tax-exempt bond liabilities	211,665,000	<b>20</b> 294,045,000
<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties	86,128,925	<b>23</b> 0
<b>24</b>	Unsecured notes and loans payable	24	
<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i>	75,748,143	<b>25</b> 73,929,312
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25	448,032,040	<b>26</b> 436,136,979
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
<b>27</b>	Unrestricted net assets	104,010,488	<b>27</b> 132,440,313
<b>28</b>	Temporarily restricted net assets	4,365,709	<b>28</b> 5,907,086
<b>29</b>	Permanently restricted net assets	781,432	<b>29</b> 796,353
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
<b>30</b>	Capital stock or trust principal, or current funds	30	
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund	31	
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds	32	
<b>33</b>	Total net assets or fund balances	109,157,629	<b>33</b> 139,143,752
<b>34</b>	Total liabilities and net assets/fund balances	557,189,669	<b>34</b> 575,280,731

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		
<b>c</b>	If "Yes" to lines 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?		
<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?		
<b>b</b>	If "Yes," did the organization undergo the required audit or audits?		

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**  
Northwest Community Hospital**Employer identification number**

36-2340313

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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 )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

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 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 )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</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	►
<b>b</b> <b>33 1/3% Tests - 2007.</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	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	<b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—			
<b>If the amount on line 1e, column (a) or (b) is:</b>		<b>The lobbying nontaxable amount is:</b>	
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)			
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c			
<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 checked="" 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 instructions for lines 1a through 1f of the instructions.)****Lobbying Expenditures During 4-Year Averaging Period**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(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?			No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?			No	
<b>c</b> Media advertisements?			No	
<b>d</b> Mailings to members, legislators, or the public?			No	
<b>e</b> Publications, or published or broadcast statements?			No	
<b>f</b> Grants to other organizations for lobbying purposes?			Yes 86,088	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			Yes 1,222	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			No	
<b>i</b> Other activities If "Yes," describe in Part IV			No	
<b>j</b> Total lines 1c through 1i			87,310	
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			No	
<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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <i>do not include amounts of political expenses for which the section 527(f) tax was paid</i> ).	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<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?	4 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

## **Part IV      Supplemental Information**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Northwest Community Hospital**Employer identification number**

36-2340313

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

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 Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	2,131,037				
b Contributions . . . . .	39,825				
c Investment earnings or losses . . . . .	-10,363				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	2,160,499				

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 53 %  
 b Permanent endowment ► 47 %  
 c Term endowment ► 0 %

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

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

Yes	No
3a(i)	No
3a(ii)	No
3b	Yes

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	1,789,072			1,789,072
b Buildings . . . . .	186,016,497	76,669,227		109,347,270
c Leasehold improvements . . . . .	137,486,396	71,326,997		66,159,399
d Equipment . . . . .	82,959,778	44,034,448		38,925,330
e Other . . . . .	175,284,187	7,311,094		167,973,093
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .			►	384,194,164

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INTEREST IN NET ASSETS OF NCHF	6,703,439	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
BOND ISSUANCE COSTS	6,045,171
Due from affiliates	668,730
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	• • • • • • • • • • • • ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PENSION OBLIGATION	41,261,601
DUE TO THIRD-PARTY PAYORS	30,142,728
ASSET RETIREMENT OBLIGATION	1,354,773
INTEREST RATE SWAP LIABILITY	1,078,769
DUE TO AFFILIATES	91,441
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ►	73,929,312

In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Description of intended uses of endowment funds	Schedule D, Part V, Line 4	Endowment funds are created according to hospital needs and designation or preferences of the donor(s) supporting the endowment fund. Scholarship funds, continued education, or funds for patient care in a hospital department designated by the endowment fund are examples of fund uses

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

## Hospitals

► To be completed by organizations that answer "Yes" to Form 990,  
Part IV, line 20.  
► Attach to Form 990.

Name of the organization  
Northwest Community Hospital

Employer identification number

36-2340313

## Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . .

b If "Yes," is it a written policy? . . . . .

2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_ %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .

5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .

b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .

c 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? . . . . .

6a Does the organization prepare an annual community benefit report? . . . . .

6b If "Yes," does the organization make it available to the public? . . . . .

	Yes	No
1a		
1b		
3a		
3b		
4		
5a		
5b		
5c		
6a		
6b		

## 7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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
a Charity care at cost (from worksheets 1 and 2) . . . . .						
b Unreimbursed Medicaid (from worksheet 3, column a) . . . . .						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total Charity Care and Means-Tested Government Programs</b> . . . . .						
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from worksheet 4) . . . . .						
f Health professions education (from worksheet 5) . . . . .						
g Subsidized health services (from worksheet 6) . . . . .						
h Research (from worksheet 7) . . . . .						
i Cash and in-kind contributions to community groups (from worksheet 8) . . . . .						
<b>j Total Other Benefits</b> . . . . .						
<b>k Total</b> (line 7d and 7j) . . . . .						

**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

**Part III Bad Debt, Medicare, and Collection Practices** (Optional for 2008)

**Section A—Bad Debt Expense**

**1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .

**2** Enter the amount of the organization's bad debt expense (at cost) . . . . .

**3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy

**4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

**Section B—Medicare**

**5** Enter total revenue received from Medicare (including DSH and IME) . . . . .

**6** Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

**7** Enter line 5 less line 6—surplus or (shortfall) . . . . .

**8** Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

Cost accounting system

Cost to charge ratio

Other

<b>9a</b>		
<b>9b</b>		

**Section C—Collection Practices**

**9a** Does the organization have a written debt collection policy? . . . . .

**9b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					

**Part V Facility Information (Required for 2008)**

**Part VI Supplemental Information** (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

## **2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves.

---

---

---

**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 charity care policy

\_\_\_\_\_

**4 Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

---

---

---

**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6 Provide any other information important to describing how the organization's hospitals 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.)

\_\_\_\_\_

7 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

---

---

---

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2008

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Northwest Community Hospital**Employer identification number**

36-2340313

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" 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)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		No
<b>2</b>		No
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 14.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		<p>Country Club Dues Schedule J, Part I, Lines 1a &amp; 1b The Hospital's CEO receives a \$10,000 stipend per year to be used for country club dues. This amount is included in taxable compensation on his W-2. The CEO and certain Vice Presidents receive additional compensation as a tax gross up to cover the income taxes on certain life, disability and long-term care insurance premiums. The provision of the CEO's stipend for country club dues is documented in his written contract, which is approved by the Board of Directors. Payments for tax gross ups are also approved by the Nomination and Compensation Committee of the Northwest Community Healthcare Board of Directors. Healthcare is the sole corporate member of the Hospital Supplemental nonqualified retirement plan Schedule J, Part I line 4b. Bruce Crowther, CEO, Michael Zenn, Executive Vice President, and Mark Lusson, Vice President, participate in a non-qualified supplemental retirement plan (SERP) sponsored by Northwest Community Hospital. The reasonable estimate of the increase in actuarial value of the SERP was \$73,527 for Mr. Crowther, \$27,642 for Mr. Zenn and \$4,173 for Mr. Lusson. These amounts are included in column (c) of Schedule J, Part II. Certain officers and key employees of Northwest Community Hospital participate in a Section 457(f) deferred compensation plan. Current year deferred amounts are included in Part VII line 1a, Column F and Schedule J, Part II Column C. Current year distributions of \$400,136 for Bruce Crowther, \$102,515 for Michael Zenn and \$36,590 for Mark Lusson are included in Part VII line 1a Column D and Schedule J Part II column B(III). Compensation based on revenues of the organization Schedule J, Part I, line 5a. Bonus payments of \$360,116 were made to Willis Parsons, MD, an employed gastroenterologist, under the terms of his written employment contract. The amount was based on a percentage of net revenues exceeding a certain specified threshold until a cap specified in the contract is reached. Non-fixed compensation payments Schedule J, Part I line 7. The CEO and Vice Presidents of the Hospital are eligible for an annual incentive compensation payment that is aligned with the strategic, financial, and operational goals of the organization. Performance measures are tracked at three levels. Threshold Measures, which constitute the minimum requirements that must be achieved in order to have an incentive payout, Organizational Measures, consisting of specific budget goals for operating margin, cost per case, market share, quality, etc., and Functional Measures, including personal goals that are quantifiable and time-specific. Weighting of the Organizational and Functional measures varies between executives depending on the relative importance of various projects assigned during the year. Actual amounts awarded are based on a combination of defined targets (15 - 25% of base pay) and discretionary amounts (5 - 10% of base pay). Maximum payable is 150% of the target. Amounts to be paid are recommended by the CEO and subject to approval by the Nomination and Compensation Committee of Northwest Community Healthcare, the sole member of the Hospital. Non-fixed compensation payments Schedule J, Part I line 7. A \$600,000 sign-on bonus was paid to Malcolm Bilmoria, MD under the terms of his employment contract which was signed in 2008. A \$50,000 one-time sign-on bonus was paid to Rameez Alasadi, MD under the terms of his employment contract signed in 2008.</p>

Schedule K  
(Form 990)

OMB No 1545-0047

## Supplemental Information on Tax Exempt Bonds

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.Name of the organization  
Northwest Community Hospital

Employer identification number

36-2340313

## Part I Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	45200FNR6	09-19-2008	151,075,932	SEE SCHEDULE O		X		X
B	illinois finance authority	86-1091967	45200FNU9	10-17-2008	43,410,000	SEE SCHEDULE O		X		X
C	Illinois Finance Authority	86-1091967	45200FNV7	10-17-2008	43,410,000	SEE SCHEDULE O		X		X

## Part II Proceeds (Optional for 2008)

		A	B	C	D	E										
							Yes	No								
1	Total Proceeds of Issue															
2	Gross Proceeds in Reserve Funds															
3	Proceeds in Refunding or Defeasance Escrows															
4	Other Unspent Proceeds															
5	Issuance Costs from Proceeds															
6	Working Capital Expenditures from Proceeds															
7	Capital Expenditures from Proceeds															
8	Year of Substantial Completion															
9	Were the bonds issued as part of a current refunding issue?															
10	Were the bonds issued as part of an advance refunding issue?															
11	Has the final allocation of proceeds been made?															
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?															

## Part III Private Business Use (Optional for 2008)

		A		B		C		D		E	
		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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 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 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<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>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

## Schedule L

## Transactions with Interested Persons

OMB No 1545-0047

2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- Attach to Form 990 or Form 990-EZ.
- To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Name of the organization**  
Northwest Community Hospital

**Employer identification number**

36-234031

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

**Part II      Loans to and/or From Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
James J Smith MD - Phys Practice Suppt		X	85,793	86,707	Yes			No	Yes	
Total				\$ 86,707						

### Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
Adam Skiba	SEE SCHEDULE O	74,123	Salary		No
Amy Skiba	SEE SCHEDULE O	68,807	Salary		No
Megan Stack-Sweet	SEE SCHEDULE O	47,521	Salary		No

2008

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**  
Northwest Community Hospital

**Employer identification number**

36-2340313

Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	Bruce Crowther, Director and CEO and James Bishop, Director, serve on the Northwest Community Hospital (Hospital) Board as well as on the boards of Wintrust Financial Corporation and Barrington Bank and Trust Company NA Michael Zenn, Hospital Officer, and James Bishop, Hospital Director, serve on the board of Village Bank and Trust (a Wintrust Bank) Hospital does not transact any business with Wintrust Financial, Barrington Bank or Village Bank and Trust Donald Torisky, Diane Hill and Thomas MacCarthy, all Hospital Directors, serve on the Board of Northwest Cultural Council, an unrelated organization

Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Question 6	Northwest Community Healthcare is the sole corporate member of Northwest Community Hospital As such, it elects or appoints the members of the Hospital's governing body and approves significant decisions

Identifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Question 7a	Northwest Community Healthcare is the sole corporate member of the Hospital As such, it elects or appoints the members of the governing body of the Hospital periodically or as vacancies arise

Identifier	Return Reference	Explanation
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	Northwest Community Healthcare is the sole corporate member of the Hospital As such, it must approve certain actions of the Hospital Action is taken by a majority vote of the Healthcare Board with a quorum present The Member (Healthcare) must approve the following types of decisions by the Hospital voluntary dissolution, merger, consolidation or sale or transfer of 10% or more of the Hospital's assets, sale of real property or interest therein, creation of a subsidiary or affiliate, annual and long-term capital and operating budgets, amendment, alteration or repeal of the Hospital's Articles of Incorporation or Bylaws, selection of auditors, appointment, removal and evaluation of Hospital Directors, debt or indebtedness, guarantees or borrowings, appointment, compensation, benefits and evaluation of officers, appointment and employment of the President, and actions taken by Trustees of the Northwest Community Hospital Employees Retirement Plan

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	A copy of the Form 990 was made available to the members of the Audit and Compliance Committee of the Northwest Community Healthcare (Healthcare) Board of Directors prior to filing Healthcare is the sole corporate member of the Hospital The Audit and Compliance Committee has been assigned the responsibility of reviewing Forms 990 for all affiliates of Northwest Community Healthcare After the review by the Audit Committee, the Form 990 was emailed to board members prior to filing

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	Each year, the conflict of interest policy and questionnaire is sent to present and past directors, officers and key employees Each response is reviewed by the General Counsel and those in which any actual or apparent conflict with the present role is disclosed, is reviewed by the CEO and Board Chairperson In the case of any conflict involving an entity or party with which the Hospital is dealing or competing, the person with the conflict may not participate in any decisions regarding that party Individuals who are independent contractors, officers, directors, or employees of other health care facilities in Northwest Community Hospital's service area may not serve on any Northwest Community Healthcare or related organization Board or Board committee In addition, the policy includes a sample conflict of interest disclosure letter to be used if a conflict arises after submission of the annual questionnaire and before the next Such disclosure letters would be reviewed as noted above at the time they are received

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a	The Nomination and Compensation Committee of the Northwest Community Healthcare (NCH) Board is responsible for setting the compensation of the CEO Compensation is reviewed using an external compensation firm, PINP, Inc The review also utilizes comparisons to similar organizations through review of Forms 990, use of comparison studies from the Metropolitan Chicago Healthcare Council and other sources The process is documented in the minutes of the Nomination and Compensation Committee

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15B	The Nomination and Compensation Committee of the Northwest Community Healthcare (NCH) Board is responsible for approving the compensation of the officers and key employees (vice presidents) of Northwest Community Hospital based on recommendations from the CEO The review utilizes comparisons to studies from the Metropolitan Chicago Healthcare Council and other sources The process is documented in the minutes of the Nomination and Compensation Committee

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt to Gen Public	Form 990, Part VI, Question 19	Governing documents and the conflict of interest policy are not made public Hospital's financial statements are included in the annual consolidated audit report of Northwest Community Healthcare and Subsidiaries These consolidated financial statements are available to the public via the Municipal Securities Rulemaking Board's Electronic Municipal Market Access (EMMA) website at <a href="http://www.msrb.emma.org">www.msrb.emma.org</a>

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

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public  
Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
 ► See separate instructions.

Name of the organization  
Northwest Community Hospital

Employer identification number

36-2340313

## Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
NORTHWEST COMMUNITY PHYSICIANS ASSN LLC 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 51-0457240	Patient care	IL	3,579,525	1,905,420	N/A
NCH SERVICE COMPANY LLC 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 26-3791362	Patient care	IL	996,901	1,554,278	NCPA LLC

## 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
NORTHWEST COMMUNITY HEALTHCARE 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 36-3125209	SUPPORTNG ORG	IL	501(C)(3)	11 TYPE II	NA
NORTHWEST COMMUNITY DAY SURGERY CTR 675 WEST KIRCHOFF ARLINGTON HEIGHTS, IL 60005 36-3540436	outptnt sugry	IL	501(C)(3)	3	NC HLTHCARE
NORTHWEST COMMUNITY HOSPITAL FOUNDATION 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 36-3125193	FUNDRAISING	IL	501(C)(3)	7	NC HLTHCARE

**Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
NORTHWEST COMMUNITY HEALTH SERVICES INC 800 W CENTRAL ROAD ARLINGTON HEIGHTS, IL60005 36-3312906	HEALTHCARE SVCS	IL	NA	C CORP			
NORTHWEST COMMUNITY CAPCO INC 800 W CENTRAL ROAD ARLINGTON HEIGHTS, IL60005 36-4027717	MANAGED CARE	IL	NA	C CORP	221,423	594,694	100 %
NCH CASUALTY INSURANCE SPC LIMITED 68 WEST BAY ROAD GRAND CAYMAN, CJ KY1-1102 CJ 98-0442062	INSURANCE	CJ	NA	C corp			
NCH Physicians Cooperative 800 W Central Road ARLINGTON HEIGHTS, IL60005 20-1830299	Group purchasing	IL	NA	C corp	0	0	100 %

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
<b>(1)</b>  <b>See Additional Data Table</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

## Part VI Unrelated Organizations Taxable as a Partnership

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.

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

	<b>(A) Name of other organization</b>	<b>(B) Transaction type(a-r)</b>	<b>(C) Amount Involved (\$)</b>
<b>(1)</b>	NORTHWEST COMMUNITY DAY SURGERY CENTER	q	4,462,033
<b>(2)</b>	NORTHWEST COMMUNITY DAY SURGERY CENTER	p	12,521,309
<b>(3)</b>	NORTHWEST COMMUNITY HOSPITAL FOUNDATION	q	128,951
<b>(4)</b>	NORTHWEST COMMUNITY HOSPITAL FOUNDATION	q	461,182
<b>(5)</b>	NORTHWEST COMMUNITY HOSPITAL FOUNDATION	c	1,616,684
<b>(6)</b>	NORTHWEST COMMUNITY HOSPITAL FOUNDATION	p	1,674,947
<b>(7)</b>	NPC - CYBERKNIFE	j	1,442,438
<b>(8)</b>	NPC - CYBERKNIFE	p	488,626
<b>(9)</b>	NORTHWEST COMMUNITY CAPCO	p	216,170

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Gary Skiba , Vice President	400			X			156,085	0	39,814
Willis Parsons MD , Employed Physician	400				X		1,799,777	0	11,995
Malcolm Bilimoria MD , Employed Physician	400				X		600,000	0	0
Rameez Alasadi MD , Employed Physician	400				X		537,950	0	18,913
Joel Goodnough MD , Employed Physician	400				X		308,125	0	27,081
Sotirios Markuly MD , Employed Physician	400				X		274,211	0	19,575

Identifier	Return Reference	Explanation
HOURS WORKED	PART VII, SECTION A, LINE 1A	The following individuals are employees of Northwest Community Hospital and generally work 40 hours per week. A portion of their regular work week is spent providing services to Northwest Community Day Surgery Center, Inc, Northwest Community Healthcare and Northwest Community Hospital Foundation, which are 501(c)(3) affiliates of the Hospital. Bruce K. Crowther (14 hours), Michael B. Zenn (9 hours), Leighton Smith (2 hours), Dale Beatty (2 hours) and Gail Finn (7 hours)

Identifier	Return Reference	Explanation
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2B	ALTHOUGH NORTHWEST COMMUNITY HOSPITAL DOES NOT ISSUE STAND-ALONE AUDITED FINANCIAL STATEMENTS, ITS RESULTS AND FINANCIAL POSITION ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF NORTHWEST COMMUNITY HEALTHCARE AND SUBSIDIARIES. NORTHWEST COMMUNITY HEALTHCARE IS THE SOLE CORPORATE MEMBER OF THE HOSPITAL. THE AUDIT AND COMPLIANCE COMMITTEE OF NORTHWEST COMMUNITY HEALTHCARE IS RESPONSIBLE FOR SELECTION OF THE INDEPENDENT AUDITORS AND OVERSIGHT OF THE AUDIT PROCESS

Identifier	Return Reference	Explanation
Description of purpose of Bond Issues	Schedule K, Part I	Issuer Name Illinois Finance Authority Issuer EIN 86-1091967 Cusip # 45200FNR6 Issue Price \$151,075,932 Description of Purpose Proceeds used for construction of a patient tower and parking garage, expansion and renovation of the Hospital's emergency department and surgery suites, relocation of certain departments on the Hospital's campus, and purchase of certain equipment used in the Hospital's business Issuer Name Illinois Finance Authority Issuer EIN 86-1091967 Cusip # 45200FNU9 Issue Price \$43,410,000 Description of Purpose Proceeds were used to repay a taxable loan, the proceeds of which were used, together with other funds, to redeem the Authority's Series 2002A Bonds (NW Community Hospital) in April 2008 Issuer Name Illinois Finance Authority Issuer EIN 86-1091967 Cusip # 45200FNV7 Issue Price \$43,410,000 Description of Purpose Proceeds were used to repay a taxable loan, the proceeds of which were used, together with other funds, to redeem the Authority's Series 2002A Bonds (NW Community Hospital) in April 2008

Identifier	Return Reference	Explanation
Business Transactions Involving Interested Persons - Relationship	Schedule L, Part IV	Name of Interested Person Adam Skiba Relationship between Interested person and the organization Son of Gary Skiba, Vice President (key employee) Name of Interested Person Amy Skiba Relationship between Interested person and the organization Daughter of Gary Skiba, Vice President (key employee) Name of Interested Person Megan Stack-Sweet Relationship between Interested person and the organization Daughter of Mary Stack, Vice President (key employee)

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-2340313  
**Name:** Northwest Community Hospital

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual Trustee	Institutional Trustee	Officer	Key Employee	Highest compensated employee			
M Shan Atkins , Director	1 0	X						0	0	0
James H Bishop , Director	1 0	X						750	0	0
Beth A Brooks , Director	1 0	X						0	0	0
Craig E Christell , Director	1 0	X						750	0	0
Dale J Garber , Director	1 0	X						0	0	0
Louis A Gatta , Director	1 0	X						0	0	550
Charles A Hempfling , Director	1 0	X						750	0	0
Diane G Hill , Director	1 0	X						0	0	350
Thomas P MacCarthy , Director	1 0	X						0	0	350
Allan S Malmed MD , Director	1 0	X						0	0	350
Louis J Marsico , Director	1 0	X						0	0	0
Arnold P Robin MD , Director	1 0	X						750	0	0
Ari N Shariatzadeh MD , Director/Med Staff Pres 2009	1 0	X						750	0	0
Gilbert A Sita MD , Director	1 0	X						0	0	150
James J Smith MD , Director	1 0	X						750	0	0
Donald D Torisky , Director	1 0	X						750	0	0
Cynthia Valukas MD , Director/Med Staff Pres 2008	10 0	X						48,750	0	0
Daniel P DiCaro , Chairperson	1 0	X	X					750	0	0
Max Brittain Jr , Vice Chairperson	1 0	X	X					0	0	550
Bruce K Crowther , President/CEO /Secretary	26 0	X	X					1,092,554	0	328,682
Michael B Zenn , Executive VP/COO/TREASURER	31 0		X					503,458	0	198,163
Gail A Finn , Vice President/CFO	33 0		X					248,490	0	37,275
Leighton Smith MD , Senior VP/Chief MeD OFFICER	38 0			X				477,612	0	181,898
Mark Lusson , Vice President	40 0			X				304,714	0	94,978
Dale Beatty , VP/Chief Nursing OFFICER	38 0			X				235,550	0	39,413
George Morris , VP/Chief InformatiON OFFICER	40 0			X				229,077	0	69,322
Mary P Stack , Vice President	40 0			X				185,646	0	67,790
Dawn Walden , Vice President	40 0			X				185,008	0	57,618
Angela Stefaniu , Vice President	40 0			X				162,764	0	62,588
Robert Klasek , Vice President	40 0			X				162,062	0	54,895

**Software ID:**  
**Software Version:**  
**EIN:** 36-2340313  
**Name:** Northwest Community Hospital

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Bruce K Crowther	(i) 488,913 (ii) 0	119,040 0	484,601 0	309,841 0	18,841 0	1,421,236 0	400,136 0
Michael B Zenn	(i) 310,063 (ii) 0	60,197 0	133,198 0	179,821 0	18,342 0	701,621 0	102,515 0
Gail A Finn	(i) 214,507 (ii) 0	16,675 0	17,308 0	36,388 0	887 0	285,765 0	0 0
Leighton Smith MD	(i) 394,349 (ii) 0	60,755 0	22,508 0	170,053 0	11,845 0	659,510 0	0 0
Mark Lusson	(i) 204,982 (ii) 0	32,915 0	66,817 0	86,038 0	8,940 0	399,692 0	36,590 0
Dale Beatty	(i) 212,454 (ii) 0	15,733 0	7,363 0	32,881 0	6,532 0	274,963 0	0 0
George Morris	(i) 211,681 (ii) 0	15,588 0	1,808 0	53,983 0	15,339 0	298,399 0	0 0
Mary P Stack	(i) 150,380 (ii) 0	11,245 0	24,021 0	58,112 0	9,678 0	253,436 0	0 0
Dawn Walden	(i) 161,598 (ii) 0	12,335 0	11,075 0	44,859 0	12,759 0	242,626 0	0 0
Angela Stefaniu	(i) 134,623 (ii) 0	10,833 0	17,308 0	44,376 0	18,212 0	225,352 0	0 0
Robert Klasek	(i) 128,984 (ii) 0	10,570 0	22,508 0	45,484 0	9,411 0	216,957 0	0 0
Gary Skiba	(i) 132,756 (ii) 0	0 0	23,329 0	24,651 0	15,163 0	195,899 0	0 0
Willis Parsons MD	(i) 1,422,507 (ii) 0	360,116 0	17,154 0	6,750 0	5,245 0	1,811,772 0	0 0
Malcolm Bilmoria MD	(i) 0 (ii) 0	600,000 0	0 0	0 0	0 0	600,000 0	0 0
Rameez Alasadı MD	(i) 470,519 (ii) 0	50,000 0	17,431 0	3,654 0	15,259 0	556,863 0	0 0
Joel Goodnough MD	(i) 289,733 (ii) 0	0 0	18,392 0	14,060 0	13,021 0	335,206 0	0 0
Sotirios Markuly MD	(i) 255,075 (ii) 0	0 0	19,136 0	14,043 0	5,532 0	293,786 0	0 0