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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: West Suburban Medical Center. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 3 Erie Court. Room/suite. City or town, state or country, and ZIP + 4: Oak Park, IL 60302

D Employer identification number: 36-2182170. E Telephone number: (847) 813-3727. G Gross receipts \$ 172,350,587

F Name and address of principal officer: Patricia Shehorn

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number: 0928

I Tax-exempt status: 501(c)(3)

J Website: www.reshealth.org

K Form of organization: Corporation. L Year of formation: 1935. M State of legal domicile: IL

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: John A Orsini CPA Treasurer. Date: 2011-05-16







Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name, EIN, Phone no

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

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes					
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		No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes					
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		No				
6	Did the organization maintain any donor advised funds or any similar funds or 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		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No				
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		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No				
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		No				
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 U S ? If "Yes," complete Schedule F, Part II		No				
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 U S ? If "Yes," complete Schedule F, Part III		No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	Yes					

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	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 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	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 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		No
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4a			
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		No
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		No
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		No
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ Nicola Byrne VP Finance 100 North River Road Des Plaines, IL 60016 (847) 813-3711

1b Total	5	5,445,435	505,025
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	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>		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
US Bank Corporate Trust PO Box 70870 St Paul, MN 551709705	Banking Services	1,533,953
Professional Anesthesiologists SC 185 Penny Road Suite B East Dundee, IL 60118	Anesthesiology Svcs	600,000
PCC Community Wellness 14 W Lake Street Oak Park, IL 60302	Residency Teaching	1,183,778
Fresenius Management Services Inc 16343 Collections Center Chicago, IL 60693	Dialysis Analysis	711,671
Diversified Emergency Service LLC 800 Oak Lane Westmont, IL 60559	Emergency Services	1,202,197

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **29**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	1,027,743				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	1,027,743				
Program Service Revenue	2a	Net Patient Revenue	162,310,304	162,310,304			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	162,310,304				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	-238,081			-238,081	
	4	Income from investment of tax-exempt bond proceeds . . . ▶	0				
	5	Royalties ▶	0				
	6a		(i) Real				
			(ii) Personal				
		b	Gross Rents	1,013,998			
		c	Less rental expenses				
	d	Rental income or (loss)	1,013,998				
	e	Net rental income or (loss) ▶	1,013,998			1,013,998	
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory				
c		Less cost or other basis and sales expenses					
d	Gain or (loss)						
e	Net gain or (loss) ▶	0					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 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 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						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . . ▶	0					
	Miscellaneous Revenue	Business Code					
11a	Reference Lab		109,086		109,086		
b	Other Revenue	900,099	2,861,561		2,861,561		
c	College of Nursing	611,600	5,265,976	5,265,976			
d	All other revenue						
e	Total. Add lines 11a-11d ▶		8,236,623				
12	Total revenue. See Instructions ▶		172,350,587	167,576,280	109,086	3,637,478	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	462,884	462,884		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	63,169,987	63,169,987		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,496,770	3,496,770		
9	Other employee benefits	9,490,386	9,490,386		
10	Payroll taxes	4,530,395	4,530,395		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	18,000	18,000		
c	Accounting	0			
d	Lobbying	38,677		38,677	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,969,593	2,969,593		
17	Travel	686,813	686,813		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	184,344	184,344		
20	Interest	2,168,011	2,168,011		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,692,605	8,692,605		
23	Insurance	-2,264,546	-2,264,546		
24	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)				
a	Supplies	23,802,548	23,802,548		
b	Purchased Services	9,709,947	9,709,947		
c	Loss on assets held for sale	52,208,266	52,208,266		
d	Centralized Services	18,366,100		18,366,100	
e	Bad Debt	18,617,409	18,617,409		
f	All other expenses	12,485,818	12,485,818		
25	Total functional expenses. Add lines 1 through 24f	228,834,007	210,429,230	18,404,777	0
26	Joint costs. Check here <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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	185,183	1	2,030,377
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	17,351,209	4	378,296
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	1,512,590	8	0
	9 Prepaid expenses and deferred charges	619,163	9	372,729
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c 0
	11 Investments—publicly traded securities	2,878,858	11	2,902,566
	12 Investments—other securities See Part IV, line 11		12	0
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	59,497,584	15	39,828,102
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,044,587	16	45,512,070	
Liabilities	17 Accounts payable and accrued expenses	13,032,003	17	11,162,984
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	153,363,362	25	52,683,216
	26 Total liabilities. Add lines 17 through 25	166,395,365	26	63,846,200
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-84,367,512	27	-18,334,130
	28 Temporarily restricted net assets	16,734	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-84,350,778	33	-18,334,130	
34 Total liabilities and net assets/fund balances	82,044,587	34	45,512,070	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
West Suburban Medical Center

Employer identification number

36-2182170

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **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).**
- 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).**
- 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
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- 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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 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**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047
2009
Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization West Suburban Medical Center	Employer identification number 36-2182170
--	--

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

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

(a) Filing Organization's Totals	(b) Affiliated Group Totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		22,381
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		16,296
j Total lines 1c through 1i			38,677
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization West Suburban Medical Center

Employer identification number 36-2182170

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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 for any other purpose conferring impermissible private benefit?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 the arrangement 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				

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	172,350,587
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	228,834,007
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-56,483,420
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	122,609,174
9	Total adjustments (net) Add lines 4 - 8	9	122,609,174
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	66,125,754

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	172,350,587
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	172,350,587
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	172,350,587

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

1	Total expenses and losses per audited financial statements	1	228,834,007
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	228,834,007
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	228,834,007

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Transfer to/from affiliated organizations \$122609174

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization West Suburban Medical Center

Employer identification number 36-2182170

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense (at cost)	2		
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	3		
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, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	48,071,079
6 Enter Medicare allowable costs of care relating to payments on line 5	6	42,654,255
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	5,416,824
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes
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	9b	Yes

Part IV Management Companies and Joint Ventures

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

Part VI Supplemental Information

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

See additional data

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

See additional data

- 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

See additional data

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

See additional data

- 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

See additional data

- 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)

See additional data

- 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

See additional data

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

IL

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
West Suburban Medical Center

Employer identification number

36-2182170

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 type="checkbox"/> Tax indemnification and gross-up payments | <input 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 any of the boxes in line 1a are 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 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 with respect to the filing organization or a related organization:

- 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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		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 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Tom Capobianco	(i)							
	(ii)	599,327		118,765	83,290	14,295	815,677	118,765
Scott A Levin	(i)	1					1	
	(ii)	234,807	2,282		31,366	20,581	289,036	
Sandra Bruce	(i)							
	(ii)	801,864		108,000	12,250	20,299	942,413	
Ronald Struxness	(i)							
	(ii)	655,938		147,174	12,250	22,322	837,684	67,974
Max L Harris	(i)	1					1	
	(ii)	238,437			23,941	4,000	266,378	
Kenneth Blair	(i)	1					1	
	(ii)	237,717	19,992		33,596	17,223	308,528	
Joseph F Toomey	(i)							
	(ii)	222,410				846	223,256	
Joan Ormsby	(i)							
	(ii)	245,273		20,414	26,924		292,611	20,414
Jay Kreuzer	(i)							
	(ii)	41,003		446,620	12,250	1,878	501,751	73,602
Ivette Estrada	(i)							
	(ii)	361,282		85,675	36,226	36,863	520,046	85,675
Isoken Koko	(i)	1					1	
	(ii)	378,700	48,870		27,750	16,471	471,791	
Deborah Davisson	(i)							
	(ii)	186,395		10,802	22,645		219,842	10,802
Daniel Torres	(i)	1					1	
	(ii)	189,259	44,429		21,256	6,503	261,447	

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
Sch J, Part III, Additional Information	Part III, Additional Information	Resurrection Health Care Corporation's (RHCC) Compensation and Benefits Committee Compensation establishes the compensation methodology used to determine key executive compensation and monitors the compensation for compliance including approving the compensation for all members of the affiliated group including Our Lady of the Resurrection Medical Center. The CEO of West Suburban Medical Center is paid by Resurrection Medical Center and her salary is included in this review. To assure that RHCC and its affiliates complies with Intermediate Sanctions guidelines on reasonable compensation, the RHCC Compensation and Benefits Committee monitors executive total compensation by approving all components of executive total compensation, positioning RHCC executive total compensation competitively and appropriately, annually reviewing and approving compensation changes for each executive, and reporting its activities regularly to the Resurrection Health Care Board. Avg. Hours Worked For Related Organizations Form 990, Part VII, Section A, Line 1A. The following individuals are employees of Resurrection Medical Center and generally work 40 hours per week. Approximately 1 hour of their regular work week is devoted to West Suburban Medical Center. Sandra Bruce, Joseph F. Toomey, Tom Capobianco, John Orsini, James Sykes, Jeannie C. Frey, Ronald Struxness, Star Novak, Ivette Estrada. The following individuals are paid by Resurrection Medical Center, the entity that pays all of the systems employees. They generally work 40 hours per week for West Suburban Medical Center. Jay Kreuzer, Patricia Shehorn, Joan Ormsby, Deborah Davison, Isoken Koko, Kenneth Blair, Max Harris, Scott Levin, Daniel Torres.
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	Incentive payments were made to the following physicians: Isoken Koko, Kenneth Blair, Scott Levin, Daniel Torres. Payments made as directed by the written employment agreement. The payments are paid if the physicians perform additional duties (on-call coverage, weekend coverage, etc.), meet certain productivity goals, or achieve other operating goals as defined in the contract.

Additional Data

Software ID:
Software Version:
EIN: 36-2182170
Name: West Suburban Medical Center

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493136066311**

<p>SCHEDULE O (Form 990)</p> <p>Department of the Treasury Internal Revenue Service</p>	<p>Supplemental Information to Form 990</p> <p>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</p> <p>▶ Attach to Form 990.</p>	<p>OMB No 1545-0047</p> <p>2009</p> <p>Open to Public Inspection</p>
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<p>Name of the organization West Suburban Medical Center</p>	<p>Employer identification number 36-2182170</p>
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Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	West Suburban Medical Centers articles of incorporation are on file with the State of Illinois Resurrection Health Care Corporation and Affiliates audited financial statements are available from the national dissemination agent as required by our bond documents Conflicts of interest policies are not made available to the public

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation at Resurrection Health Care Corporation (RHCC) and its affiliates is based upon a Board of Directors approved strategy that guides the corporations in establishing total compensation opportunities for the organization's executives The overall purposes of the RHCC total compensation program are to enable the organization to recruit, motivate, reward, recognize, and retain highly talented executives with the skills required to align performance measures with RHCCs Mission, Vision, and strategic initiatives, and to achieve outstanding results on a continuous basis To ensure RHC attracts and retains high quality executives with the appropriate skills, the organization uses external labor market data to validate its base salaries and total cash compensation opportunities The marketplace in which RHCC assesses total compensation is both regional and national in scope and is primarily comprised of comparable healthcare systems and hospitals To assure that RHCC complies with Intermediate Sanctions guidelines on reasonable compensation, the Board's Compensation and Benefits Committee closely monitors executive total compensation by approving all components of executive total compensation, positioning RHCC executive total compensation competitively and appropriately, annually reviewing and approving compensation changes for each executive, and reporting its activities regularly to the Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The compliance department coordinates an annual conflict of interest survey to determine the compliance with the conflict of interest policy and takes the required actions based on the survey results including reporting to the audit and compliance committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A copy of the finalized form will be made available to the West Suburban Medical Center Board of Directors before filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The sole member, Resurrection Health Care Corporation, elects members of the governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Corporation has one member, Resurrection Health Care Corporation

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Operated the College of Nursing to educate and train people for future service in health care

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization West Suburban Medical Center

Employer identification number

36-2182170

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Table with 6 columns: (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.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Table with 6 columns: (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.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Belmont Harlem Surgery Center 3101 North Harlem Chicago, IL60634 41-2237612	med svces	IL	N/A					No			No
RESHealth Sleep Care Center of River Forest 665 W North Avenue 500 Lombard, IL60148 26-2189763	med svces	IL	N/A					No			No
RESHealth Sleep Care Center of Evanston 665 W North Avenue 500 Lombard, IL60148 26-1519556	med svces	IL	N/A					No			No
RESHealth Sleep Care Center of Chicago Northwest 665 W North Avenue 500 Lombard, IL60148 26-1519627	med svces	IL	N/A					No			No
RESHealth Sleep Care Center of Lincoln Park 665 W North Avenue 500 Lombard, IL60148 26-1519667	med svces	IL	N/A					No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
L Gilbraith Insurance SPC Ltd 68 West Road PO Box 1109 Grant Cayman BF	Insurance	BF	RHCC	Foreign	-36,693	927,632	100 000 %
Resurrection Health Preferred 100 N River Road Des Plaines, IL60016 36-3974620	Mgd Care Contracting	IL	Resurrection Health Care Corporation	c corp	377,222	7,716,601	100 000 %
RFCC Support LLC 10101 Woodloch Forest Drive The Woodlands, TX77380 26-3026990	medical services	IL	West Suburban Medical Center	c corp			80 000 %

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

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)

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Resurrection Development Foundation	c	1,027,743
(2)	Resurrection Medical Center	o	124,060,299
(3)			
(4)			
(5)			
(6)			

Software ID: 09000047
Software Version: 2009v1.7
EIN: 36-2182170
Name: West Suburban Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Resurrection Ministries of New York 90 N Main Street Castelton, NY 12033 14-1720818	parent corp	NY	501 (c)(3)	3	Resurrection Health Care Corporation
Resurrection Development Foundation 150 N River Road Des Plaines, IL 60016 36-3330929	fundraising	IL	501 (c)(3)	7	Resurrection Health Care Corporation
Resurrection Home Health Services 5747 West Dempster Morton Grove, IL 60053 36-2893936	home care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Proviso Family Services dba Resurrecti 1820 South 25th Avenue Broadview, IL 60155 36-2709982	health care	IL	501 (C)(3)	3	Resurrection Health Care Corporation
Resurrection Services 7447 West Talcott Avenue Chicago, IL 60631 36-3330928	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Resurrection Senior Services 7435 West Talcott Avenue Chicago, IL 60631 23-7061646	senior living	IL	501 (c)(3)	3	Resurrection Health Care Corporation
West Suburban Health Services 3 Erie Court Oak Park, IL 60302 36-4286236	parent corp	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Saint Joseph Hospital 2900 North Lake Shore Drive Chicago, IL 60657 36-3200170	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Holy Family Health Care System Inc 100 N River Road Des Plaines, IL 60016 36-2439318	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Holy Family Medical Center 100 N River Road Des Plaines, IL 60016 36-3495969	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Saints Mary and Elizabeth Medical Ctr 2233 West Division Street Chicago, IL 60622 36-2171079	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Saint Francis Hospital 355 Ridge Avenue Evanston, IL 60202 36-2167800	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Westlake Community Hospital 1225 West Lake Street Melrose Park, IL 60160 36-1649520	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Our Lady of the Resurrection Medical Ctr 5645 West Addison Street Chicago, IL 60634 36-2644178	health care	IL	501 (c)(3)	3	Resurrection Health Care Corporation
Resurrection Medical Center 7435 West Talcott Avenue Chicago, IL 60631 36-3330926	health care	IL	501(c)(3)	3	Resurrection Health Care Corporation
Resurrection Health Care Corporation 7435 West Talcott Avenue Chicago, IL 60631 36-2235165	parent corp and senior living	IL	501(c)(3)	3	na

Additional Data

Software ID:
Software Version:
EIN: 36-2182170
Name: West Suburban Medical Center

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tom Capobianco Treasurer/CFO	1 00			X				0	718,092	97,585
Scott A Levin Physician	40 00					X		1	237,089	51,947
Sandra Bruce President & CEO	40 00	X		X				0	909,864	32,549
Ronald Struxness Dir/Group EVP	1 00	X		X				0	803,112	34,572
Michael De Haan MD Director	1 00	X						0	0	0
Max L Harris Program Director	40 00					X		1	238,437	27,941
Marianne Schiavone Director	1 00	X						0	0	0
Kevin P Cullinane MD Director	1 00	X						0	0	0
Kenneth Blair Medical Director	40 00					X		1	257,709	50,819
Joseph F Toomey President & CEO	1 00	X		X				0	222,410	846
John Orsini Treasurer/CFO	1 00			X				0	0	0
John Kirklakis MD Director	1 00	X						0	0	0
Joan Ormsby VP, COO	40 00				X			0	265,687	26,924
Jay Kreuzer Dir, EVP/CEO	40 00	X		X				0	487,623	14,128
Ivette Estrada Director	1 00	X						0	446,957	73,089
Isoken Koko Physician	40 00					X		1	427,570	44,221
Deborah Davisson VP, CNO	40 00				X			0	197,197	22,645
Daniel Torres Physician	0					X		1	233,688	27,759

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	23,802,548	23,802,548		
Purchased Services	9,709,947	9,709,947		
Loss on assets held for sale	52,208,266	52,208,266		
Centralized Services	18,366,100		18,366,100	
Bad Debt	18,617,409	18,617,409		

Additional Data

Software ID:

Software Version:

EIN: 36-2182170

Name: West Suburban Medical Center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Discount for Low-Income Uninsured Patients Financial Assistance/Charity Care discounts or discounted fee schedules is available for Medically Necessary Hospital Services provided to Uninsured Patients who are unable to pay all or part of the otherwise applicable charge for their care due to financial need, as documented in accordance with this Policy Patients demonstrating financial need based on household income at or below one hundred percent (100%) of the Federal Poverty Level, combined with a general lack of liquid assets, will receive a one hundred percent (100%) discount on Medically Necessary Hospital Services Patients generally lacking liquid assets who have household income between one hundred percent (100%) and up to four hundred percent (400%) of the Federal Poverty Level will receive a sliding-scale discount for such hospital care, at levels approved by the RHC Executive Leadership Team Payment Caps Under Illinois Uninsured Patient Discount Act To the extent required by the Illinois Uninsured Patient Discount Act, and subject to other eligibility standards and exclusions as set forth by such law including standards based on asset level, Uninsured Patients who are Illinois residents having household income of up to six hundred percent (600%) of the Federal Poverty Level shall not be required to pay to an RHC hospital more than twenty five percent (25%) of such patient's family gross income within a twelve (12) month period Other Payment Caps An Uninsured Patient who is eligible for Financial Assistance/Charity Care at an RHC Hospital pursuant to the criteria set forth in Section 5 1 or 5 3 below shall be eligible for a payment cap based on RHC's charitable commitment to catastrophic medical expenses assistance based on medical indigence, as follows For an eligible Uninsured Patient who demonstrates that s/he has a household income of four hundred percent (400%) or less of the Federal Poverty Level, such patient's payment obligation within any 12-month period is limited to the higher of (a) ten percent (10%) of the patient's annual gross household income, or (b) ten percent (10%) of the patient's Non-Retirement Household Liquid Assets For an eligible Uninsured Patient who demonstrates that s/he has a household income over four hundred percent (400%) of the Federal Poverty Level, or less, such patient's payment obligation within any 12-month period is limited to the higher of (a) fifteen percent (15%) of annual gross household income, or (b) fifteen percent (15%) of the patient's Non-Retirement Household Liquid Assets Financial Assistance/Charity Care for Insured Patients Subject to insurance and governmental program restrictions (which may limit the ability to grant a discount on co-pays or deductibles, versus discounts on co-insurance), insured individuals, federal program beneficiaries and other individuals who are not automatically eligible for Financial Assistance/Charity Care hereunder but who demonstrate medical indigence or other financial need, may receive a Financial Assistance/Charity Care discount in similar or different amounts as are available to Uninsured Patients under this policy, as determined appropriate under the circumstances by RHC Patient Financial Services Discounts for Uninsured, Medically Indigent Patients Uninsured Patients whose household income is greater than four hundred percent (400%) of the Federal Poverty Level or who do not meet the automatic eligibility criteria set forth in Section 5 below, will nevertheless be eligible to receive a financial assistance/charity care discount based on a determination of medical indigence, by virtue of having medical bills from an RHC hospital in an amount equal to or greater than fifteen percent (15%) of their household income and available assets Such Financial Assistance/Charity Care discount for uninsured higher income but medically indigent patients shall be one that is reasonable in relation to the individual patient's household financial circumstances and the health status of the patient

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

A system wide Community Benefit Report is filed by Resurrection Health Care and its affiliates. The 2010 Community Benefit Report entitled "stronger together" is available on www.reshealth.org

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Our total expense from Form 990, Part IX, line 25, column (A) was \$228,834,007. The bad debt expense included in this amount was \$18,617,409. For purposes of calculating line 7, column (f), West Suburban Medical Center used the total expense which includes bad debt expense.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The footnotes to Resurrection Health 's audited financial statements do not specifically address bad debt expense. The costing methodology used in determining the amounts reported in line 2 is based on the ratio of patient costs to charges. The bad debt (at cost) was calculated by applying the organization's cost to charge ratio to the organization's provision for uncollectible accounts receivable.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection policies are the same for all RHC entities which includes West Suburban Medical Center's patients. Patients are notified of West Suburban Medical Center's financial assistance policy at time of registration via posted notifications and on every account statement that is sent. We make this available in a number of languages. On receipt of the information, we will determine eligibility for financial assistance and notify the patient as quickly as possible. The Hospital does not pursue collection of amounts from patients who are being reviewed for financial assistance eligibility or who are determined to qualify for charity care. If at any point in the collection process, documentation is received that indicates the patient is potentially eligible for financial assistance but has not applied for it, the account is referred back for a financial assistance review. In addition, all patients having difficulty paying their bills are directed to financial counselors. The financial counselors will work with our patients to qualify them for charity care or government program such as Medicaid. After a patient meets the qualifications for financial assistance, the account balance is either partially or entirely written off in accordance with our financial assistance policy. If there is any remaining balance, only that balance would be subject to our debt collection policy. If a patient has requested and/or filled out a financial aid application, all debt collection activities stop until eligibility for financial assistance can be determined. Our policy provides that once we have received the necessary documentation we will not refer any accounts for collection until we can determine whether the individual is insured and not eligible for financial assistance.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

West Suburban Medical Center does not have any organizations that are not licensed

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The State of Illinois, Office of the Attorney General In Illinois, the Attorney General requires that we report charity care based on the cost-to-charge ratio of the Medicare Cost Report and gives the option of reporting bad debt as cost or charges Needs Assessment (continued)9 The Heartland Alliance is an independent, non-sectarian, non-profit organization serving more than 200,000 people annually The 2010 Report on Illinois Poverty contains poverty data from 2008 and therefore do not fully capture the effects of the recession 10 Illinois Department of Public Health (IDPH) publishes The Illinois Project for Local Assessment of Needs (IPLAN), a community health assessment and planning process and online tool that is conducted every five years (2006 is most current data) by local health jurisdictions in Illinois Internal Sources for Assessing Community Needs1 Resurrection Health Care's Strategic Planning Process, includes comprehensive assessments of service area demographics, identified needs, health care trends, market share, financial outcomes, capital needs, and other factors 2 RES-INFO is a widely utilized Resurrection Health Care telephone service/contact center that provides nurse advice, physician referrals, health information and health care class registrations to callers Staffed by clinicians and other professionals, community members access RES-INFO by utilizing a toll-free number and the RHC Website Summary reports indicate the types of health care providers callers seek, the symptoms they need assistance with, the health information they are seeking, and the health classes and seminars they would like to take 3 The Resurrection Health Care Website (www.reshealth.org) provides an online health information library as well as information related to the full continuum of available health care services, the Resurrection financial assistance program, educational programs and screenings, an online physician search and online job application system, to name a few of the available topics A parallel version of the site is also available in Spanish Regular review of site usage statistics provides useful information about the health concerns of website visitors 4 Resurrection Health Care clinical educators, health educators and physicians supply significant empirical research on the needs of the community Resurrection Health Care operates several clinics in and around each hospital Clinical and professional staffs also obtain patient data through health education, health screenings, health fairs and other clinical encounters

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

In order to ascertain the health care needs of the community served by Resurrection Health Care, a number of internal and external sources were reviewed. The quantitative data focused on published health status indicators as well as our own direct measures of expressed community needs (via phone calls, website and survey responses), while the qualitative data relied upon the direct experience of RHC staff with clinical and health education responsibilities.

External Sources for Assessing Community Needs

- 1 Chicago Department of Public Health - Casting Chicago's Health Care Safety Net: A 12-Year Review of Chicago's Community-Based Primary Care System. The report highlights the changes that occurred in Chicago's community-based health care safety net system between 1990-2002. The report also explores, for the same 12-year period, changes in related indicators: general population characteristics, health status and insurance coverage.
- 2 We Plan 2005-2010 (in conjunction with The Cook County Department of Public Health) summarizes the process of assessment - a systematic collection and analysis in order to provide a basis for decision making and community strategic planning. We Plan 2005-2010 is a compilation of data and analysis, measurable objectives, available resources, interventions and preliminary implementation steps for three priority health indicators: chronic disease, violence and access to care.
- 3 Taking a Closer Look at Illinois Uninsured (2009 edition) published by the Gilead Outreach & Referral Center, documents the most current demographics of uninsured individuals and families in Illinois. The report demonstrates that 1.6 million Illinoisans still lack basic health care coverage.
- 4 The Community Needs Index (CNI) is a standardized community need assessment tool offered by Thomson Reuters that demonstrates the link between community need and access to care. The CNI is a strong indicator of a community's demand for health care services. Specifically, the CNI score is an average of five different barrier scores that measure various socioeconomic indicators of each community: income, cultural, education, insurance and housing. The CNI tool uses a scale of 1 to 5: a score of 1 indicates the least need while a score of 5 represents the most need. This tool was applied to the Resurrection Health Care service area.
- 5 Metropolitan Chicago Healthcare Council (MCHC) Needs Assessment is a comprehensive, data driven approach to determine the health status, and understand the behaviors and needs of the residents of Cook, Lake, and DuPage counties. This study can be used to address and understand the needs of individual communities.
- 6 2009 Report on Chicago Region Poverty. In this ninth annual comprehensive analysis of poverty indicators in Illinois, the report explains that unemployment and poverty are correlated, rising unemployment precipitates an increase in poverty. With the Illinois unemployment rate already over 9 percent, the ripple effect on Illinoisans is severe, according to researchers.
- 7 Healthy People 2020 is an updated initiative by the U.S. Department of Health and Human Services, composed of federal, state and territorial departments, to strategically focus on initiatives which can be measured and which promote healthy living and disease prevention. Their website offers information on many leading indicators that are currently being measured. In addition, all community benefit activities are reported and organized using the Community Benefit Inventory for Social Accountability (CBISA) software which utilizes the Healthy People 2010/2020 categories in its database.
- 8 Metro Chicago Information Center (MCIC) is an organization that details information on community needs assessments for the city of Chicago. The information identifies the demographics and community needs by categorizing the city into six distinct areas or communities.

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

The hospital maintains effective methods of communicating the availability of Financial Assistance/Charity Care discounts to all patients, in multiple appropriate media and in multiple appropriate languages. The mechanisms that the Hospital will use to communicate the availability of Financial Assistance/Charity Care will include, but are not limited to the following:

- 1 Signage: Signs shall be conspicuously posted in the admission, registration and other appropriate areas of the hospital stating that patients may be eligible for Financial Assistance/Charity Care discounts, and describing how to obtain more information, including identification of appropriate hospital representatives by title. Such signs shall be prepared in English, Spanish, and any other language that is the primary language of at least 5% of the patients served by the hospital annually.
- 2 Provision of Financial Assistance Materials to Uninsured Patients: RHC hospitals will provide a summary of its Financial Assistance Programs and a Financial Assistance application to all persons receiving hospital care that it identifies as Uninsured Patients at the time of in-person registration, admission, or such later time at which the patient is first identified as an Uninsured Patient. For patients presenting in the Emergency Department, all RHC hospitals will provide such Financial Assistance materials at such time and in such manner as is consistent with their obligations under EMTALA to assess and stabilize the patient before making inquiry of the patient's ability to pay.
- 3 Brochures: Brochures, information sheets and/or similar forms of written communication regarding the hospital's Financial Assistance/Charity Care policy shall be maintained in appropriate areas of the hospital (e.g., the Emergency Department, organized registration areas, and the Business Office) stating in at least English, Spanish and Polish, that the hospital offers Financial Assistance/Charity Care discounts, and describing how to obtain more information.
- 4 Website: Each RHC's section of the Resurrection Health Care website must include a notice in a prominent place that financial assistance is available at the hospital, a description of the financial assistance application process, and a copy of the RHC hospital financial assistance application form.
- 5 Billing Notices: Each RHC hospital shall include a note on or with the Hospital bill and/or statement regarding the hospital's Financial Assistance/Charity Care program, and how the patient may apply for consideration under this program.
- 6 Financial Counselors: Each RHC hospital shall have one or more financial counselors whose contact information is listed or provided with other information concerning the hospital's Financial Assistance/Charity Care discount program, who are available to discuss eligibility and other questions concerning the program, and to provide assistance with applications.
- 7 Notification of Determination: When an RHC hospital has made a determination that a patient's bill is discounted or adjusted in whole or in part based on a determination of financial need, the hospital will notify the patient of such eligibility determination, and that there is no further collection action taken on the discounted portion of the patient's bill.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

To determine our core community, a comprehensive list of factors were considered including inpatient, outpatient and emergency department patient origin, facility location, inpatient market share, net Resurrection Health Care market share, and ongoing community outreach efforts - Oak Park- 60301, 60302, 60304 River Forest- 60305 Belmont Cragin- 60639 Chicago-Austin- 60644 Chicago-Humboldt Park- 60651 Elmwood Park- 60707 Demographic Information (Based on 2007 data)-The West Suburban Medical Center core community has a total population of 329,939, which is projected to decrease 1.6% by year 2012 -Within the core community there are a total of 104,510 households. The median home value is 271,896 and the median age is 32 -The core community is racially/ethnically diverse (32% Hispanic, 42% Black, 23% White, and 1.6% Asian) -The core community has an average household income of \$49,124 with a 10.8% unemployment rate -The population within the core community has varying levels of education with 20.5% holding a bachelor's degree or greater - Resurrection Health Care hospitals offer either personal or telephonic medical interpretation services. There were 20,965 medical interpretations provided via telephone alone in FY10 across the system, in 77 different languages Health Status Information -Within the West Suburban Medical Center core community, 26% of the population is uninsured based on 2007 data Belmont/Cragin have the highest number of uninsured (29,563) within the core community -A majority of the core community is at high risk for not having received breast cancer and/or cholesterol screening and not engaging in monthly exercise -In 2003 West Suburban Medical Center core community's leading cause of death was heart disease. The second leading cause of death was cancer.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Chicago is a diverse city of unique neighborhoods. West Suburban Medical Center, like all Resurrection Health Care hospitals, has a Neighborhood Community Relations Committee made up of representatives of the hospital, local clergy, business groups, community service agencies and elected officials. These committees work together to identify community health needs and devise strategies and tactics to address those health needs together, with an overall goal of improving the health status of the community. Resurrection Health Care is part of Building a Healthier Chicago (BHC), a collaborative of local and national stakeholders working to strengthen efforts to promote the health of Chicago residents. BHC seeks to create integrated, effective and sustained community-wide partnerships for health promotion. Its goal is to improve the health of Chicago residents by providing information on policies and programs to help promote healthier lifestyle choices for Chicago residents as well as the prevention and treatment of high blood pressure.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

The hospital's Board of Directors is composed of physicians, senior officers and community representatives. The primary focus of the Hospital Boards is on quality and performance improvement, including oversight of physician credentialing decisions. West Suburban Medical Center has an open medical staff and extends privileges to qualified physicians in the community. As a not-for-profit organization, Resurrection Health Care applies surplus funds to improvements in patient care, medical education and research. Hospitals in the system which have negative operating margins, are able to continue to benefit from such investment because they are part of a system. New Services and Technologies and Capital Improvements - \$81.7 million invested in capital improvements planned between 2002 and 2009 including construction of a new Emergency Department and deferred maintenance investments - \$6 million allocated to West Suburban Medical Center between 2002 and 2009 for providing and upgrading health information technology systems to facilitate the delivery of safer, more efficient patient care - For almost 100 years West Suburban has been home to the West Suburban College of Nursing. The College is an upper division specialty nursing college with 250 nursing students. There are currently 650 former students employed in the City of Chicago. Improving the Health of Our Community - Reach Out program annually helps over 500 uninsured individuals gain access to essential resources such as medical care, housing and employment - Monthly physician lectures and health screenings on various topics offered to more than 100 participants - Neighborhood Advisory Committee established to obtain community input from area residents regarding the construction of a new Emergency Department - Community leaders participate on the West Suburban Neighborhood Community Relations Committee to create a community-wide partnership to improve our community's health.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

A single governance structure for the system includes board members from the community, physicians, senior officers and external business and health care executives with an interest in serving Resurrection Health Care's communities. All Resurrection Health Care facilities have robust community relations and patient and family focused care initiatives. While each community is different, similar methods of community engagement are employed at each hospital. The Resurrection Development Foundation is an Illinois not-for-profit corporation organized to solicit, receive and account for charitable contributions that benefit all Resurrection Health Care entities. The mission of the Foundation is to build relationships and develop partnerships across Chicago to enhance Catholic-sponsored health care services to all who need them.