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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Northwest Community Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

800 WEST CENTRAL ROAD
Suite

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

ARLINGTON HEIGHTS, IL 60005

F Name and address of principal officer

STEPHEN O SCOGNA
800 WEST CENTRAL ROAD
ARLINGTON HEIGHTS,IL 60005

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.nch.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1953

M State of legal domicile

IL

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities NCH OPERATES AN ACUTE HOSPITAL IN ARLINGTON HEIGHTS, IL THE HOSPITAL EXISTS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE AND TO MEET INDIVIDUALS' HEALTHCARE NEEDS	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	3,603
	6	Total number of volunteers (estimate if necessary)	840
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,505,503
	b	Net unrelated business taxable income from Form 990-T, line 34	-262,988
Revenue		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,494,1872,940,570
	9	Program service revenue (Part VIII, line 2g)	432,581,609434,046,573
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,727,9071,027,850
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,914,2338,448,066
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	441,717,936446,463,059
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	229,307191,136
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	232,064,994217,073,788
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	195,422,176204,942,027
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	427,716,477422,206,951
	19	Revenue less expenses Subtract line 18 from line 12	14,001,45924,256,108
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	624,911,391591,637,716
	21	Total liabilities (Part X, line 26)	432,284,393406,770,741
	22	Net assets or fund balances Subtract line 21 from line 20	192,626,998184,866,975

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

STEPHEN O SCOGNA PRESIDENT/CEO

Type or print name and title

2015-07-30

Date

Print/Type preparer's name

TAMARA TARAZI

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01266026

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

155 N Wacker Drive
Chicago, IL 60606

Phone no

(312) 879-2000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

NORTHWEST COMMUNITY HOSPITAL EXISTS TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES AND TO MEET INDIVIDUALS' HEALTHCARE NEEDS IT STRIVES TO BE KNOWN FOR ITS SINGULAR FOCUS ON PROVIDING A COMPREHENSIVE, PATIENT-CENTERED SYSTEM OF CARE THAT SURPASSES EVERY EXPECTATION FOR EXCELLENCE (IN QUALITY AND SERVICE)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No





















If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 43,906,773 including grants of \$) (Revenue \$ 43,288,170)
	CARDIAC NORTHWEST COMMUNITY HOSPITAL'S (HOSPITAL) CARDIAC SERVICE LINE PROVIDED QUALITY, PATIENT CENTERED, COMPASSIONATE CARE, REGARDLESS OF ABILITY TO PAY, TO APPROXIMATELY 31,464 INPATIENTS AND OUTPATIENTS DURING FY 2014 THE TREATMENT WAS PROVIDED IN HOSPITAL'S STATE-OF-THE-ART DIGITAL CARDIAC CATH LAB SUITES, INCLUSIVE OF ITS HIGH TECH OPERATING ROOMS AND PRIVATE FAMILY CENTERED PATIENT CARE ROOMS ALL AT A COST OF NEARLY \$43,900,000 AN ON-CALL TEAM OF NURSES, RADIOLOGY TECHS, OR TECHS, CARDIOLOGISTS AND SURGEONS WERE READILY AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, TO PROVIDE EMERGENT CARE TO THOSE WITH CARDIAC DISEASE THE CARDIAC TEAM WORKS WITH THE EMERGENCY ROOM AND MULTIPLE NEIGHBORING COMMUNITY PARAMEDICS AND EMERGENCY PERSONNEL TO CONSISTENTLY EXCEED THE NATIONAL BENCHMARK OF DOOR TO BALLOON TIME (OR OPEN ARTERY) IN LESS THAN 90 MINUTES FOR PATIENTS PRESENTING IN HOSPITAL'S EMERGENCY ROOM HAVING AN ACUTE MI NCH HAS BEEN RECOGNIZED AS AN ACCREDITED ECHO LAB BY THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF ECHOCARDIOGRAPHY LABORATORIES (ICAEL) SINCE 2000 NOT ONLY DOES NCH PROVIDE THE FULL SCOPE ON NON INVASIVE CARDIAC DIAGNOSTIC TESTING AT MULTIPLE SITES IN THE COMMUNITY BUT IN 2014, NCH OPENED THE ATHERTON HEART FAILURE CLINIC (HF CLINIC) THE HF CLINIC PROVIDES A TRANSITIONAL CARE MODEL THAT IS BASED ON PATIENTS WITH HEART FAILURE BEING SEEN IN THE CLINIC BY ADVANCED CARE PRACTITIONERS AND CARDIOLOGISTS WITH 24 HOURS OF HOSPITAL DISCHARGE THE MULTIDISCIPLINARY TEAM INCLUDING DIETICIANS, SOCIAL WORKERS, PHARMACISTS AND NURSES PROVIDE ONGOING CARE TO PATIENTS AND THEIR FAMILIES IN THE COMMUNITY SETTING ENSURING CARE IS DELIVERED IN THE APPROPRIATE SETTING AND REDUCING AVOIDABLE READMISSIONS TO THE ACUTE CARE SETTING NCH HAS EXPERIENCED A SIGNIFICANT DECREASE IN HOSPITAL READMISSIONS FOR BOTH THE HEART FAILURE AND ACUTE MI PATIENT POPULATIONS DIRECTLY RELATED TO STRATEGIES DURING THE HOSPITALIZATION AND IN THE POST ACUTE CARE SETTING TELEHEALTH MEDICINE AND HOME HEALTH ARE INTEGRAL PARTS OF THE POST ACUTE CARE MODEL NCH HAS IMPLEMENTED FOR CARDIAC PATIENTS IN ADDITION, NCH HAS ONE OF THE LARGEST CARDIAC AND PULMONARY REHAB PROGRAMS IN THE STATE OF ILLINOIS THAT HAS FURTHER ASSISTED CARDIAC AND PULMONARY PATIENTS IN RETURNING AND MAINTAINING AN OPTIMAL STATE OF HEALTH FOLLOWING A CARDIAC EVENT THE CARDIAC DEPARTMENT ALSO PROVIDES MULTIPLE SCREENING AND EDUCATION PROGRAMS DURING 2014, HOSPITAL HOSTED A COMMUNITY EVENT WHERE BLOOD PRESSURE, CHOLESTEROL AND BMI SCREENINGS WERE USED TO CALCULATE AN INDIVIDUAL'S RISK OF DEVELOPING HEART DISEASE FOR A MINIMAL FEE IN ADDITION, PHYSICIANS PROVIDED EDUCATION ON HEART HEALTH AND WELLNESS OVER 300 PEOPLE PARTICIPATED IN THE EVENT EVENT
4b	(Code) (Expenses \$ 28,758,164 including grants of \$) (Revenue \$ 43,370,998)
	GASTROENTEROLOGY HOSPITAL'S GASTROENTEROLOGY (GI) CENTER PROVIDES QUALITY, PATIENT CENTERED, COMPASSIONATE CARE FOR PATIENTS, REGARDLESS OF ABILITY TO PAY, IN NEED OF DIAGNOSTIC AND THERAPEUTIC ENDOSCOPIC PROCEDURES THE GI CENTER HAS BECOME A REGIONAL REFERRAL CENTER FOR PATIENTS IN NEED OF INTERVENTIONAL PROCEDURES INCLUDING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY AND ENDOSCOPIC ULTRASOUND A STATE-OF-THE-ART INTERVENTIONAL SUITE OFFERS PATIENTS ACCESS TO SUPERIOR QUALITY CARE BY PROVIDING DIGITAL IMAGING HOSPITAL'S INTERVENTIONAL TEAM IS LED BY AN EXPERT INTERVENTIONAL PHYSICIAN AND AN INTERVENTIONAL PROCEDURE CONSULTANT THIS TEAM PROVIDES SAME-DAY CARE FOR PATIENTS IN AND BEYOND HOSPITAL'S SERVICE AREA WHO ARE IN NEED OF INTERVENTIONAL PROCEDURES IN FY 2014 THE GI CENTER PROVIDED SERVICE FOR 29,291 PATIENTS
4c	(Code) (Expenses \$ 36,943,345 including grants of \$) (Revenue \$ 33,919,872)
	GENERAL SURGERY HOSPITAL'S GENERAL SURGERY SERVICE LINE PROVIDED QUALITY, PATIENT CENTERED, COMPASSIONATE CARE, REGARDLESS OF ABILITY TO PAY, TO 3,419 GENERAL SURGICAL PATIENTS (INPATIENT AND OUTPATIENT) IN THE MAIN OR DURING FY 2014 PROCEDURES WERE PERFORMED IN STATE-OF-THE-ART OPERATING ROOMS WHICH INCLUDE THREE DEDICATED MINIMALLY INVASIVE SURGERY SUITES THE GENERAL SURGERY PROGRAM PROVIDES CARE FOR BOTH PEDIATRIC AND ADULT POPULATIONS IN FY 2011, HOSPITAL PARTNERED WITH CHILDREN'S MEMORIAL HOSPITAL TO IMPLEMENT A NEONATAL SURGERY PROGRAM TO SUPPORT ITS NEW LEVEL 3 NICU THE GENERAL SURGERY PROGRAM ALSO INCLUDES A COMPREHENSIVE DAVINCI ROBOTIC PROGRAM THAT SUPPORTS GYNECOLOGY, UROLOGY AND GENERAL SURGICAL PROCEDURES AND HAS SERVED AS A TRAINING EPICENTER FOR OB-GYN SURGEONS FROM ACROSS THE COUNTRY NCH IS ALSO KNOWN AND RESPECTED AS A DEDICATED PANCREATIC SURGERY PROGRAM THAT PERFORMS THE MOST COMPLEX PROCEDURES OTHER SERVICE LINES IN SURGICAL SERVICES INCLUDE CARDIOVASCULAR, VASCULAR, THORACIC, NEUROSURGICAL AND ORTHOPEDICS AND ENT SURGICAL SERVICES ARE PROVIDED 24 HOURS-A-DAY, 7 DAYS-A-WEEK WITH A DEDICATED SURGICAL PREP AREA AND MULTIPHASE POST ANESTHIA CARE UNIT (PACU) THAT IS ALSO AVAILABLE 24 HOURS-A-DAY, 7 DAYS-PER-WEEK THE PROGRAM IS DESIGNATED A LEVEL 2 TRAUMA CENTER A MULTIDISCIPLINARY TEAM HAS WORKED TO IMPROVE OUTCOMES IN THE SURGICAL CARE IMPROVEMENT PROJECT'S CORE MEASURES AREAS OF CONCENTRATION INCLUDE ANTIBIOTICS ADMINISTERED WITHIN 60 MINUTES OF INCISION, APPROPRIATE ANTIBIOTICS ADMINISTERED, ANTIBIOTICS DISCONTINUED WITHIN 24 HOURS, APPROPRIATE HAIR REMOVAL, URINARY CATHETER REMOVED POST-OP DAY 1 OR 2, SURGERY TEMPERATURE MANAGEMENT, BETA BLOCKER PRIOR TO SURGERY AND VTE PROPHYLAXIS THE MAJORITY OF HOSPITAL'S OUTCOME MEASURES WERE AT OR ABOVE BENCHMARK LEVELS SURGICAL SERVICES ALSO PRIDES ITSELF ON ITS MULTIDISCIPLINARY PATIENT SAFETY TEAM THAT IS LEAD BY THE CHIEF OF ANESTHESIA AND IS RESPONSIBLE FOR ENSURING PATIENT SAFETY PRACTICES ARE IN PLACE IN ALL AREAS OF THE DEPARTMENT
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 221,955,811 including grants of \$ 191,136) (Revenue \$ 313,467,533)
4e	Total program service expenses ▶ 331,564,093

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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	Yes	
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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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 (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization LIN YE 3060 W Salt Creek Lane Arlington Heights, IL 60005 (847) 618-4606	

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

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

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	7,630,811	206,144	808,107

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 270

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS USA Inc, DEPT CH 14195 PALATINE IL 60055	IT SUPPORT	1,963,170
GE HEALTHCARE, PO BOX 96483 CHICAGO IL 60693	EQUIP MAINTENANCE	1,597,861
HLS WHEELING LLC, 13028 COLLECTION CENTER DR CHICAGO IL 60693	LAUNDRY SERVICES	1,486,957
MCKESSON, 210 OLD FARM RD AMHERST MA 01002	IT SUPPORT	1,482,870
NORTHWESTERN MEDICAL FACULTY FND, 680 N LAKESHORE DR STE 1118 CHICAGO IL 60611	NEURO-VASCULAR SVCS	1,274,267

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►115

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	0					
	d	Related organizations 1d	2,933,709					
	e	Government grants (contributions) 1e	6,861					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$	0					
	h	Total. Add lines 1a-1f	2,940,570					
Program Service Revenue			Business Code					
	2a	Net Patient Services	622110	407,993,804	407,993,804	0	0	
	b	Lab Services	621500	21,812,956	20,307,453	1,505,503	0	
	c	HEALTH INFORMATION SYSTEM	900999	2,548,553	2,548,553	0	0	
	d	Classes and Training	611430	1,033,508	1,033,508	0	0	
	e	Nursing Services	623000	38,369	38,369	0	0	
	f	All other program service revenue		619,383	619,383		0	
	g	Total. Add lines 2a-2f		434,046,573				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,147,755			1,147,755	
	4	Income from investment of tax-exempt bond proceeds		8			8	
	5	Royalties		0				
	6a	(i) Real						
		2,665,878						
		1,308,141						
		1,357,737						0
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		1,357,737			1,357,737	
	7a	(i) Securities						
		88,974,329						71,002
		89,092,859						72,385
		-118,530						-1,383
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		-119,913			-119,913	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		0				
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19 a		0				
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances a		16,180				
	b	Less cost of goods sold b						
	c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code					
	11a	CHRP	900099	4,097,966	0	0	4,097,966	
	b	Cafeteria	722210	1,850,673	0	0	1,850,673	
c	PAYOR PENALTY	900099	306,771	0	0	306,771		
d	All other revenue		818,739	0	0	818,739		
e	Total. Add lines 11a-11d		7,074,149					
12	Total revenue. See Instructions		446,463,059	432,541,070	1,505,503	9,475,916		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	191,136	191,136		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	3,134,571	2,378,565	756,006	0
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	0	0	0
7	Other salaries and wages.	167,396,490	127,023,249	40,373,241	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,362,329	7,854,031	2,508,298	0
9	Other employee benefits.	24,378,706	18,457,396	5,921,310	0
10	Payroll taxes.	11,801,692	9,136,704	2,664,988	0
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	1,843,545	0	1,843,545	0
c	Accounting.	267,996	0	267,996	0
d	Lobbying.	58,157	0	58,157	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	159,138	0	159,138	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,333,968	10,712,148	18,621,820	0
12	Advertising and promotion.	798,183	0	798,183	0
13	Office expenses.	17,427,469	13,462,153	3,965,316	0
14	Information technology.	9,449,685	7,148,942	2,300,743	0
15	Royalties.	0	0	0	0
16	Occupancy.	8,813,082	8,402,194	410,888	0
17	Travel.	612,232	438,451	173,781	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	628,266	538,515	89,751	0
20	Interest.	8,633,853	8,633,853	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	30,286,090	23,229,940	7,056,150	0
23	Insurance.	6,415,006	6,179,242	235,764	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.):				
a	Medical Supplies	43,718,073	43,718,073	0	0
b	Pharmaceuticals	16,486,424	16,486,424	0	0
c	Bad Debt - Patient Svcs	4,907,383	4,907,383	0	0
d	Illinois Provider Tax	22,593,905	22,593,905	0	0
e	All other expenses	2,509,572	71,789	2,437,783	
25	Total functional expenses. Add lines 1 through 24e.	422,206,951	331,564,093	90,642,858	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		40,336,464	2	12,711,831
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		63,199,420	4	62,694,429
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		18,958	5	2,708
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,803,892	8	5,132,761
	9	Prepaid expenses and deferred charges		5,046,918	9	6,099,267
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a670,715,744			
	b	Less: accumulated depreciation	10b289,098,664	374,251,347	10c	381,617,080
	11	Investments—publicly traded securities		98,835,268	11	87,586,567
	12	Investments—other securities. See Part IV, line 11.		0	12	0
	13	Investments—program-related. See Part IV, line 11.		7,231,660	13	19,348,689
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		31,187,464	15	16,444,384
	16	Total assets. Add lines 1 through 15 (must equal line 34).		624,911,391	16	591,637,716
Liabilities	17	Accounts payable and accrued expenses		85,970,863	17	79,693,866
	18	Grants payable		0	18	0
	19	Deferred revenue		480,851	19	444,708
	20	Tax-exempt bond liabilities		271,665,000	20	265,470,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		74,167,679	25	61,162,167
	26	Total liabilities. Add lines 17 through 25.		432,284,393	26	406,770,741
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		185,395,339	27	178,592,593
	28	Temporarily restricted net assets		5,995,329	28	5,157,181
	29	Permanently restricted net assets		1,236,330	29	1,117,201
	Organizations that do not follow SFAS 117 (ASC 958), 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		192,626,998	33	184,866,975
	34	Total liabilities and net assets/fund balances		624,911,391	34	591,637,716

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	446,463,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	422,206,951
3	Revenue less expenses Subtract line 2 from line 1	3	24,256,108
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,626,998
5	Net unrealized gains (losses) on investments	5	241,272
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-32,257,403
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	184,866,975

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIS G PARSONS MD GASTROENTEROLOGY PHYSICIAN	40 0 0 0					X		1,514,895	0	16,292
MALCOLM BILIMORIA MD GASTROENTEROLOGY Physician	40 0 0 0					X		1,600,637	0	30,561
Mohammed Tahseen MD Psychiatrist	40 0 0 0					X		293,556	0	34,033
LOVENDER KUMAR RAJU MD HOSPITALIST	40 0 0 0					X		333,349	0	29,500
Bruce K Crowther PRES/CEO/SECRETARY THRU 4/13	0 0 0 0					X		571,341	0	168,903
Leighton B Smith MD Exec VP Chief Medical Officer	0 0 0 0						X	182,462	0	1,623

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Northwest Community Hospital	Employer identification number 36-2340313
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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 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	<input type="checkbox"/>	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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

If the organization answered "Yes" 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, Part V, line 35c (Proxy Tax), then

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

Name of the organization
Northwest Community Hospital

Employer identification number
36-2340313

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

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

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

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

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

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

(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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i				
		No		
		No		
		No		0
		No		0
		No		0
		No		0
		No		0
		No		0
	Yes			58,157
				58,157
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?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART 11-B, LINE 11	NORTHWEST COMMUNITY HOSPITAL PAYS DUES TO CERTAIN HOSPITAL ASSOCIATIONS WHICH USE A PORTION OF THESE DUES FOR LOBBYING

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Northwest Community Hospital	Employer identification number 36-2340313
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Part I

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

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

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ **Yes**☐ **No**

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ **Yes**☐ **No**

9

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

Part III

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

1a

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

b

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

(i)

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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,157,536	2,799,106	2,319,650	2,248,734	2,160,499
b Contributions	1,179	4,039	950	169,337	9,266
c Net investment earnings, gains, and losses	343,513	411,064	478,506	-10,576	78,969
d Grants or scholarships					
e Other expenditures for facilities and programs	63,282	56,673		87,845	
f Administrative expenses					
g End of year balance	3,438,946	3,157,536	2,799,106	2,319,650	2,248,734

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

Board designated or quasi-endowment ▶ 51 797 %
- b

Permanent endowment ▶ 48 203 %
- c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	
- b
- If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4
- Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,789,072		1,789,072
b Buildings		300,979,314	116,465,181	184,514,133
c Leasehold improvements		208,093,080	102,458,972	105,634,108
d Equipment		120,066,007	60,090,818	59,975,189
e Other		39,788,271	10,083,693	29,704,578
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				381,617,080

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Intended use of endowment funds	Schedule D, Part V, Line 4 ENDOWMENT FUNDS ARE CREATED ACCORDING TO HOSPITAL NEEDS AND DESIGNATION OR PREFERENCES OF THE DONOR(S) SUPPORTING THE ENDOWMENT FUND. SCHOLARSHIP FUNDS, CONTINUED EDUCATION, OR FUNDS FOR PATIENT CARE IN A HOSPITAL DEPARTMENT DESIGNATED BY THE ENDOWMENT FUND ARE EXAMPLES OF FUND USES. THE ENDOWMENT FUNDS REPORTED ON THE HOSPITAL'S 990 ARE ALSO REPORTED ON NORTHWEST COMMUNITY HOSPITAL FOUNDATION'S FORM 990, SCHEDULE D.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Northwest Community Hospital

Employer identification number
36-2340313

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			13,360,629	0	13,360,629	3 200 %
b Medicaid (from Worksheet 3, column a)			50,247,208	36,986,790	13,260,418	3 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs . .			63,607,837	36,986,790	26,621,047	6 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	51	66,623	1,194,443	101,911	1,092,532	0 260 %
f Health professions education (from Worksheet 5)	22	681	3,164,976	628,315	2,536,661	0 610 %
g Subsidized health services (from Worksheet 6)	1	2,098	460,205	211,618	248,587	0 060 %
h Research (from Worksheet 7)	3	2,804	123,341	2,000	121,341	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	15	1,621	636,783	760	636,023	0 150 %
j Total Other Benefits	92	73,827	5,579,748	944,604	4,635,144	1 110 %
k Total . Add lines 7d and 7j . .	92	73,827	69,187,585	37,931,394	31,256,191	7 490 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development	1		4,122		4,122	0 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	1		5,756		5,756	0 %
7Community health improvement advocacy						
8Workforce development	3	141	15,526		15,526	0 %
9Other						
10Total	5	141	25,404		25,404	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

4,907,383

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

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

5

137,899,618

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

6

177,573,426

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-39,673,808

8Describe 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.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

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

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

Section A. Hospital Facilities

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

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

NORTHWEST COMMUNITY HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.nch.org</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>600</u> % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission
 - b** ☒ Notified individuals of the financial assistance policy prior to discharge
 - c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

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

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address		Type of Facility (describe)
1	NCH IMMEDIATE CARE & IMAGING CENTER 199 WRAND ROAD MOUNT PROSPECT, IL 60056	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
2	NCH MENTAL HEALTH & YOUTH CENTER 901 W KIRCHOFF ROAD ARLINGTON HEIGHTS, IL 60005	IN & OUT MENTAL HEALTH AND YOUTH SUBSTANCE ABUSE TREATMENT
3	NCH IMMEDIATE CARE & IMAGING CENTER 519 S ROSELLE ROAD SCHAUMBURG, IL 60193	WALK IN URGENT CARE CENTER, IMAGING SERVICES & OUTPATIENT PHYSICAL MEDICINE SERVICES
4	NORTHWEST COMMUNITY HOSPITAL IMAGING 1450 BUSCH PARKWAY BUFFALO GROVE, IL 60089	IMAGING SERVICES
5	NCH IMMEDIATE CARE & IMAGING CENTER 15 S MCHENRY ROAD BUFFALO GROVE, IL 60089	WALK IN URGENT CARE CENTER, IMAGING SERVICES & OUTPATIENT PHYSICAL MEDICINE SERVICES
6	NCH CARDIAC & PHYSICAL MEDICINE REHAB 900 W CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005	OUTPATIENT CARDIAC REHAB PROGRAM AND PHYSICAL MEDICINE SERVICES
7	NCH HOME HEALTH 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005	HOME HEALTHCARE SERVICES
8	NCH IMMEDIATE CARE CENTER 1201 S RAND ROAD LAKE ZURICH, IL 60047	WALK IN URGENT CARE CENTER & OUTPATIENT PHYSICAL MEDICINE SERVICES
9	NCH OUTPATIENT CENTER 3300 KIRCHOFF ROAD ROLLING MEADOWS, IL 60008	OUTPATIENT PHYSICAL MEDICINE SERVICES
10	NCH OCCUPATIONAL WELLNESS & REHAB 455 S ROSELLE ROAD SCHAUMBURG, IL 60193	OCCUPATIONAL WELLNESS & REHAB

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	CHARITY CARE POLICY THE HOSPITAL PROVIDES EMERGENT AND MEDICALLY NECESSARY SERVICES TO ALL PATIENTS WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY THE WRITTEN CHARITY CARE POLICY IS WIDELY DISTRIBUTED AND COMMUNICATED TO THE COMMUNITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY THE AMOUNT OF FREE CARE PROVIDED IS DETERMINED BY FINANCIAL NEED AND IS NOT LIMITED BY BUDGETED AMOUNTS PATIENTS EARNING LESS THAN 300% OF THE FEDERAL POVERTY GUIDELINES RECEIVE FREE CARE AND THOSE BETWEEN 300% AND 600% OF THE GUIDELINES RECEIVE DISCOUNTED CARE ON A SLIDING SCALE THE FINANCIAL ASSISTANCE PROGRAM LOOKS AT THE CURRENT INCOME AND THEN CALCULATES THE POTENTIAL BENEFIT CONSISTENT WITH THE ILLINOIS UNINSURED PATIENT DISCOUNT ACT, PATIENTS WITHOUT INSURANCE COVERAGE ARE ELIGIBLE FOR A 64% DISCOUNT IF THEIR INCOME IS BETWEEN 201% AND 600% OF THE FEDERAL POVERTY GUIDELINES OF THE REMAINING BALANCE, THE PATIENT'S LIABILITY IS CAPPED AT 25% OF THE FAMILY'S ANNUAL INCOME

Form and Line Reference	Explanation
PART I, LINE 6A	COMMUNITY BENEFIT REPORT THE HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES ARE INCLUDED IN AN ANNUAL REPORT ISSUED BY NORTHWEST COMMUNITY HEALTHCARE, THE SOLE CORPORATE MEMBER OF THE HOSPITAL

Form and Line Reference	Explanation
PART I, LINE 7	<p>COSTING METHODOLOGY THE FOLLOWING METHODOLOGIES WERE USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR LINE 7 PART I, LINES 7A - 7D, RATIO OF COST TO CHARGES AS DETERMINED USING WORKSHEET 2 IN THE FORM 990, SCHEDULE H INSTRUCTIONS PART I, LINES 7E - 7I, COSTS WERE DETERMINED USING THE DIRECT AND INDIRECT COSTS FOR SPECIFIC PROGRAMS OR SERVICES THESE COSTS WERE MAINTAINED / IDENTIFIED IN THE HOSPITAL'S "COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY SOFTWARE" (CBISA) THE INDIRECT PORTION OF THESE COSTS WAS CALCULATED UTILIZING THE INDIRECT COST RATIO FROM THE HOSPITAL'S LATEST AVAILABLE MEDICARE COST REPORT THIS "INDIRECT" RATIO WAS ENTERED INTO CBISA FOR THE CALCULATION OF INDIRECT COSTS PART I, LINE 7G SUBSIDIZED HEALTH SERVICES THE HOSPITAL PROVIDES A MOBILE DENTAL CLINIC PROGRAM STAFFED BY A HOSPITAL EMPLOYED FULL-TIME DENTIST, DENTAL ASSISTANT AND PROGRAM MANAGER EVIDENCE BASED RESEARCH DEMONSTRATES THAT GUM DISEASE AND ORAL HEALTH PROBLEMS ARE LINKED TO OTHER SYSTEMIC MEDICAL PROBLEMS SUCH AS CARDIOVASCULAR DISEASE, STROKE, AND BACTERIAL PNEUMONIA, AS WELL AS INCREASED RISK OF DELIVERING PRE-TERM OR LOW BIRTH-WEIGHT BABIES THE HOSPITAL, WITH FINANCIAL SUPPORT FROM LOCAL TOWNSHIPS, PROVIDES PREVENTATIVE AND RESTORATIVE CARE TO UNINSURED AND UNDERINSURED MEMBERS OF THE COMMUNITY 4-5 DAYS PER WEEK IN A TRAVELING DENTAL CLINIC PART I, LINE 7, COLUMN (F) BAD DEBT EXPENSE THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN PART IX, LINE 25, COLUMN (A) THAT WAS EXCLUDED FROM THE CALCULATION OF THE RATIO OF COST TO CHARGES FOR THE PURPOSE OF DETERMINING THE COST OF SERVICES WAS \$4,907,383</p>

Form and Line Reference	Explanation
PART II	<p>COMMUNITY BUILDING ACTIVITIES ECONOMIC DEVELOPMENT THE HOSPITAL'S VICE PRESIDENT OF PROFESSIONAL SERVICES IS A MEMBER AND ACTIVE PARTICIPANT OF THE ARLINGTON HEIGHTS ECONOMIC ALLIANCE THE PURPOSE OF THE ALLIANCE IS TO PROVIDE THE BUSINESS COMMUNITY A STRONG PARTNERSHIP WITH THE VILLAGE AND TO PROMOTE A HEALTHY BUSINESS CLIMATE THE ALLIANCE IS THE VILLAGE BOARD'S ECONOMIC ADVISORY COMMITTEE ON BUSINESS ISSUES COALITION BUILDING THE HOSPITAL'S CONTROLLER AND DIRECTOR OF COMMUNITY SERVICES REPRESENTS THE ORGANIZATION THROUGH PARTICIPATION IN THE PALATINE AND ARLINGTON HEIGHTS ROTARY CLUBS IN THE HOSPITAL'S PRIMARY SERVICE AREA ROTARY CLUB MEMBERS ARE PREDOMINATELY BUSINESS AND PROFESSIONAL LEADERS WHO COME TOGETHER TO SUPPORT ORGANIZATIONS THAT ADDRESS NEED AND DISPARITY IN THE COMMUNITY AND INTERNATIONALLY AREAS ADDRESSED INCLUDE HEALTH, HUNGER, HOMELESSNESS, MENTAL HEALTH ISSUES, CANCER, TROUBLED YOUTH, DEVELOPMENTALLY DISABLED, DOMESTIC VIOLENCE AND MANY MORE WORKFORCE DEVELOPMENT THE HOSPITAL HAS STAFF SERVING ON THE BOARD OF DIRECTORS OF THE ILLINOIS SOCIETY FOR ADVANCED PRACTICE NURSING (ISAPN) THIS ORGANIZATION IS A PROFESSIONAL ORGANIZATION DEDICATED TO PROMOTING AND ADVOCATING FOR ADVANCED PRACTICE NURSES ISAPN MEMBERS TAKE LEADERSHIP ROLES IN TODAY'S HEALTH CARE FIELDS, AND ARE KNOWLEDGEABLE ABOUT THE ISSUES THAT SURROUND THEIR PROFESSION ISAPN PROVIDES CONTINUING EDUCATION PROGRAMS, OFFERS OPPORTUNITIES TO COLLABORATE WITH OTHER PROFESSIONALS AND ORGANIZATIONS AND SUPPORTS LEGISLATION AS IT RELATES TO ADVANCED PRACTICE NURSES IN ADDITION, A HOSPITAL STAFF MEMBER SERVED AS PRESIDENT ON THE ORTHOPEDIC NURSE CERTIFICATION BOARD (ONCB) THIS ORGANIZATION IMPROVES MUSCULOSKELETAL HEALTH BY PROVIDING ORTHOPAEDIC NURSES WITH CERTIFICATIONS THAT PROMOTE THEIR PROFESSIONAL DEVELOPMENT AND ADVANCE THE PRACTICE OF ORTHOPAEDIC NURSING THE HOSPITAL HAS A PROGRAM TO ENCOURAGE HIGH SCHOOL STUDENTS TO EXPLORE CAREERS IN HEALTHCARE THE FIRST PROGRAM PROVIDES LOCAL HIGH SCHOOL STUDENTS THE OPPORTUNITY TO SPEND 14 WEEKS IN THE HOSPITAL SHADOWING 16 DIFFERENT DEPARTMENTS AS THE STUDENTS ROTATE THROUGH THE VARIOUS DEPARTMENTS THEY ARE EXPOSED TO AN ARRAY OF CLINICAL FIELDS, PROVIDING THEM WITH AN IN-DEPTH LOOK AT JUST SOME OF THE MANY CAREER TRACKS THEY COULD PURSUE THE HOSPITAL ALSO PARTICIPATES IN VOCATIONAL FAIRS AND EVENTS AT LOCAL SCHOOLS TO PROVIDE EDUCATION ON CAREERS IN HEALTHCARE PART III, SECTION A, LINES 2, 3 AND 4 BAD DEBT EXPENSE THE HOSPITAL RECORDS BAD DEBT EXPENSE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HFMA STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT IT ALIGNS WITH THE GUIDELINES PER GAAP NORTHWEST COMMUNITY HOSPITAL IS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF NORTHWEST COMMUNITY HEALTHCARE (NCH) AND SUBSIDIARIES THE TEXT OF THE FOOTNOTE REFERENCING ACCOUNTS RECEIVABLE IN THE FY 2014 AUDIT IS AS FOLLOWS "[NCH] ANALYSES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS MONTHLY USING A HINDSIGHT CALCULATION THAT UTILIZES WRITE-OFF DATA FOR ALL PAYER CLASSES DURING THE PREVIOUS EIGHTEEN MONTH PERIOD TO ESTIMATE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT A POINT IN TIME THE RESERVE PERCENTAGES IN THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESERVE CHANGES EACH MONTH GIVEN CHANGES IN TRENDS FROM THESE ANALYSIS OR POLICY CHANGES " ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE WRITE-OFFS ARE SHOWN NET OF CONTRACTUALS AND DISCOUNTS THE HOSPITAL'S BAD DEBT EXPENSE AS REPORTED ON LINES 2 AND 3 WAS REPORTED AT REMAINING CHARGES FOR FY 2014, THE HOSPITAL RECORDED PROVISIONS FOR BAD DEBT EXPENSE OF \$4,907,383 IN 2013, THE HOSPITAL BEGAN USING A FINANCIAL TOOL TO DETERMINE "PRESUMPTIVE ELIGIBILITY" FOR CHARITY CARE WRITE-OFFS THIS TOOL UTILIZES VARIOUS CRITERIA TO HELP DETERMINE PATIENTS THAT WOULD BE ELIGIBLE FOR FINANCIAL ASSISTANCE EVEN IF THOSE PATIENTS HAVE NOT COMPLETED A FINANCIAL ASSISTANCE APPLICATION IT IS BELIEVED THAT ALL PATIENTS WHO WOULD QUALIFY FOR CHARITY HAVE BEEN IDENTIFIED AND THAT LITTLE TO NONE OF THE AMOUNTS WRITTEN OFF AS BAD DEBT COULD BE CLASSIFIED AS CHARITY AS A RESULT OF THE USE OF THIS NEW FINANCIAL TOOL</p>

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	MEDICARE SHORTFALL THE MEDICARE SHORTFALL REPORTED IN PART III, LINE 7 REPRESENTS THE EXCESS COST OF PROVIDING SERVICES TO MEDICARE BENEFICIARIES OVER THE PAYMENTS RECEIVED FROM THE MEDICARE PROGRAM ACCESS TO QUALITY HEALTHCARE IS IMPERATIVE FOR ALL MEDICARE RECIPEINTS, MANY OF WHOM ARE LIVING ON A FIXED INCOME AS SUCH, THE COSTS ABSORBED BY THE HOSPITAL IN PROVIDING THESE SERVICES IS A BENEFIT TO THE MEMBERS OF THE COMMUNITY WE SERVE

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	<p>COLLECTION PRACTICES IT IS THE POLICY OF THE HOSPITAL TO OFFER PATIENTS A PAYMENT PLAN OR FINANCIAL ASSISTANCE WHEN IT BECOMES KNOWN OR SUSPECTED THAT A PATIENT NEEDS SUCH ASSISTANCE FINANCIAL COUNSELORS CONTACT AND WORK WITH THE PATIENT OR THEIR FAMILY TO HELP DETERMINE IF THERE ARE ANY THIRD PARTY PAYERS WHICH MAY BE AVAILABLE TO HELP THE PATIENT MEET THEIR OBLIGATIONS, SUCH AS MEDICAID, COBRA, WORKERS COMPENSATION, OR SPECIALIZED GRANT PROGRAMS IF NO THIRD PARTY PROGRAMS ARE IDENTIFIED, THE FINANCIAL COUNSELORS WORK WITH THE PATIENT TO HELP THEM APPLY FOR CHARITY DISCOUNTS OR PAYMENT PLANS FORMS ARE AVAILABLE IN ENGLISH AND SPANISH, AND TRANSLATION SERVICES ARE PROVIDED IN MANY LANGUAGES IN ADDITION, ALL PATIENT BILLS AND STATEMENTS INCLUDE INFORMATION ABOUT HOW TO APPLY FOR FINANCIAL ASSISTANCE AND THE INFORMATION IS ALSO POSTED ON THE HOSPITAL'S WEBSITE COLLECTION ACTIVITY WILL BE SUSPENDED DURING THE CONSIDERATION OF A COMPLETED FINANCIAL ASSISTANCE APPLICATION OR AN APPLICATION FOR OTHER HEALTHCARE BRACKET (I E, MEDICARE, MEDICAID, ETC) THE PATIENT'S ACCOUNT MAY BE SUSPENDED FROM COLLECTION ACTIVITY UNTIL FINANCIAL ASSISTANCE CAN BE DETERMINED ACCOUNTS IN THE FINANCIAL ASSISTANCE PROCESS WILL BE MONITORED AND, UPON THE DECISION TO APPROVE OR DENY FINANCIAL ASSISTANCE, THE PATIENT'S ACCOUNT WILL BE UPDATED IF THE FINANCIAL ASSISTANCE APPLICATION IS APPROVED WITH A PERCENTAGE LESS THAN 100% OR DENIED, THE PATIENT'S ACCOUNT WILL BE NOTED AND THE HOSPITAL WILL RESUME THE SELF-PAY COLLECTION ACTIVITY IN COMPLIANCE WITH ITS SELF PAY FOLLOW-UP PROCEDURES</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT THE ASSESSMENT CONDUCTED BY PRC, WHICH WAS DESCRIBED IN PART V 3 WAS A DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS OF THE COMMUNITY AND INCLUDED BOTH QUANTITATIVE (PHONE SURVEY) AND QUALITATIVE (FOCUS GROUP) COMPONENTS THE ASSESSMENT ALSO INTEGRATED THE MOST RECENT SECONDARY PUBLIC HEALTH DATA TO COMPLEMENT THE RESEARCH OF THE CHNA THE DATA COLLECTED FOR THE HOSPITAL'S SERVICE AREA WAS BENCHMARKED AGAINST THE SECONDARY DATA AVAILABLE FOR THE REGION, STATE, US, HEALTHY PEOPLE 2020 AS WELL AS COMPARING THE DATA COLLECTED AGAINST THE HOSPITAL'S PREVIOUS ASSESSMENT ALL QUANTITATIVE AND QUALITATIVE DATA WAS COMPILED AND PRESENTED TO THE HOSPITAL IN A 213 PAGE DOCUMENT WHICH INCLUDED A RECOMMENDATION ON AREAS OF CONCERN OR OPPORTUNITY THE CHNA IS CONDUCTED EVERY THREE YEARS THE HOSPITAL CONVENED AN INTERNAL, MULTI-DISCIPLINARY COMMITTEE TO REVIEW THE RESULTS OF THE CHNA, AFFIRM AND PRIORITIZE NEEDS, AND DEVELOP AN IMPLEMENTATION PLAN REPRESENTATIVES FROM THE FOLLOWING DEPARTMENTS SERVED ON THE COMMITTEE COMMUNITY SERVICES, STRATEGIC PLANNING, PATIENT ACCESS SERVICES, FINANCE, CLINICAL RESOURCE MANAGEMENT, FOUNDATION, DATA GOVERNANCE, NURSING, RESEARCH, AND MARKETING COMMITTEE MEMBERS REVIEWED THE FINDINGS AND AREAS OF OPPORTUNITY THAT WERE PRESENTED BY PRC IN ADDITION, FEEDBACK ON COMMUNITY HEALTH NEEDS FROM THE COMMUNITY SERVICES DEPARTMENT AND OTHER INTERNAL DEPARTMENTS WAS ALSO CONSIDERED THE COMMITTEE USED THE FOLLOWING CRITERIA WHEN PRIORITIZING HEALTH ISSUES MAGNITUDE, IMPACT, FEASIBILITY AND CONSEQUENCES OF INACTION THE MOST PREDOMINANT ISSUE WAS THE DIFFICULTY THE COMMUNITY HAS IN ACCESSING HEALTHCARE SERVICES WHICH INCLUDES PRIMARY, ORAL, AND BEHAVIORAL HEALTH SERVICES, AS WELL AS PRESCRIPTION MEDICATION OTHER CONCERNS WERE ADULT AND CHILDHOOD OBESITY/OBESITY AND CANCER THE HOSPITAL HAS IDENTIFIED THESE CONCERNS AS THE FIVE MAIN "PRIORITY AREAS", AND THE MAJORITY OF THE HOSPITAL'S OUTREACH EFFORTS FOCUS ON ADDRESSING THESE NEEDS AN IMPLEMENTATION PLAN WAS DEVELOPED AND WAS PRESENTED FOR APPROVAL TO THE COMMUNITY HEALTH AND OUTREACH COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, AS WELL AS TO THE COMMUNITY BENEFIT REGULATORY COMMITTEE, A NEW COMMITTEE FORMED TO ENSURE THE HOSPITAL IS MEETING ALL REGULATORY REQUIREMENTS BOTH COMMITTEES UNANIMOUSLY APPROVED THE PLAN WHICH INCLUDES MEASUREMENT INDICATORS AND THE PLAN WAS POSTED TO THE HOSPITAL'S WEBSITE (WWW.NCH.ORG), WHICH THE COMMUNITY WAS MADE AWARE OF THROUGH PRESS RELEASES THE IMPLEMENTATION PLAN IS ASSESSED AND UPDATED ON THE HOSPITAL'S WEBSITE ON AN ANNUAL BASIS AS MENTIONED PREVIOUSLY, THE HOSPITAL MAINTAINS A FULL-TIME COMMUNITY SERVICES DEPARTMENT WHO IS IN CONSTANT COLLABORATION WITH COMMUNITY ORGANIZATIONS, LOCAL GOVERNMENT, SCHOOLS, CHURCHES AND SOCIAL SERVICE AGENCIES TO IDENTIFY AND ADDRESS UNMET NEEDS THE DIRECTOR OF THE COMMUNITY SERVICES DEPARTMENT IS ON THE BOARD OF DIRECTORS OF THE PALATINE OPPORTUNITY CENTER, A LOCAL NOT-FOR-PROFIT THAT HELPS THE HOSPITAL RUN A COMMUNITY RESOURCE CENTER IN THE HOSPITAL'S PRIMARY SERVICE AREA THE RESOURCE CENTER HOUSES ELEVEN NOT FOR PROFIT AGENCIES INCLUDING COOK COUNTY HEALTH AND HOSPITAL SYSTEM AND COOK COUNTY DEPARTMENT OF PUBLIC HEALTH PROVIDERS AT THIS CENTER MEET WITH THE HOSPITAL REGULARLY TO REVIEW COMMUNITY NEEDS AND EXPLORE COLLABORATIVE STRATEGIES TO ADDRESS THEM</p>

Form and Line Reference	Explanation
PART V, LINE 14 AND PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE FINANCIAL ASSISTANCE PROGRAM AT NORTHWEST COMMUNITY HOSPITAL IS COMMUNICATED WIDELY TO PATIENTS AND VISITORS IN ENGLISH AND SPANISH USING THE FOLLOWING METHODS (1) SIGNAGE IN ENGLISH AND SPANISH IS POSTED THROUGHOUT THE ORGANIZATION AT ALL ACCESS POINTS, INCLUDING THE EMERGENCY DEPARTMENT AND OUTPATIENT REGISTRATION AREAS THESE AREAS ALSO STOCK AND MAKE AVAILABLE A BROCHURE, PRINTED IN ENGLISH AND SPANISH, DESCRIBING THE HOSPITAL'S POLICY THE HOSPITAL PROVIDES A COMPREHENSIVE LANGUAGE ASSISTANCE PROGRAM WHICH CAN ASSIST THOSE WHO NEED ADDITIONAL INFORMATION ON FINANCIAL ASSISTANCE IN 2014, MEDICAL INTERPRETERS PROVIDED A TOTAL OF 20,877 CONTACT UNITS FOR IN-PERSON INTERPRETATION IN ADDITION THERE WERE 3,873 TELEPHONIC INTERPRETATIONS AND 2,103 VIDEO REMOTE INTERPRETATIONS (2) IN 2014 THE INFORMATION BELOW WAS POSTED ON THE HOSPITAL WEBSITE "FINANCIAL ASSISTANCE" AND OTHER RELATED TERMS CAN ALSO BE SEARCHED FOR FROM ANY PAGE OF THE HOSPITAL WEBSITE TAKING USERS TO THE INFORMATION INCLUDING APPLICATIONS FOR FINANCIAL ASSISTANCE (AVAILABLE IN ENGLISH AND SPANISH), FINANCIAL ASSISTANCE POLICIES, WAYS TO REACH THE NCH FINANCIAL COUNSELOR BY EMAIL OR PHONE, AND MORE PATIENT FINANCIAL ASSISTANCE PAGE TO APPLY FOR PATIENT FINANCIAL ASSISTANCE AT NCH, PLEASE PRINT THE FINANCIAL ASSISTANCE APPLICATION (TAMBIEN DISPONIBLE EN ESPAOL) AND COMPLETE ALL NECESSARY FIELDS PLEASE BE SURE TO PROVIDE ALL REQUESTED DOCUMENTATION TO BE CONSIDERED FOR FINANCIAL ASSISTANCE NORTHWEST COMMUNITY HOSPITAL IS A CHARITABLE ORGANIZATION AND PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE THE DAY SURGERY CENTER IS A FOR-PROFIT ORGANIZATION AND ALSO PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE MAIN FEES AND BILL PAYMENT PAGE FOR FAMILIES WITHOUT INSURANCE WHO NEED HELP WITH MEDICAL BILLS, WE ACCEPT ILLINOIS PUBLIC AID IN ADDITION, YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE FOR MEDICAL BILLS THROUGH NORTHWEST COMMUNITY HOSPITAL NORTHWEST COMMUNITY HOSPITAL IS A CHARITABLE ORGANIZATION AND PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE THE DAY SURGERY CENTER IS A FOR-PROFIT ORGANIZATION AND ALSO PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE VIEW A SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY FINANCIAL ROLES & RESPONSIBILITIES PAGE NORTHWEST COMMUNITY HOSPITAL IS A CHARITABLE ORGANIZATION AND PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE THE DAY SURGERY CENTER IS A FOR-PROFIT ORGANIZATION AND ALSO PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE (4) EACH PATIENT INVOICE OR OTHER SUMMARY OF CHARGES TO A PATIENT SHALL INCLUDE WITH IT OR ON IT A STATEMENT REGARDING HOW A PATIENT MAY APPLY FOR CONSIDERATION UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY THE PATIENT IS PROVIDED CONTACT NUMBER FOR FINANCIAL ASSISTANCE AND OUR WEBPAGE TO DOWN LOAD AN APPLICATION (5) FINANCIAL COUNSELORS PROVIDE FINANCIAL ASSISTANCE INFORMATION TO PATIENTS DURING THEIR REGISTRATION AND WORK WITH PATIENTS IDENTIFIED AT REGISTRATION OR AFTER ADMISSION TO HELP THEM GET THE ASSISTANCE THEY NEED, ANSWER QUESTIONS, SET UP PAYMENT PLANS AND FACILITATE APPLICATIONS FOR GOVERNMENT PROGRAMS SUCH AS MEDICAID</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION NORTHWEST COMMUNITY HOSPITAL IS LOCATED IN ARLINGTON HEIGHTS, ILLINOIS, A SUBURB LOCATED APPROXIMATELY 25 MILES NORTHWEST OF CHICAGO ITS PRIMARY SERVICE AREA CONSISTS OF ARLINGTON HEIGHTS AND THE SURROUNDING SUBURBS OF MT PROSPECT, PALATINE, AND ROLLING MEADOWS THE HOSPITAL'S SECONDARY SERVICE AREA IS COMPRISED OF BARRINGTON, BUFFALO GROVE, DES PLAINES, ELK GROVE VILLAGE, HOFFMAN ESTATES, LAKE ZURICH, PROSPECT HEIGHTS, SCHAUMBURG AND WHEELING THESE AREAS HAVE A COMBINED POPULATION OF APPROXIMATELY 677,000 PEOPLE THIS NUMBER HAS REMAINED FAIRLY STABLE AND GROWTH OVER THE NEXT 5 YEARS IS EXPECTED TO BE RELATIVELY FLAT THE HOSPITAL'S TOTAL SERVICE AREA IS PREDOMINATELY CAUCASIAN (66 5%), FOLLOWED BY HISPANIC (15 5%), ASIAN (13 8%) AND ALL OTHERS (4 2%) THE HISPANIC POPULATION IS EXPECTED TO GROW BY 11 1% AND THE ASIAN POPULATION 10 7% OVER THE NEXT 5 YEARS ALSO, OVER THE NEXT 5 YEARS A DECREASE IN HOUSEHOLDS AGED 54 AND YOUNGER WITH INCOME LESS THAN \$75,000 IS EXPECTED TO OCCUR WITHIN THE TOTAL POPULATION AREA, WHILE THOSE WITH INCOME GREATER THAN \$75,000 OR AGED OLDER THAN 55 ARE EXPECTED TO INCREASE IT IS ESTIMATED THAT IN THE NEXT 5 YEARS, THE AREA WILL SEE FURTHER MIGRATION INTO THE 65+ AGE GROUP RESULTING IN A 17 8% INCREASE THERE ARE FOUR OTHER HOSPITALS LOCATED IN THE HOSPITAL'S SERVICE AREA THE ENTIRE PRIMARY SERVICE AREA AND A SIGNIFICANT PORTION OF THE SECONDARY SERVICE AREA HAVE BEEN DESIGNATED AS A MEDICALLY-UNDERSERVED AREA THE HOSPITAL SUPPORTS BOTH A FEDERALLY QUALIFIED HEALTH CENTER LOCATED ACROSS THE STREET FROM THE HOSPITAL, AND A COUNTY RUN PRIMARY CARE CLINIC, ALSO LOCATED IN THE HOSPITAL'S PRIMARY SERVICE AREA</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF ITS COMMUNITY IN MANY WAYS AS FOLLOWS (1) A MAJORITY OF THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF PERSONS WHO LIVE OR WORK IN THE HOSPITAL'S PRIMARY SERVICE AREA AND ARE NOT EMPLOYEES OR CONTRACTORS OF THE HOSPITAL (2) THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY (3) A STANDING COMMUNITY HEALTH AND OUTREACH COMMITTEE OF THE HOSPITAL BOARD REVIEWS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND ENSURES THE IMPLEMENTATION PLAN ADDRESSES IDENTIFIED NEEDS THE COMMITTEE PROVIDES OVERSIGHT IN MONITORING AND EVALUATING THE EFFECTIVENESS OF STRATEGIES AND INITIATIVES INCLUDED IN THE IMPLEMENTATION PLAN THE COMMITTEE MONITORS THE AMOUNT OF DOLLARS INVESTED IN COMMUNITY BENEFIT INCLUDING CHARITY CARE, COMMUNITY HEALTH EDUCATION, COMMUNITY MEDICAL/DENTAL CLINICS, AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES (4) THE HOSPITAL MAINTAINS ANY SURPLUS FUNDS IN THE HOSPITAL ITSELF OR AT NORTHWEST COMMUNITY HEALTHCARE (A 501(C)(3) AND SOLE MEMBER OF THE HOSPITAL) FOR FUNDING CAPITAL IMPROVEMENTS IN TECHNOLOGY, FACILITIES OR PATIENT CARE EQUIPMENT, AND SUPPORTING HOSPITAL OPERATIONS OR COMMUNITY OUTREACH INITIATIVES (5) THE HOSPITAL HAS DEDICATED STAFF THAT SERVE AS MEMBERS, CHAIRPERSONS, OFFICERS, AND BOARD MEMBERS OF LOCAL AND NATIONAL ORGANIZATIONS DEVOTED TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS THESE ORGANIZATIONS INCLUDE AMERICAN CANCER SOCIETY, METROPOLITAN CHICAGO HEALTHCARE COUNCIL BOARD OF DIRECTORS, CHICAGO DENTAL SOCIETY, NORTHERN FOX VALLEY ONCOLOGY NURSING SOCIETY, IL PERINATEAL CONTINUOUS QUALITY IMPROVEMENT COMMITTEE, AS WELL AS LOCAL ROTARY CLUBS (6) COLLABORATIVE PARTNERSHIPS ARE THE FOUNDATION TO MANY OF THE HOSPITAL'S COMMUNITY HEALTH INITIATIVES AIMED TO IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITY THESE PARTNERSHIPS INCLUDE A COLLABORATION WITH ACCESS COMMUNITY HEALTH NETWORK (A LOCAL FEDERALLY QUALIFIED HEALTH CENTER), AND COOK COUNTY HEALTH AND HOSPITAL SYSTEM TO BRING PRIMARY CARE SERVICES FOR THE UNINSURED AND UNDERINSURED TO THE COMMUNITY IN FY 2014, 30,894 PATIENT VISITS WERE PROVIDED AT THESE CLINICS AND THE HOSPITAL'S FINANCIAL AND IN-KIND SUPPORT WAS \$133,000 THE HOSPITAL ALSO PARTNERS WITH ELK GROVE, PALATINE, SCHAUMBURG, AND WHEELING TOWNSHIPS ON A MOBILE DENTAL CLINIC PROGRAM WHICH PROVIDED 2,098 PATIENT VISITS IN FY 2014 WITH THE HOSPITAL ABSORBING \$136,000 OF THE TOTAL COST NORTHWEST COMMUNITY HEALTHCARE, AN AFFILIATE OF THE HOSPITAL, ALSO PARTNERS WITH THE PALATINE OPPORTUNITY CENTER (POC), A LOCAL 501(C)(3) ORGANIZATION, TO OPERATE AND RUN THE COMMUNITY RESOURCE CENTER WHICH PROVIDES DIRECT SERVICES, REFERRALS, AND OTHER ASSISTANCE TO THE UNDER-RESOURCED THE HOSPITAL OWNS AND MAINTAINS THE BUILDING AND PROVIDES FREE OR LOW-COST RENT TO LOCAL NOT FOR PROFIT AGENCIES, INCLUDING THE CENTER-RESOURCES FOR TEACHING AND LEARNING (ECDEC PROGRAM), NORTHWEST COMPASS, PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL, PALATINE POLICE DEPARTMENT, HARPER COLLEGE, THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, PALATINE PUBLIC LIBRARY, BUEHLER YMCA, PATH (PALATINE ASSISTING THROUGH HOPE), AS WELL AS THE COOK COUNTY HEALTH AND HOSPITAL PRIMARY CARE CLINIC DESCRIBED PREVIOUSLY SOME OF THE MANY PROGRAMS OFFERED AT THE RESOURCE CENTER INCLUDE GED AND CITIZENSHIP CLASSES, HEALTHCARE SERVICES, COMPUTER LITERACY, AFTER-SCHOOL YOUTH PROGRAM, BILINGUAL COUNSELING, PARENTING CLASSES, JOB PLACEMENT, CAREER EDUCATION AND RECREATION IN FY 2014, THE COMMUNITY RESOURCE CENTER HAD 211,841 CLIENT VISITS AND THE HOSPITAL'S COST TO OPERATE THE FACILITY WAS \$153,000 IN ADDITION TO THE COMMUNITY RESOURCE CENTER, THE HOSPITAL WORKS WITH POC ON MANY COLLABORATIVE HEALTH INITIATIVES INCLUDING THE PROMOTORAS DE SALUD PROGRAM WHICH PROVIDES HEALTH EDUCATION TO THE LATINO POPULATION THIS PROGRAM IDENTIFIES LATINA WOMEN WHO DEMONSTRATE THE POTENTIAL TO BECOME LEADERS IN THE COMMUNITY THESE WOMEN THEN RECEIVE LEADERSHIP TRAINING AND EDUCATION ON SPECIFIC HEALTH TOPICS AND LEAD SMALL GROUP PRESENTATIONS AND HEALTH DISCUSSIONS WITH MEMBERS OF THE COMMUNITY IN FY 2014, THE PROMOTORAS ALSO BEGAN ROUNDING WITH SPANISH SPEAKING MOTHERS ON THE MOTHER BABY UNIT OF THE HOSPITAL OFFERING BEDSIDE AND POST-DISCHARGE BREASTFEEDING SUPPORT A PILOT WAS ALSO LAUNCHED WITH SPANISH SPEAKING CONGESTIVE HEART FAILURE PATIENTS OFFERING THE SUPPORT OF A PROMOTORA TO HELP DISCHARGED PATIENTS UNDERSTAND AND FOLLOW THEIR DISCHARGE INSTRUCTIONS WHICH CAN OFTEN BE DIFFICULT DUE TO ECONOMIC AND LANGUAGE BARRIERS IN FY 2014, ALMOST 500 PEOPLE PARTICIPATED IN CLASSES LED BY THE PROMOTORA, BREASTFEEDING SUPPORT WAS PROVIDED 859 TIMES AND 12 CONGESTIVE HEART FAILURE PATIENTS RECEIVED ASSISTANCE AFTER DISCHARGE THE HOSPITAL AND POC ALSO COLLABORATIVELY PROVIDE THE SERVICES OF A BILINGUAL COMMUNITY HEALTH NURSE AND BILINGUAL BEHAVIORAL HEALTH NAVIGATOR WHO FOCUS ON HELPING UNDER-RESOUR</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>CED MEMBERS OF THE COMMUNITY NAVIGATE HEALTHCARE RESOURCES, PROVIDE HEALTH EDUCATION, AND HELP PATIENTS OBTAIN LOW-COST PRESCRIPTIONS IN FY 2014, THE PART-TIME COMMUNITY NURSE HAD 1,784 CLIENT INTERACTIONS AND THE PART-TIME BEHAVIORAL HEALTH NAVIGATOR HAD 1,328 THE HO SPITAL ALSO FUNDS A CHARITABLE PRESCRIPTION PROGRAM WHICH PROVIDES FREE PRESCRIPTION MEDIC ATION TO LOW INCOME AND HOMELESS INDIVIDUALS IN THE COMMUNITY IN FY 2014, THE HOSPITAL FU NDED 1,022 PRESCRIPTIONS AT A COST OF \$72,023 IN FY 2014, THE HOSPITAL LAUNCHED A MAJOR I NITIATIVE TO ENHANCE ITS HEALTH AND WELLNESS OFFERINGS FOR OLDER ADULTS IN THE COMMUNITY THIS INCLUDED THE HIRING OF A FULL-TIME, DEDICATED SENIOR SERVICES LIAISON WHO SCHEDULES A ND OVERSEES LECTURES, PROGRAMS AND SCREENINGS AT LOCAL SENIOR CENTERS AND OTHER COMMUNITY LOCATIONS THAT SERVE OLDER ADULTS THE INITIATIVE, WHICH BEGAN IN JULY 2014, PROVIDED HEAL TH EDUCATION AND SUPPORT TO ALMOST 2,000 INDIVIDUALS PHYSICIAN LECTURES, SCREENINGS, AND "ASK THE NURSE" WERE OFFERED WEEKLY, FREE OF CHARGE, AT THE ARLINGTON HEIGHTS SENIOR CEN TER, COMPLIMENTING THE WALKERS CLUB AND PARKINSON'S PROGRAMS SENIORS FROM THE COMMUNITY REC EIVE CUTTING EDGE HEALTH INFORMATION FROM PHYSICIANS ON VARIOUS HEALTH TOPICS SUCH AS OSTE OPOROSIS, HEARING LOSS, PODIATRY, MENTAL HEALTH AND MORE THE "ASK THE NURSE" PROGRAM HAS NURSES AVAILABLE TO ANSWER SENIOR'S HEALTHCARE QUESTIONS AND CONCERNS ESPECIALLY REGARDING MEDICATIONS, TREATMENT PLANS AND UPCOMING TESTS AND PROCEDURES THEY ALSO PROVIDE BLOOD P RESSURE CHECKS AND CHRONIC DISEASE MANAGEMENT FOR DIABETES, ASTHMA, AND OTHER ILLNESSES (7) THE HOSPITAL OPERATES AN EMERGENCY DEPARTMENT THAT IS OPEN 24 HOURS-A-DAY, 7 DAYS-A-WEEK AND SERVES ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY (8) THE HOSPITAL PARTICIPATES IN BOTH THE MEDICARE AND MEDICAID GOVERNMENT-SPONSORED HEALTHCARE PROGRAMS THE HOSPITAL C ONTRACTS WITH MIRA MED ASSISTANCE PROGRAM TO PROVIDE ASSISTANCE TO PATIENTS, FREE OF CHARG E, THROUGHOUT THE MEDICAID APPLICATION PROCESS WHEN APPLYING FOR MEDICAL COVERAGE THROUGH THE ILLINOIS MEDICAID PROGRAM THE ASSISTANCE PROVIDED IS INCLUSIVE OF COMPLETING THE APPL ICATION, GATHERING ALL OF THE APPROPRIATE ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED, WOR KING WITH THE STATE ON THE PATIENT'S BEHALF AND, IN SOME CASES, WORKING THROUGH AN APPEAL PROCESS IN FY 2014, 1,330 INDIVIUDALS RECEIVED ASSISTANCE AT A COST OF \$91,000 (9) THE H OSPITAL PROVIDES SERVICES FREE OR AT A REDUCED RATE TO INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE TO ACCESS ENTITLEMENT PROGRAMS INDIVIDUALS ARE ELIGIBLE FOR FREE OR DISCOUNTED MEDICALLY NECESSARY HEALTHCARE SERVICES BASED ON ESTABLISHED CRITERIA AND T HE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS WIDELY DISTRIBUTED AND COMMUNICATED TO THE CO MMUNITY (10) THE HOSPITAL IS AN INDEPENDENT COMMUNITY HOSPITAL, THAT PROVIDES ACUTE CARE AND IS RECOGNIZED FOR THE FOLLOWING OUTSTANDING SERVICES PATIENT SAFETY (DESIGNATED BY HE ALTHGRADES), BREAST IMAGING CENTER OF EXCELLENCE (DESIGNATED BY AMERICAN COLLEGE OF RADIOLOGY), SURGICAL SERVICES (RANKED BY HEALTHGRADES), CRITICAL CARE, GOLD SEAL OF APPROVAL FOR HOSPITAL ACCREDITATION BY THE JOINT COMMISSION, PRIMARY STROKE CENTER (DESIGNATED BY JOINT COMMISSION), GASTROENTEROLOGY CENTER (DIRECTED BY A NATIONALLY-RENOWED GASTROENTEROLOGI ST WITH THE ONLY GI TEACHING GALLERY IN ILLINOIS FOR INSTRUCTING CLINICIANS), CARDIAC SURG ERY (DESIGNATED BY HEALTHGRADES), EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (DESIGNATED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH), LEVEL III NEONATAL INTENSIVE CARE UNIT, NEU ROSCIENCES FOR TREATMENT OF STROKE (DESIGNATED BY HEALTHGRADES), STROKE TREATMENT (DESIGNA TED BY HEALTHGRADES), SPECIALIZED CANCER SERVICES (ACCREDITED BY THE COMMISSION ON CANCER) , ORTHOPEDICS FOR HIP FRACTURE TREATMENTS (DESIGNATED BY HEALTHGRADES), PALLIATIVE CARE AD VANCED CERTIFICATION (DESIGNATED BY THE JOINT COMMISSION), TOP HOSPITAL BASED ON QUALITY A ND SAFETY CRITERIA BY THE LEAPFROG GROUP</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p> AFFILIATED HEALTH CARE SYSTEM NORTHWEST COMMUNITY HOSPITAL (HOSPITAL) IS ONE OF SEVERAL AFFILIATES UNDER THE COMMON CONTROL OF NORTHWEST COMMUNITY HEALTHCARE (NCH) THE NORTHWEST COMMUNITY HOSPITAL FOUNDATION'S PRIMARY FUNCTION IS TO STIMULATE PHILANTHROPIC GIVING AND OBTAIN CHARITABLE GIFTS IN ORDER TO MEET THE CHANGING NEEDS OF THE COMMUNITY AS WELL AS FUND COMMUNITY BENEFIT INITIATIVES NORTHWEST COMMUNITY HEALTH PARTNERS (NWHP) IS A PARTNERSHIP BETWEEN NORTHWEST COMMUNITY HOSPITAL AND PHYSICIANS PRACTICING ON ITS MEDICAL STAFF AND EXISTS TO PROVIDE COMPREHENSIVE, INTEGRATED, AND COORDINATED HEALTH CARE AT A PRICE THAT IS REASONABLE TO ITS CUSTOMERS AND FAIR TO ITS PARTICIPATING PROVIDERS THESE 4 ENTITIES ARE 501(C)(3) EXEMPT ORGANIZATIONS AND TOGETHER PROVIDE THE RESOURCES AND FUNDING TO DELIVER QUALITY HEALTHCARE SERVICES TO THE PEOPLE OF THE NORTHWEST SUBURBAN COMMUNITY OF CHICAGO NCH OWNS A MAJORITY INTEREST IN NORTHWEST COMMUNITY DAY SURGERY CENTER II, LLC, WHICH PROVIDES OUPATIENT SERVICES AT A LOWER COST IN ADDITION TO THE CHARITY CARE THAT THE HOSPITAL PROVIDED THE DAY SURGERY CENTER PROVIDED AN ADDITIONAL \$183,895 IN CHARITY CARE (AT COST) IN FY 2014 NORTHWEST COMMUNITY HEALTH SERVICES, INC , A MULTI-SPECIALTY MEDICAL GROUP, IS ANOTHER AFFILIATE OF NCH HEALTH SERVICES OWNS AND OPERATES THE NCH MEDICAL GROUP, A MULTI-SPECIALTY PHYSICIAN PRACTICE WITH OFFICES IN ARLINGTON HEIGHTS, BUFFALO GROVE, PALATINE AND MT PROSPECT, ILLINOIS HEALTH SERVICES ALSO OPERATES "FAST CARE", A CLINIC THAT IS LOCATED CENTRALLY IN A LOCAL GROCERY STORE THAT PROVIDES AFFORDABLE PRIMARY HEALTHCARE SERVICES DURING CONVENIENT HOURS </p>

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING COMMUNITY BENEFIT REPORT NORTHWEST COMMUNITY HEALTHCARE, THE SOLE CORPORATE MEMBER OF THE HOSPITAL, FILES AN ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFITS PLAN REPORT WITH THE ILLINOIS ATTORNEY GENERAL'S OFFICE IN ACCORDANCE WITH ILLINOIS LAW THE REPORT IS FILED ON BEHALF OF NORTHWEST COMMUNITY HEALTHCARE AND THE HOSPITAL

Additional Data

Software ID:

Software Version:

EIN: 36-2340313

Name: Northwest Community Hospital

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3	IN 2012 THE HOSPITAL PARTICIPATED IN A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OFFERED BY THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC) IN PARTNERSHIP WITH PROFESSIONAL RESEARCH CONSULTANTS (PRC) THE CHNA GATHERED INPUT FROM REPRESENTATIVES OF THE COMMUNITY BY CONDUCTING 30-MINUTE TELEPHONE HEALTH SURVEYS IN ENGLISH AND SPANISH 3,710 SURVEYS WERE CONDUCTED IN THE REGION WHICH CONSISTED OF COOK, DUPAGE AND LAKE COUNTIES, WITH 325 IN THE HOSPITAL'S IMMEDIATE SERVICE AREA CAREFUL CONSIDERATION WAS TAKEN TO ENSURE THAT THE DEMOGRAPHICS OF THOSE PARTICIPATING IN THE SURVEY MIMIC THE DEMOGRAPHICS OF THE COMMUNITY THE SURVEY INSTRUMENT USED FOR THE STUDY IS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES THE FINAL SURVEY INSTRUMENT WAS DEVELOPED BY PRC, WITH INPUT FROM THE HOSPITAL AND THE OTHER COMMUNITY SPONSORS ISSUES ADDRESSED INCLUDED SELF-REPORTED HEALTH STATUS, PHYSICAL HEALTH STATUS, MENTAL HEALTH STATUS, DEATH AND DISABILITY, INFECTION AND CHRONIC DISEASE, BIRTHS, CHILDREN'S HEALTH STATUS, MODIFIABLE HEALTH RISKS, ACCESS TO HEALTHCARE, HEALTH EDUCATION AND OUTREACH, AND HEALTH INFORMATION SOURCES IN ORDER TO GATHER INPUT FROM PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, FOCUS GROUPS WERE HELD BY PRC IN NORTH COOK COUNTY PARTICIPANTS INCLUDED COMMUNITY LEADERS, PHYSICIANS AND OTHER HEALTH PROFESSIONALS AND REPRESENTATIVES FROM SOCIAL SERVICE AGENCIES THE FOCUS GROUP ALSO INCLUDED A REPRESENTATIVE OF PUBLIC HEALTH, AS WELL AS SEVERAL INDIVIDUALS WHO WORK WITH LOW-INCOME, MINORITY OR OTHER MEDICALLY UNDERSERVED POPULATIONS, AND THOSE WHO WORK WITH PERSON WITH CHRONIC DISEASE CONDITIONS THE PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHO THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL THE HOSPITAL WILL CONTRACT WITH PRC AGAIN IN 2015 TO CONDUCT THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5D	IN ADDITION TO POSTING THE CHNA ON THE HOSPITAL'S WEBSITE (WWW.NCH.ORG) AND HAVING COPIES AVAILABLE UPON REQUEST, THE HOSPITAL MAILED MORE THAN 200 COPIES TO KEY GOVERNMENT AND MUNICIPAL LEADERS, SOCIAL SERVICE AGENCIES AND COMMUNITY MEMEBERS. ALSO, THE HOSPITAL SENT SEVERAL PRESS RELEASES TO LOCAL NEWSPAPERS TO INFORM THE COMMUNITY THAT THE REPORT WAS AVAILABLE.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6I	THE HOSPITAL PARTNERS WITH MANY NOT-FOR-PROFIT AGENCIES, MUNICIPALITIES, AND OTHERS TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE HOSPITAL COLLABORATES WITH A COUNTY HEALTH CLINIC AND A FEDERALLY QUALIFIED HEALTH CENTER TO ADDRESS THE NEED OF IMPROVING ACCESS TO PRIMARY AND BEHAVIORAL HEALTHCARE FOR UNINSURED AND UNDERINSURED INDIVIDUALS, ACCESS TO ORAL HEALTH CARE IS ADDRESSED THROUGH A COLLABORATIVE MOBILE DENTAL CLINIC PROGRAM THAT IS OPERATED BY THE HOSPITAL WITH SUPPORT FROM FOUR LOCAL TOWNSHIPS, UNIVERSITY OF CHICAGO DENTAL SCHOOL, AS WELL AS PROFESSIONAL VOLUNTEERS IN ADDITION, THE HOSPITAL WORKS WITH LOCAL SCHOOL DISTRICTS, HEALTHCARE ORGANIZATIONS, SOCIAL SERVICE ORGANIZATIONS AND COMMUNITY ORGANIZATIONS TO ADDRESS DIABETES, NUTRITION, CANCER AND OTHER HEALTHCARE NEEDS A COMPLETE LIST OF PARTNERS IS INCLUDED IN THE HOSPITAL'S IMPLEMENTATION PLAN WHICH IS POSTED ON THE HOSPITAL'S WEBSITE (WWW.NCH.ORG)

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, THE HOSPITAL DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE THEREFORE, THE HOSPITAL SELECTED THE TOP FIVE PRIORITIZED NEEDS TO FOCUS ITS EFFORTS AND RESOURCES ON THE ONLY TWO NEEDS NOT BEING ADDRESSED INCLUDE CHRONIC DISEASE (SUCH AS ARTHRITIS, RHEUMATISM, OSTEOPOROSIS, AND KIDNEY DISEASE) AND ADULT SUBSTANCE ABUSE THE HOSPITAL FEELS THAT EFFORTS TO IMPROVE ACCESS TO PRIMARY HEALTH SERVICES WILL HAVE A POSITIVE IMPACT ON EARLY DETECTION OF CHRONIC DISEASE AND THAT A SEPARATE SET OF DISEASE SPECIFIC INITIATIVES IS NOT NECESSARY FOR THOSE DIAGNOSED WITH CHRONIC DISEASES, THE HOSPITAL PROVIDES TREATMENT IN ITS SCOPES OF SERVICE REGARDLESS OF A PATIENT'S ABILITY TO PAY NCH IS RECOGNIZED FOR ITS YOUTH TREATMENT CENTER PROGRAM FOR SUBSTANCE ABUSE AND MENTAL HEALTH, BUT REFERS ADULT PATIENTS TO OTHER RESOURCES IN THE COMMUNITY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 20D	AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS WAS CALCULATED USING THE AVERAGE DISCOUNT FOR ALL MANAGED CARE CONTRACTS (EXCLUDING BLUE CROSS PLANS, AND BEECH STREET, MULTIPLAN, AND PREFERRED ACCESS NETWORK PLANS)

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

Form and Line Reference	Explanation
PART V, SECTION B, LINES 21-22	INDIVIDUALS ARE QUALIFIED FOR FINANCIAL ASSISTANCE UTILIZING FEDERAL POVERTY GUIDELINES, FAMILY INCOME LEVELS AND FAMILY SIZE MOST INDIVIDUALS WHO QUALIFY UNDER OUR FINANCIAL ASSISTANCE POLICY WOULD BE BILLED AN AMOUNT SIGNIFICANTLY LOWER THAN THE AMOUNT THAT WOULD BE BILLED FOR AN INDIVIDUAL WITH INSURANCE COVERAGE HOWEVER, IN RARE INSTANCES IT IS POSSIBLE THAT THE AMOUNT BILLED TO SUCH AN INDIVIDUAL COULD BE HIGHER THAN THAT BILLED FOR INDIVIDUALS WITH INSURANCE COVERAGE

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

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

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

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

Name and address	Type of Facility (describe)
NCH IMMEDIATE CARE & IMAGING CENTER 199 WRAND ROAD MOUNT PROSPECT,IL 60056	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH MENTAL HEALTH & YOUTH CENTER 901 WKIRCHOFF ROAD ARLINGTON HEIGHTS,IL 60005	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH IMMEDIATE CARE & IMAGING CENTER 519 S ROSELLE ROAD SCHAUMBURG,IL 60193	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NORTHWEST COMMUNITY HOSPITAL IMAGING 1450 BUSCH PARKWAY BUFFALO GROVE,IL 60089	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH IMMEDIATE CARE & IMAGING CENTER 15 S MCHENRY ROAD BUFFALO GROVE,IL 60089	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH CARDIAC & PHYSICAL MEDICINE REHAB 900 W CENTRAL ROAD ARLINGTON HEIGHTS,IL 60005	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH HOME HEALTH 3060 SALT CREEK LANE ARLINGTON HEIGHTS,IL 60005	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH IMMEDIATE CARE CENTER 1201 S RAND ROAD LAKE ZURICH,IL 60047	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH OUTPATIENT CENTER 3300 KIRCHOFF ROAD ROLLING MEADOWS,IL 60008	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES
NCH OCCUPATIONAL WELLNESS & REHAB 455 S ROSELLE ROAD SCHAUMBURG,IL 60193	WALK IN URGENT CARE CENTER, IMAGING SERVICES & CARDIAC SERVICES

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As Filed Data -

DLN: 93493216013715

Schedule I
(Form 990)

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

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

Name of the organization
Northwest Community Hospital

Employer identification number
36-2340313

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY 1114 N ARLNGTN HTS RD ARLNGTN HTS,IL 60004	13-1788491	501(c)(3)	10,000	0			RELAY FOR LIFE
(2) AMERICAN HEART ASSOCIATION 208 S LASALLE STE 1500 CHICAGO,IL 60604	13-5613797	501(c)(3)	5,300	0			METRO CHICAGO HEART WALK
(3) HEKTOEN INSTITUTE LLC 2240 WOGDEN AVENUE CHICAGO,IL 60612	36-6006541	501(c)(3)	100,000	0			VISTA CLINIC SUPPORT
(4) SOLIDARITY BRIDGE 1577 FLORENCE AVE EVANSTON,IL 60201	36-4481213	501(c)(3)	13,000	0			MISSION TRIPS
(5) SPECIAL LEISURE SERVICES FOUNDATION 3000 W CENTRAL RD ROLLING MEADOWS,IL 60008	36-3456061	501(c)(3)	15,000	0			ANNUAL SPONSORSHIP

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	Form 990, Schedule I GRANTS IN SUPPORT OF NORTHWEST COMMUNITY HOSPITAL'S (HOSPITAL) MISSION ARE MONITORED BY NORTHWEST COMMUNITY'S FINANCE COMMITTEE AND BOARD OF DIRECTORS AS PART OF THE MONTHLY REVIEW OF HOSPITAL'S FINANCIAL RESULTS. SIGNIFICANT GRANTS TO UNRELATED 501(C)(3) OR GOVERNMENTAL ORGANIZATIONS ARE APPROVED BY HOSPITAL'S COMMUNITY SERVICES DEPARTMENT AND ARE MONITORED THROUGH ONGOING INTERACTIONS WITH OFFICIALS OF THOSE RECIPIENTS REGARDING PROGRAM SERVICES PROVIDED IN HOSPITAL'S SERVICE AREA.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Northwest Community Hospital

Employer identification number

36-2340313

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS FOR TOP MANAGEMENT OFFICIALS	Form 990, Schedule J, Line 3 THE COMPENSATION AND GOVERNANCE COMMITTEE OF THE PARENT CORPORATION (HEALTHCARE) ANNUALLY REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD REGARDING THE COMPENSATION OF THE PRESIDENTS, OTHER VICE PRESIDENTS AND OTHER KEY MANAGEMENT OFFICERS AS DETERMINED BY THE BOARD. AN INDEPENDENT REASONABLENESS OPINION IS OBTAINED ANNUALLY REGARDING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AND THAT OF OTHER EXECUTIVES AS DETERMINED BY THE COMMITTEE.
SEVERANCE PAYMENTS	Form 990, Schedule J, Line 4a IN 2013, THE FOLLOWING INDIVIDUALS RECEIVED SEVERENCE PAYMENTS AS PART OF THEIR COMPENSATION ARRANGEMENT: MARK D. LUSSON \$167,318; DALE E. BEATTY \$309,235; LEIGHTON B. SMITH \$185,334. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: FORM 990, SCHEDULE J, LINE 4b BRUCE CROWTHER PARTICIPATES IN A SERP. THIS PLAN WAS FROZEN IN 2010 AND AN AMENDMENT TO THE PLAN ELIMINATED ALL FUTURE BENEFIT ACCRUALS INCLUDING CREDITED SERVICE FINAL AVERAGE EARNINGS AND FINAL AVERAGE AMOUNTS USED TO CALCULATE PLAN BENEFITS. THEREFORE NO DEFERRED COMPENSATION IS RECORDED FOR THE CURRENT YEAR. IN 2013, THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN WITH A TWO-YEAR VESTING PERIOD. THE AMOUNTS BELOW THAT WERE ACCRUED, BUT NOT PAID IN CALENDAR YEAR 2013 ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (C). NO AMOUNTS WERE PAID FROM THE PLAN IN 2013: BRUCE K. CROWTHER \$130,681; STEPHEN O. SCOGNA \$47,500; MICHAEL C. HARTKE \$30,000; ERIC BENINK, MD \$42,000; DALE E. BEATTY \$38,244; MARK D. LUSSON \$55,246.
NON-FIXED COMP PAYMENTS	Form 990, Schedule J, Line 7 The CEO and Vice Presidents of the hospital are eligible for an annual incentive compensation payment that is aligned with the strategic, financial and operational goals of the organization. Threshold measures, which constitute the minimum requirements, must be achieved in order to have an incentive payout. Award opportunity levels vary as a percent of base salary. Actual amounts awarded are based on a combination of defined targets (15-25% of base pay) and discretionary amounts (10% of base pay). Maximum payable is 150% of the target. Amounts to be paid are subject to approval of the Compensation Committee of Northwest Community Healthcare, the sole member of the hospital.

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Stephen O Scogna PRESIDENT/SECRETARY/CEO	(i)	595,473	193,000	31,818	129,500	18,833	968,624	30,010
	(ii)	0	0	0	0	0	0	0
MARK D LUSSON Executive VP Human RESOURCES	(i)	236,113	0	211,087	73,477	5,671	526,348	0
	(ii)	0	0	0	0	0	0	0
DALE E BEATTY Exec VP Patient Services & CNO	(i)	90,138	0	364,379	46,775	12,634	513,926	0
	(ii)	0	0	0	0	0	0	0
Michael C Hartke EXECUTIVE VP/COO	(i)	343,538	105,984	1,808	78,633	16,333	546,296	0
	(ii)	0	0	0	0	0	0	0
WILLIS G PARSONS MD GASTROENTEROLOGY PHYSICIAN	(i)	1,436,967	77,928	0	15,200	1,092	1,531,187	0
	(ii)	0	0	0	0	0	0	0
MALCOLM BILIMORIA MD GASTROENTEROLOGY Physician	(i)	1,600,637	0	0	15,200	15,361	1,631,198	0
	(ii)	0	0	0	0	0	0	0
Susan E Nelson MD Director	(i)	0	0	0	0	0	0	0
	(ii)	166,149	38,795	1,200	8,631	13,207	227,982	0
Leighton B Smith MD Exec VP Chief Medical Officer	(i)	0	0	182,462	0	1,623	184,085	0
	(ii)	0	0	0	0	0	0	0
Mohammed Tahseen MD Psychiatrist	(i)	277,556	16,000	0	17,700	16,333	327,589	0
	(ii)	0	0	0	0	0	0	0
MARSHA C LIU EXEC VP/CFO/TREASURER	(i)	278,584	10,000	897	15,300	16,376	321,157	0
	(ii)	0	0	0	0	0	0	0
ERIC BENINK MD CHIEF MEDICAL OFFICER	(i)	399,444	84,000	1,596	57,300	18,847	561,187	0
	(ii)	0	0	0	0	0	0	0
LOVENDER KUMAR RAJU MD HOSPITALIST	(i)	331,857	1,492	0	15,200	14,300	362,849	0
	(ii)	0	0	0	0	0	0	0
Bruce K Crowther PRES/CEO/SECRETARY THRU 4/13	(i)	569,533	0	1,808	153,631	15,272	740,244	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Northwest Community Hospital

Employer identification number
36-2340313

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967		12-01-2011	53,100,000	SEE PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FNR6	09-19-2008	151,075,932	SEE PART VI		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FNU9	10-17-2008	86,820,000	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	53,100,000		151,417,356		86,820,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	434,279		1,437,934		598,075			
8	Credit enhancement from proceeds	0		0		93,000			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		149,979,422		86,128,925			
11	Other spent proceeds	52,665,721		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2011		2010		2008			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE K, PART I, COLUMN (F) BOND A PROCEEDS WERE USED TO REFUND THE 2/13/2002 BOND ISSUANCE BOND B PROCEEDS WERE USED FOR CONSTRUCTION OF A PATIENT TOWER AND PARKING GARAGE, EXPANSION AND RENOVATION OF THE HOSPITAL'S EMERGENCY DEPARTMENT AND SURGERY SUITES, RELOCATION OF CERTAIN DEPARTMENTS ON THE HOSPITAL'S CAMPUS, AND PURCHASE OF CERTAIN EQUIPMENT USED IN THE HOSPITAL'S BUSINESS BOND C PROCEEDS WERE USED TO REFUND THE 2/13/2002 BOND ISSUANCE BOND B A REBATE CALCULATION WAS CONDUCTED ON APRIL 17, 2014

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013
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Name of the organization
Northwest Community Hospital

Employer identification number
36-2340313

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

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

2

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

3

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JAMES J SMITH MD		PHYS PRACTICE SVCS		X	85,793	2,708		No	Yes			No
Total ▶ \$						2,708						

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					

Part V Supplemental Information

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

Return Reference	Explanation
RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION	SCHEDULE L, PART IV By virtue of being elected as officers of the medical staff, four physicians were elected as directors of the board Two directors owned more than 5% ownership in their respective practices (Suburban ENT and Advanced Surgical Associates) Unrelated to the directors' tenure on the board, these practices rented office space totaling Suburban ENT \$187,966 Advanced Surgical Associates \$33,000 Advanced Surgical Associates also paid for answering services totaling \$1,884

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
Northwest Community Hospital

Employer identification number

36-2340313

Return Reference	Explanation
Description of Other Program Services	FORM 990, PART III, LINE 4D INCLUDES REVENUE AND EXPENSES FROM ALL OTHER PROGRAM SERVICES NOT DESCRIBED ON FORM 990, PART III, LINES 4A-4C

Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6 NORTHWEST COMMUNITY HEALTHCARE (NCH) IS THE SOLE CORPORATE MEMBER OF NORTHWEST COMMUNITY HOSPITAL (HOSPITAL) AS SUCH, IT ELECTS OR APPOINTS THE MEMBERS OF HOSPITAL'S GOVERNING BODY AND APPROVES SIGNIFICANT DECISIONS

Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTION 7A NCH IS THE SOLE CORPORATE MEMBER OF HOSPITAL AS SUCH, IT ELECTS OR APPOINTS THE MEMBERS OF THE GOVERNING BODY OF HOSPITAL PERIODICALLY OR AS VACANCIES ARISE

Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 7B NCH IS THE SOLE CORPORATE MEMBER OF HOSPITAL AS SUCH, IT MUST APPROVE CERTAIN ACTIONS OF HOSPITAL ACTION IS TAKEN BY A MAJORITY VOTE OF THE NCH BOARD WITH A QUORUM PRESENT NCH MUST APPROVE THE FOLLOWING TYPES OF DECISIONS BY HOSPITAL VOLUNTARY DISSOLUTION, MERGER, CONSOLIDATION OR SALE OR TRANSFER OF 10% OR MORE OF HOSPITAL'S ASSETS, SALE OF REAL PROPERTY OR INTEREST THEREIN, CREATION OF A SUBSIDIARY OR AFFILIATE, ANNUAL AND LONG-TERM CAPITAL AND OPERATING BUDGETS, A MENDMENT, ALTERATION OR REPEAL OF HOSPITAL'S ARTICLES OF INCORPORATION OR BYLAWS, SELECTION OF AUDITORS, APPOINTMENT, REMOVAL AND EVALUATION OF HOSPITAL DIRECTORS, DEBT OR INDEBTEDNESS, GUARANTEES OR BORROWINGS, APPOINTMENT, COMPENSATION, BENEFITS AND EVALUATION OF OFFICERS, APPOINTMENT AND EMPLOYMENT OF THE PRESIDENT, AND ACTIONS TAKEN BY TRUSTEES OF THE NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT PLAN

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11B A COPY OF FORM 990 WAS MADE AVAILABLE TO THE MEMBERS OF HOSPITAL'S BOARD PRIOR TO FILING THE AUDIT AND COMPLIANCE COMMITTEE OF THE NCH BOARD REVIEWED FORM 990 FOR AFFILIATES OF NCH PRIOR TO DISTRIBUTION TO THE FULL BOARD

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C EACH YEAR, THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE IS SENT TO DIRECTORS, OFFICERS AND KEY EMPLOYEES EACH RESPONSE IS REVIEWED BY THE GENERAL COUNSEL AND THOSE IN WHICH ANY ACTUAL OR APPARENT CONFLICT WITH THE PRESENT ROLE IS DISCLOSED, ARE REVIEWED BY THE PRESIDENT/CEO AND BOARD CHAIRPERSON IN THE CASE OF ANY CONFLICT INVOLVING AN ENTITY OR PARTY WITH WHICH HOSPITAL IS DEALING OR COMPETING, THE PERSON WITH THE CONFLICT MAY NOT PARTICIPATE IN ANY DECISIONS REGARDING THAT PARTY INDIVIDUALS WHO ARE INDEPENDENT CONTRACTORS, OFFICERS, DIRECTORS, OR EMPLOYEES OF OTHER HEALTHCARE FACILITIES IN HOSPITAL'S SERVICE AREA MAY NOT SERVE ON NCH'S OR ANY RELATED ORGANIZATION'S BOARD OR BOARD COMMITTEE IN ADDITION, THE POLICY INCLUDES A SAMPLE CONFLICT OF INTEREST DISCLOSURE LETTER TO BE USED IF A CONFLICT ARISES AFTER SUBMISSION OF THE ANNUAL QUESTIONNAIRE AND BEFORE SUBMISSION OF THE NEXT ANNUAL QUESTIONNAIRE SUCH DISCLOSURE LETTERS WOULD BE REVIEWED AS NOTED ABOVE AT THE TIME THEY ARE RECEIVED

Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS FOR TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, LINE 15A THE COMPENSATION AND GOVERNANCE COMMITTEE OF THE NCH BOARD IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRESIDENT/CEO WHO IS THE TOP MANAGEMENT OFFICIAL. COMPENSATION IS REVIEWED USING AN EXTERNAL COMPENSATION FIRM. THE REVIEW ALSO UTILIZES COMPARISONS TO SIMILAR ORGANIZATIONS THROUGH REVIEW OF FORMS 990, USE OF COMPARISON STUDIES FROM THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL AND OTHER SOURCES. THE PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMPENSATION AND GOVERNANCE COMMITTEE. COMPENSATION DETERMINATION PROCESS FOR OFFICERS AND KEY EMPLOYEES FORM 990, PART VI, LINE 15B THE COMPENSATION AND GOVERNANCE COMMITTEE OF THE NCH BOARD IS RESPONSIBLE FOR APPROVING THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES (VICE PRESIDENTS) OF HOSPITAL BASED ON RECOMMENDATIONS FROM THE PRESIDENT/CEO. THE REVIEW UTILIZES COMPARISONS TO STUDIES FROM THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL AND OTHER SOURCES. THE PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMPENSATION AND GOVERNANCE COMMITTEE.

Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19 GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC HOSPITAL'S FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL CONSOLIDATED AUDIT REPORT OF NCH AND SUBSIDIARIES THESE CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE MUNICIPAL SECURITIES RULEMAKING BOARD'S ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE AT WWW EMMA MSRB ORG

Return Reference	Explanation
RECONCILIATION OF NET ASSETS - OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, QUESTION 9 BASIS SWAP GAIN 368,221 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 1,288,235 MANAGEMENT FEE FOR DSC II 500,223 RESTRICTED FUNDS - SILVER LINING PROGRAM (28,800) CHANGE IN TEMPORARILY RESTRICTED FUNDS (838,148) CHANGE IN PERMANENTLY RESTRICTED FUNDS (119,130) NET ASSETS TRANSFER TO NORTHWEST COMMUNITY HEALTHCARE (33,428,004) ===== TOTAL (32,257,403)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

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2013

Open to Public Inspection

Name of the organization
Northwest Community Hospital

Employer identification number
36-2340313

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHWEST COMMUNITY PHYSICIANS ASSN LLC 3060 SALT CREEK LANE ARLINGTON HTS, IL 60005 51-0457240	PATIENT CARE	IL	639,016	0	NA
(2) NCH SERVICE COMPANY LLC 3060 SALT CREEK LANE ARLINGTON HTS, IL 60005 26-3791362	PATIENT CARE	IL	368,767	0	NCPA LLC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTHWEST COMMUNITY HEALTHCARE 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 36-3125209	SUPPORT ORG	IL	501(c)(3)	11 Type II	NA		No
(2) NORTHWEST COMMUNITY DAY SURGERY CENTER 675 WEST KIRCHOFF ROAD ARLINGTON HEIGHTS, IL 60005 36-3540436	OUTPATIENT	IL	501(c)(3)	3	NCH		No
(3) NORTHWEST COMMUNITY HOSPITAL FOUNDATION 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 36-3125193	FUNDRAISING	IL	501(c)(3)	7	NCH		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NPC-CYBERKNIFE LLC 800 W CENTRAL RD ARLNGTN HTS, IL 60005 20-4462828	EQUIPMENT LEASING	IL	NA	N/A								
(2) NCH DSC II 675 KIRCHOFF ARLNGTN HTS, IL 60005 30-0798249	OUTPATIENT CARE	IL	NA	N/A								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NORTHWEST COMMUNITY HEALTH SERVICES INC 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 36-3312906	HEALTHCARE SERVIC	IL	HEALTHCARE SVCS	C Corp					No
(2) NORTHWEST COMMUNITY CAPCO INC 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 36-4027717	MANAGED CARE	IL	HOSPITAL	C Corp	672,507	899,913	100 000 %		No
(3) NCH CASUALTY INSURANCE SPC LTD 68 WEST BAY ROAD KY1- 1102 GRAND CAYMAN, CAYMAN ISLANDS CJ 98-0442062	INSURANCE	CJ	HEALTHCARE	C Corp					No
(4) CENTRAL INSURANCE COMPANY LTD 800 West Central Road Arlington Heights, IL 60005 98-1109518	INSURANCE	IL	HEALTHCARE	C Corp					
(5) NCH PHYSICIANS COOPERATIVE 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 20-1830299	GROUP PURCHASING	IL	HOSPITAL	C Corp	0	0	100 000 %		No

Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHWEST COMMUNITY CAPCO INC	q	-131,815	COST

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

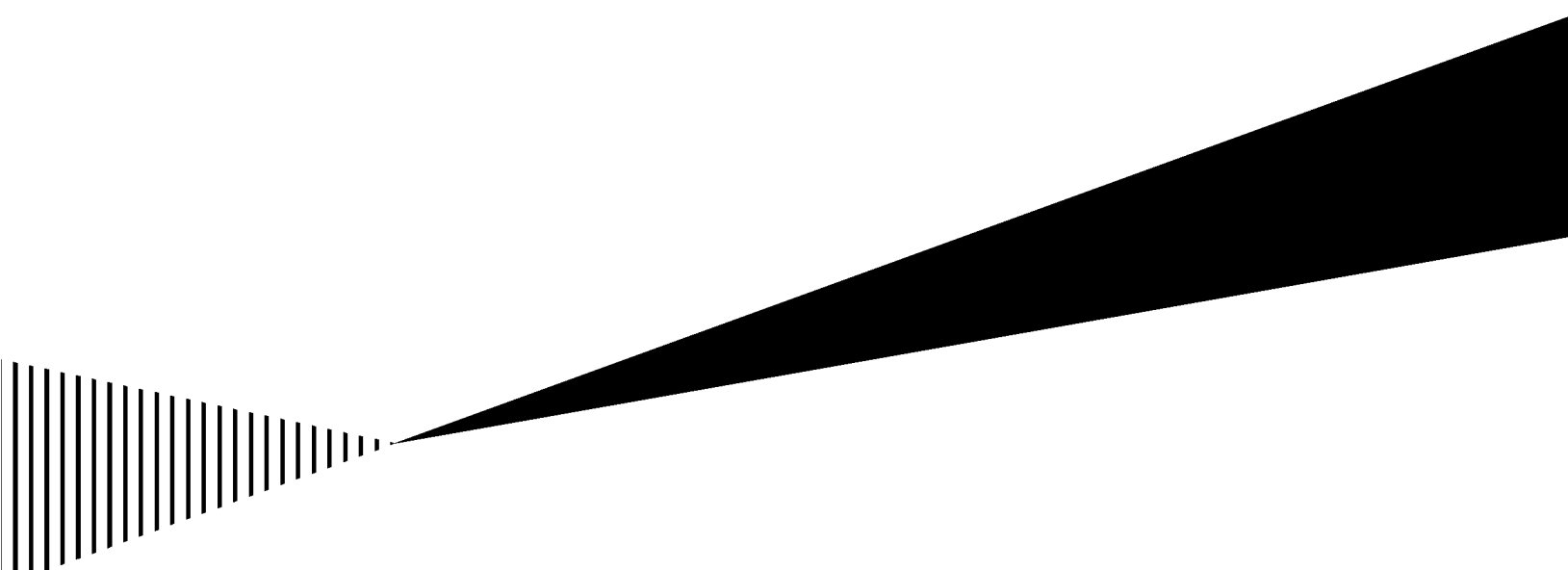
Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Northwest Community Healthcare and Subsidiaries
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



**Building a better
working world**

Northwest Community Healthcare and Subsidiaries

Consolidated Financial Statements and Supplementary Information

Years Ended September 30, 2014 and 2013

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Report of Independent Auditors

The Audit and Compliance Committee and the Board of Directors
Northwest Community Healthcare and Subsidiaries

We have audited the accompanying consolidated financial statements of Northwest Community Healthcare and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Northwest Community Healthcare and Subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Ernst + Young LLP

January 28, 2015

Northwest Community Healthcare and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2014	2013
Assets		
Current assets		
Cash and cash equivalents	\$ 23,850,452	\$ 49,344,514
Investments restricted under bond financings	48	3,650
Patient accounts receivable, less allowances for uncollectible accounts (2014 – \$10,616,000, 2013 – \$24,220,000) (<i>Note 4</i>)	67,285,527	61,630,268
Other receivables	6,775,931	13,083,335
Prepaid expenses and other	12,654,970	11,090,397
Total current assets	110,566,928	135,152,164
Assets limited as to use, at fair value		
Internally designated for operations and liquidity	87,586,567	98,835,268
Internally designated for capital replacement	354,471,483	308,773,586
Internally designated for insurance	27,709,449	17,032,747
Internally designated for endowment	1,781,285	1,614,498
Externally designated for endowment	1,657,661	1,543,038
	473,206,445	427,799,137
Property and equipment, at cost		
Land and land improvements	24,555,915	24,555,915
Buildings	352,220,285	348,603,311
Fixed equipment and leasehold improvements	223,945,320	221,418,433
Major movable equipment	132,895,489	120,771,922
Construction-in-progress	25,770,035	10,523,498
	759,387,044	725,873,079
Accumulated depreciation	(335,285,214)	(309,397,783)
	424,101,830	416,475,296
Reinsurance receivable	16,992,487	23,960,001
Other long-term assets	7,892,079	6,999,610
Total assets	\$1,032,759,769	\$1,010,386,208

	September 30	
	2014	2013
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 15,721,897	\$ 14,395,536
Accrued expenses and other	60,261,781	58,732,239
Current maturities of long-term debt obligations	6,741,738	6,495,976
Due to third-party payors	48,196,154	54,123,854
Total current liabilities	130,921,570	133,747,605
Long-term debt obligations, less current maturities		
Series 2008A bonds	145,370,000	147,140,000
Series 2008B bonds	33,380,000	34,865,000
Series 2008C bonds	33,380,000	34,865,000
Series 2011 bonds	46,900,000	48,600,000
Capital lease obligations	—	301,738
	259,030,000	265,771,738
Asset retirement obligation	859,080	833,218
Other long-term liabilities	1,880,036	427,881
Interest rate swap	642,583	1,010,804
Reserve for self-insurance	47,302,061	53,261,462
Pension obligation	10,816,379	18,926,277
Total noncurrent liabilities	320,530,139	340,231,380
Total liabilities	451,451,709	473,978,985
Net assets		
Unrestricted	574,916,330	529,134,047
Temporarily restricted	5,274,529	6,093,771
Permanently restricted	1,117,201	1,179,405
Total net assets	581,308,060	536,407,223
Total liabilities and net assets	\$1,032,759,769	\$1,010,386,208

See accompanying notes.

Northwest Community Healthcare and Subsidiaries

Consolidated Statements of Operations
and Changes in Net Assets

	Year Ended September 30	
	2014	2013
Revenue		
Net patient service revenue (net of contractual allowances)	\$ 480,655,949	\$ 468,616,419
Provision for uncollectible accounts <i>(Note 4)</i>	(5,331,170)	(11,193,262)
	<u>475,324,779</u>	<u>457,423,157</u>
Other operating revenue	29,197,715	25,847,968
Total revenue	<u>504,522,494</u>	<u>483,271,125</u>
Expenses		
Salaries and employee benefits	270,691,488	269,065,120
Supplies and other	95,664,570	96,684,961
Professional fees and purchased services	61,078,155	59,259,107
Depreciation and amortization	34,069,744	32,776,876
Illinois hospital assessment	22,593,906	11,676,123
Interest	9,609,909	9,630,199
Total expenses	<u>493,707,772</u>	<u>479,092,386</u>
Operating income	<u>10,814,722</u>	<u>4,178,739</u>
Nonoperating revenue (expense)		
Investment income	32,011,619	38,589,278
Change in value of interest rate swap	368,221	51,614
Other	(2,240,366)	(1,835,572)
Total nonoperating revenue	<u>30,139,474</u>	<u>36,805,320</u>
Excess of revenue over expenses	<u>40,954,196</u>	<u>40,984,059</u>

Northwest Community Healthcare and Subsidiaries

Consolidated Statements of Operations
and Changes in Net Assets (continued)

	Year Ended September 30	
	2014	2013
Unrestricted net assets		
Excess of revenue over expenses	\$ 40,954,196	\$ 40,984,059
Pension-related changes other than net periodic pension cost	1,288,235	19,376,505
Net assets released from restrictions used for purchase of property and equipment	1,699,852	424,053
Capital from DSC-II investors	1,840,000	—
Increase in unrestricted net assets	45,782,283	60,784,617
Temporarily restricted net assets		
Contributions	1,997,642	1,430,642
Investment income	165,582	200,880
Net assets released from restrictions used for		
Purchase of property and equipment	(1,699,848)	(424,053)
Operations	(1,282,618)	(804,628)
(Decrease) increase in temporarily restricted net assets	(819,242)	402,841
Permanently restricted net assets		
Contributions	1,079	4,198
Transfers to affiliates	(63,283)	(56,673)
Decrease in permanently restricted net assets	(62,204)	(52,475)
Increase in net assets	44,900,837	61,134,983
Net assets at beginning of year	536,407,223	475,272,240
Net assets at end of year	\$ 581,308,060	\$ 536,407,223

See accompanying notes.

Northwest Community Healthcare and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2014	2013
Operating activities		
Increase in net assets	\$ 44,900,837	\$ 61,134,983
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Pension-related changes other than net periodic pension cost	(1,288,235)	(19,376,505)
Restricted contributions	(1,998,721)	(1,434,840)
Depreciation and amortization	34,069,744	32,776,876
Provision for uncollectible accounts	5,331,170	11,193,262
Loss (gain) on disposal of fixed assets	31,273	(550,323)
Unrealized gain on investments	(5,980,364)	(8,521,502)
Change in value of interest rate swap	(368,221)	(51,614)
Changes in other assets and liabilities		
Patient accounts receivable, other receivables, and due to third-party payors	(10,606,723)	(6,584,686)
Accounts payable and accrued expenses	2,855,901	7,283,292
Investments	(39,423,342)	(46,761,368)
Other assets and liabilities	(7,065,822)	4,481,264
Net cash provided by operating activities	20,457,497	33,588,839
Investing activities		
Property and equipment additions, net	(41,454,304)	(23,435,918)
Cash used in investing activities	(41,454,304)	(23,435,918)
Financing activities		
Payments on long-term obligations	(6,495,976)	(6,233,491)
Restricted contributions	1,998,721	1,434,840
Net cash used in financing activities	(4,497,255)	(4,798,651)
Net (decrease) increase in cash and cash equivalents	(25,494,062)	5,354,270
Cash and cash equivalents at beginning of year	49,344,514	43,990,244
Cash and cash equivalents at end of year	\$ 23,850,452	\$ 49,344,514
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ 8,784,836	\$ 8,970,753

See accompanying notes.

Northwest Community Healthcare and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014

1. Organization and Nature of Operations

Northwest Community Healthcare and Subsidiaries (Healthcare) was established to own, operate, control, and otherwise coordinate the delivery of healthcare within the service area of Northwest Community Hospital (the Hospital), and coordinate the activities of the various corporations affiliated with Healthcare. Subsidiaries of Healthcare include the Hospital, Northwest Community Hospital Foundation (the Foundation), and Northwest Community Day Surgery Center, Inc (DSC), which are not-for-profit entities, Northwest Community Health Services, Inc (Health Services), NPC-CyberKnife, LLC (CyberKnife) and Northwest Community Day Surgery Center II, LLC (DSC-II), which are taxable entities, and NCH Casualty Insurance SPC Limited (NCHCI), a Cayman Islands corporation. The Hospital, located in Arlington Heights, Illinois, is a 496-bed acute care facility providing inpatient, outpatient, and emergency care services primarily to residents of Arlington Heights and the surrounding communities. Northwest Community Capco, Inc (Capco), an Illinois for-profit corporation, Northwest Community Physicians Association, LLC (NCPA), a limited liability company, and NCH Physicians Cooperative (NCHPC), an Illinois not-for-profit corporation, are subsidiaries of the Hospital. NCH Service Company, LLC (NCHSC), a limited liability company, is a subsidiary of NCPA. Central Insurance Company, Ltd (CICL) is a Cayman Islands not-for-profit captive insurance company established on January 1, 2013, to provide general and professional liability coverage for the risks of Healthcare.

Health Services owns and operates the NCH Medical Group (NCHMG), a multi-specialty physician practice that was established in 2010. NCHMG has offices in Arlington Heights, Buffalo Grove, Mt Prospect, Lake Zurich, Palatine, and Schaumburg, Illinois.

CyberKnife was formed in June 2006 for the purpose of purchasing and owning a stereotactic radiosurgery system and leasing it to the Hospital. CyberKnife is a limited liability corporation that is owned by Healthcare (74% at September 30, 2014 and 2013) and physician investors (26% at September 30, 2014 and 2013). Healthcare consolidates CyberKnife, as Healthcare owns a majority of the units outstanding.

DSC ceased operating as of December 31, 2013, and Healthcare, as the sole corporate member of DSC, effectuated the transfer of substantially all of the assets and liabilities of DSC, excluding the facility, from DSC to DSC-II.

DSC-II was formed in 2014 for the purpose of owning and operating an ambulatory surgery center. DSC-II is a limited liability company that is owned by Healthcare (60% at September 30, 2014) and physician investors (40% at September 30, 2014). Healthcare consolidates DSC-II, as Healthcare owns a majority of the units outstanding.

Northwest Community Healthcare and Subsidiaries
Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Healthcare, the Hospital, the Foundation, DSC, Health Services, Capco, NCPA, NCHPC, CyberKnife, DSC-II, NCHSC, NCHCI, and CICL. NCHPC had no financial transactions during 2014 and 2013, and did not hold any assets or liabilities as of September 30, 2014 and 2013. Significant intercompany transactions have been eliminated in consolidation.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid short-term investments with original maturities of three months or less.

Patient Accounts Receivable

Healthcare evaluates the collectability of its accounts receivable based on the length of time the receivable is outstanding, payor class, and the anticipated future collectible amounts based on historical experience. Accounts receivable are charged to the allowance for uncollectible accounts when they are deemed uncollectible.

Inventories

Inventories are priced at the lower of cost, determined by the first-in, first-out method, or market.

Investments

Healthcare has designated all of its investments as trading. Investments in equity and debt securities and mutual funds with readily determinable fair values are reported at fair value based on quoted market prices. Alternative investments, primarily limited partnerships that invest in hedge funds, are reported using the equity method of accounting based on information provided by the partnership. Income earned, realized gains (losses), and changes in unrealized gains (losses) on funds internally designated for operations and liquidity are reported as other operating revenue. All other investment income (loss), realized gains (losses), and changes in unrealized gains (losses) are reported as nonoperating revenue (expense).

Northwest Community Healthcare and Subsidiaries
Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Derivative Instruments

Derivative instruments, specifically interest rate swaps, are recorded on the consolidated balance sheets at their respective fair values. The derivative instruments do not qualify for hedge accounting, therefore, the change in the fair value of those derivative instruments is reflected in nonoperating revenue (expense). The changes in cash flows are reflected in interest expense.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Healthcare uses the straight-line method of computing depreciation for property and equipment. In 2012, Healthcare performed asset useful life studies on its buildings and leasehold improvements, in order to more appropriately recognize useful lives reflective of the remaining expected lives of those component assets, taking into consideration the longevity and functional use of such long-lived assets. Healthcare performed similar procedures on certain major moveable equipment in 2013. As a result of these studies and the change in estimated useful lives, depreciation expense was reduced by \$3,600,000 for the year ended September 30, 2013.

Deferred Financing and Other Costs

Underwriting fees and other costs related to the issuance of the Series 2011 and Series 2008 bonds, which are included in other long-term assets, are deferred and amortized on a straight-line basis over the life of the related debt using methods that approximate the effective interest method.

General and Professional Liability Insurance

The provision for general and professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, which are included in long-term liabilities.

Reinsurance Receivable

Reinsurance receivable is recognized in a manner consistent with the liabilities relating to the underlying reinsured contracts.