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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015

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

C Name of organization
Northwestern Memorial Healthcare Group

% ROBERT GERECKE

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
251 E Huron 541 N Fairbanks

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 606112908

D Employer identification number
36-4724966

E Telephone number
(312)926-2000

G Gross receipts $ 4,802,163,855

F Name and address of principal officer
DEAN M HARRISON
251 E Huron
chicago,IL 60611

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5878

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

J Website: ▶ WWW NM ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The primary mission of the Northwestern affiliates included in this group Return is to be the destination of choice for people seeking quality healthcare

2 Check this box ▶☑ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	194
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	158
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	21,054
6	Total number of volunteers (estimate if necessary)	**6**	2,141
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	64,939,337
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	19,472,709

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	52,587,209	63,827,102
9	Program service revenue (Part VIII, line 2g)	2,386,099,188	3,799,991,178
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126,734,211	57,829,846
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,620,039	67,558,243
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,691,040,647	3,989,206,369
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	41,104,582	16,132,416
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,099,996,853	1,658,421,956
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,932,146		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,252,945,248	2,000,050,070
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,394,046,683	3,674,604,442
19	Revenue less expenses Subtract line 18 from line 12	296,993,964	314,601,927

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	5,364,670,376	8,352,625,115
21	Total liabilities (Part X, line 26)	2,415,210,398	3,291,641,840
22	Net assets or fund balances Subtract line 21 from line 20	2,949,459,978	5,060,983,275

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 — 2016-07-14 Date

▶ JOHN A ORSINI CFO & Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Angela M Moore	Angela M Moore			P00244342

Firm's name ▶ ERNST & YOUNG US LLC — Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE STE 4000
INDIANAPOLIS, IN 46204

Phone no (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

With a mission-driven commitment to providing quality medical care, regardless of the ability to pay, NMHC maintains its dedication to improve the health of the most medically underserved members of our community by 1 Providing approximately $662 million in community benefit in fiscal year 2015 including charity care, other unreimbursed care, research, education and other community activities 2 Supporting those newly insured under the Affordable Care Act (ACA) by continuing to provide medically necessary health care, and assisting patients in understanding their coverage and provider networks 3 Providing approximately $100 million in funding for research and medical education in fiscal year 2015, including participating in more than 2,400 clinical research studies and training more than 900 medical students, residents and fellows 4 Expanding access to healthcare services through establishment of primary care in the community, underwriting medically necessary diagnostic specialty c

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 $ 1,098,192,205 including grants of $ 10,754,593) (Revenue $ 1,477,034,518)

Northwestern Memorial Hospital For more than 150 years, NMH and its predecessor institutions, Passavant Memorial and Wesley Memorial hospitals, have served residents of Chicago The commitment to provide healthcare, regardless of the ability to pay, reaches back to the founding principles of Passavant and Wesley and continues to be integral to our Patients First mission NMH serves as the primary teaching hospital for Feinberg, with more than 2,000 physicians on the medical staff and carrying faculty appointments at Feinberg NMG has more than 1,100 physicians representing virtually every medical specialty and serving as fulltime faculty of Feinberg NMH is among only seven percent of the nation's hospitals designated as an AMC hospital, which according to the Association of American Medical Colleges (AAMC), in aggregate deliver a vastly disproportionate share of the nation's trauma, intensive care and tertiary services, provide a significantly higher proportion of Medicaid care than non-teaching hospitals, and underwrite 41 percent of all hospital-based charity care NMH is an adult acute care hospital located in Chicago's growing downtown area and saw more than 44,000 adults admitted as inpatients in fiscal year 2015 As an adult Level I trauma center in downtown Chicago with 24/7 service, NMH had more than 86,000 Emergency Department (ED) visits in fiscal year 2015 NMH is also the only AMC hospital in Chicago participating in both city and state Level I trauma networks and as a Level III neonatal intensive care unit, allowing us to provide lifesaving care and treatment to the most seriously injured adults and premature and sick infants NMH has the largest birthing center in Illinois, with more than 12,000 deliveries in fiscal year 2015 NMH also serves an important role for patients outside of Chicago As a nationally ranked AMC hospital and a major referral center in the Midwest and beyond, NMH is one of a limited number of places in the region where patients requiring advanced tertiary, quaternary or specialty services can access the care and services they need

4b (Code) (Expenses $ 889,163,396 including grants of $ 1,200,000) (Revenue $ 878,259,078)

The Northwestern Memorial Healthcare medical staff of more than 4,000 includes more than 1,000 residents and fellows and nearly 1,500 employed physicians who are part of the Northwestern Medical Group or Central Dupage Physicians Group Northwestern Medical Group is a multispecialty and primary care physician practice with more than 1,100 physicians, including the fulltime faculty of the Northwestern University Feinberg School of Medicine Central Dupage Physicians Group is a multi-specialty and primary care physician practice with more than 300 physicians operating in the western suburbs

4c (Code) (Expenses $ 558,903,721 including grants of $ 983,223) (Revenue $ 861,352,531)

Central DuPage Hospital CDH was opened more than 50 years ago, when residents of DuPage County organized to renovate an existing clinical facility and bring much-needed, high quality hospital care to the western suburbs of Chicago Today, CDH is a 347-bed acute-care facility with more than 1,000 physicians on the medical staff in 90 specialties In fiscal year 2015, CDH had more than 21,000 inpatient admissions and 59,000 ED visits CDH provides residents of DuPage County and beyond with local access to advanced specialty care, with a Level II trauma center and Level III neonatal intensive care unit CDH is regional destination for oncology, neurology, orthopaedics, pediatric and cardiology care, and offers cancer patients highly advanced treatment at the state's first and only Proton therapy center

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 500,196,384 including grants of $ 3,194,601) (Revenue $ 550,202,168)

4e **Total program service expenses** ▶ 3,046,455,706

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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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**	Yes	
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**	Yes	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 . .	1a	1,406		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
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	2a	21,054		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	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)?			4a	Yes
b	If "Yes," enter the name of the foreign country ▶ CJ , EI , LU See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	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			13a		
b	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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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	**1a**	194		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	158		
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**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	
b	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				
a	The governing body?		**8a**	Yes	
b	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**		No
b	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**		
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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	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**	Yes	
b	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**	Yes	

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶ ROBERT GERECKE
541 N FAIRBANKS RM 1639
CHICAGO,IL 606113309 (312)926-9495

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								56,950,170	0	5,886,995

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,480

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
NORTHWESTERN UNIVersity, 710 N lake Shore Drive CHICAGO, IL 60611	medical services	89,677,311
Turner Construction company, 55 E monroe suite 1430 CHICAGO, IL 60603	construction	37,168,871
Pepper construction company, 643 n orleans street CHICAGO, IL 60654	construction	34,837,127
MCGAW MEDICAL CENTER OF NORTHWESTER, 645 N MICHIGAN AVE CHICAGO, IL 60611	MED SVCS/RESIDENCY	32,896,106
skender construction, 200 w madison suite 1300 CHICAGO, IL 60606	construction	26,295,719

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 ▶ 292

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,247,085			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	15,682,064			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	46,897,953			
	g	Noncash contributions included in lines 1a-1f $		5,103,955			
	h	**Total.** Add lines 1a-1f		63,827,102			
Program Service Revenue			Business Code				
	2a	NM HSP PATIENT SERV & OTHER REVENUE	621990	1,477,034,518	1,477,034,518		
	b	CENTRL DUPAGE HSP PATNT SERV & OTHER REV	621990	906,268,722	861,352,531	44,916,191	
	c	NMG PATIENT SERVICES & OTHER REVENUE	621110	757,155,854	757,155,854		
	d	DELNOR COMM HSP	621990	269,640,030	269,640,030		
	e	NLF HSP PATNT SERV & OTHER REVENUE	621990	253,311,482	251,572,634	1,738,848	
	f	All other program service revenue		136,580,572	136,580,572		
	g	**Total.** Add lines 2a–2f		3,799,991,178			
	3	Investment income (including dividends, interest, and other similar amounts)		73,868,756		1,462,092	72,406,664
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	36,894,055				
	b	Less rental expenses					
	c	Rental income or (loss)	36,894,055	0			
	d	Net rental income or (loss)			36,894,055		76,704	36,817,351
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	794,535,909				
	b	Less cost or other basis and sales expenses	810,574,819				
	c	Gain or (loss)	-16,038,910				
	d	Net gain or (loss)			-16,038,910			-16,038,910
Other Revenue	8a	Gross income from fundraising events (not including $ 1,247,085 of contributions reported on line 1c) See Part IV, line 18	a	916,915				
	b	Less direct expenses	b	765,796				
	c	Net income or (loss) from fundraising events			151,119			151,119
	9a	Gross income from gaming activities See Part IV, line 19	a	23,540				
	b	Less direct expenses	b	2,098				
	c	Net income or (loss) from gaming activities			21,442			21,442
	10a	Gross sales of inventory, less returns and allowances	a	1,848,742				
	b	Less cost of goods sold	b	1,614,773				
	c	Net income or (loss) from sales of inventory			233,969			233,969
		Miscellaneous Revenue		Business Code				
	11a	PROFESSIONAL SERVICE FEES		561000	59,350,107	44,291,475	15,058,632	
	b	PARKING REVENUE		812930	8,635,996	8,310,184	325,812	
	c	PROFESSIONAL SERVICES TO AFFILIATES		561000	1,167,213	1,167,213		
	d	All other revenue			-38,895,658	-40,256,716	1,361,058	
	e	**Total.** Add lines 11a–11d			30,257,658			
	12	**Total revenue.** See Instructions			3,989,206,369	3,766,848,295	64,939,337	93,591,635

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 domestic organizations and domestic governments See Part IV, line 21	16,018,207	16,018,207		
2 Grants and other assistance to domestic individuals See Part IV, line 22	114,209	114,209		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	35,844,451	32,847,685	2,899,742	97,024
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,308,882,496	1,199,453,724	105,885,874	3,542,898
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,910,443	66,691,526	4,129,606	89,311
9 Other employee benefits	162,236,577	144,032,304	17,371,817	832,456
10 Payroll taxes	80,547,989	72,826,400	7,585,045	136,544
11 Fees for services (non-employees)				
a Management	253,229,619		253,229,619	
b Legal	2,756,681	2,403,351	353,330	
c Accounting	4,815,140	2,012,093	2,728,169	74,878
d Lobbying	223,974	223,974		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,537	1,537		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,855,786	109,394,599	80,900,045	7,561,142
12 Advertising and promotion	13,665,816	1,447,919	11,698,704	519,193
13 Office expenses	50,407,236	40,324,093	9,732,446	350,697
14 Information technology	24,544,070	6,321,882	18,186,115	36,073
15 Royalties	0			
16 Occupancy	177,308,539	102,496,300	74,333,488	478,751
17 Travel	5,476,551	4,163,746	1,207,772	105,033
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,471,598	951,851	2,012,194	507,553
20 Interest	57,847,880	57,823,755	24,125	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	266,074,882	254,657,201	11,374,334	43,347
23 Insurance	81,727,657	77,736,088	3,978,899	12,670
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	584,936,908	583,817,107	953,435	166,366
b MEDICAID TAX	81,489,232	81,489,232		
c BAD DEBT	162,092,945	162,033,735	29,292	29,918
d INCOME TAXES	9,611,326	9,611,326		
e All other expenses	22,512,693	17,561,862	4,602,539	348,292
25 **Total functional expenses.** Add lines 1 through 24e	3,674,604,442	3,046,455,706	613,216,590	14,932,146
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		42,313,083	2	262,386,015
	3	Pledges and grants receivable, net		80,223,239	3	44,193,465
	4	Accounts receivable, net		343,864,426	4	470,548,426
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		350,000	5	170,831
	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		36,040,694	8	48,135,628
	9	Prepaid expenses and deferred charges		111,886,668	9	127,942,472
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,031,014,977			
	b	Less accumulated depreciation	10b 1,420,635,913	1,601,462,871	10c	2,610,379,064
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		14,561,447	14	11,550,563
	15	Other assets See Part IV, line 11		3,133,967,948	15	4,777,318,651
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,364,670,376	16	8,352,625,115
Liabilities	17	Accounts payable and accrued expenses		292,907,383	17	481,788,219
	18	Grants payable		207,649,464	18	143,472,357
	19	Deferred revenue		3,446,617	19	3,483,277
	20	Tax-exempt bond liabilities		793,432,235	20	1,441,544,753
	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		1,117,774,699	25	1,221,353,234
	26	**Total liabilities.** Add lines 17 through 25		2,415,210,398	26	3,291,641,840
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,619,405,483	27	4,701,016,915
	28	Temporarily restricted net assets		176,006,547	28	199,190,948
	29	Permanently restricted net assets		154,047,948	29	160,775,412
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		2,949,459,978	33	5,060,983,275
	34	Total liabilities and net assets/fund balances		5,364,670,376	34	8,352,625,115

Part XI Reconcilliation 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	3,989,206,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,674,604,442
3	Revenue less expenses Subtract line 2 from line 1	3	314,601,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,949,459,978
5	Net unrealized gains (losses) on investments	5	12,893,357
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	1,784,028,013
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,060,983,275

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	208,416,991	including grants of $	27,682	) (Revenue $	251,572,634	)
Northwestern lake Forest Hospital							
(Code	) (Expenses $	3,162,761	including grants of $	2,196,706	) (Revenue $		)
Foundation activity nmf AND chf							

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	184,825,927	including grants of $	) (Revenue $	269,640,030)
Delnor Community Hospital					
(Code	) (Expenses $	5,539,786	including grants of $	) (Revenue $	12,130,804)
Health and Fitness Member programs					

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ including grants of $) (Revenue $ 1,167,213) service fees to subordinates				
(Code) (Expenses $ including grants of $) (Revenue $ 8,310,184) parking				

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ including grants of $) (Revenue $ 3,650,278) nursing				
(Code) (Expenses $ including grants of $) (Revenue $ 3,475,055) miscellaneous				

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code home infusion	) (Expenses $	including grants of $	) (Revenue $	2,526,825)
(Code education	) (Expenses $	including grants of $	) (Revenue $	139,193)

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ including grants of $) (Revenue $ -56,611,769) joint venture				
(Code) (Expenses $ including grants of $) (Revenue $ 44,291,475) professional service fees				

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	98,250,919	including grants of $	970,213	) (Revenue $	3,346,544)
CDH Health systems						
(Code	) (Expenses $		including grants of $		) (Revenue $	6,563,702)
food service						

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			
(1) Carol L Bernick NMHC CHAIR/DIRECTOR	5 0 0 0	X		X				0	0	0
(1) John A Canning JR NMHC VICE CHAIR/DIRECTOR	5 0 0 0	X		X				0	0	0
(2) William A Osborn NMHC VICE CHAIR/DIRECTOR	5 0 0 0	X		X				0	0	0
(3) NICHOLAS D CHABRAJA NMHC DIRECTOR	5 0 0 0	X						0	0	0
(4) Dean M Harrison NMHC DIRECTOR PRESIDENT & CEO	40 0 0 0	X		X				3,578,721	0	412,575
(5) W James McNerney Jr NMHC DIRECTOR	5 0 0 0	X						0	0	0
(6) Eric G Nelson MD NMHC CHAIR/DIRECTOR	5 0 0 0	X		X				888,553	0	47,656
(7) J Christopher Reyes NMHC DIRECTOR	5 0 0 0	X						0	0	0
(8) Morton O Schapiro NMHC DIRECTOR	5 0 0 0	X						0	0	0
(9) Timothy P Sullivan NMHC DIRECTOR	5 0 0 0	X						0	0	0
(10) Glenn F Tilton NMHC DIRECTOR	5 0 0 0	X						0	0	0
(11) Douglas E Vaughan MD NMHC DIRECTOR	40 0 0 0	X						525,316	0	48,779
(12) Richard A Mark NMHC DIRECTOR	5 0 0 0	X		X				0	0	0
(13) William P Flesch NMHC DIRECTOR	5 0 0 0	X						0	0	0
(14) Catherine E Kozik NMHC DIRECTOR	5 0 0 0	X						0	0	0
(15) James E Comerford NMHC DIRECTOR	5 0 0 0	X						0	0	0
(16) Manny Favela NMHC DIRECTOR	5 0 0 0	X						0	0	0
(17) Patrick J Flinn NMHC DIRECTOR	5 0 0 0	X		X				0	0	0
(18) Roger T Harris NMHC DIRECTOR	5 0 0 0	X						0	0	0
(19) Michael J Kachmer NMHC DIRECTOR	5 0 0 0	X						0	0	0
(20) Bradley J Kinsey NMHC DIRECTOR	5 0 0 0	X						0	0	0
(21) Timothy P Moen NMHC DIRECTOR	5 0 0 0	X						0	0	0
(22) Gregory W Osko NMHC DIRECTOR	5 0 0 0	X						0	0	0
(23) Matthew W Ross MD NMHC DIRECTOR	5 0 0 0	X						0	0	0
(24) William J Brodsky NMH CHAIR/DIRECTOR	5 0 0 0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Gregory Q Brown NMH DIRECTOR	5 0 0 0	X						0	0	0
(1) Joseph F Damico Jr NMH DIRECTOR	5 0 0 0	X						0	0	0
(2) Mark F Furlong NMH DIRECTOR	5 0 0 0	X						0	0	0
(3) Richard J Gannotta NMH DIRECTOR/President	40 0 0 0	X		X				862,270	0	162,117
(4) Ilene S Gordon NMH DIRECTOR	5 0 0 0	X						0	0	0
(5) Terrance D Peabody MD NMH DIRECTOR	40 0 0 0	X						347,570	0	53,952
(6) William D Perez NMH DIRECTOR	5 0 0 0	X						0	0	0
(7) Anne Pramaggiore NMH DIRECTOR	5 0 0 0	X						0	0	0
(8) Nathaniel J Soper MD NMH DIRECTOR	40 0 0 0	X						769,388	0	51,556
(9) Donald L Thompson NMH DIRECTOR	5 0 0 0	X						0	0	0
(10) William Von Hoene NMH DIRECTOR	5 0 0 0	X						0	0	0
(11) Frederick H Waddell NMH DIRECTOR	5 0 0 0	X						0	0	0
(12) Miles D White NMH DIRECTOR	5 0 0 0	X						0	0	0
(13) Abra Prentice Wilkin NMH DIRECTOR	5 0 0 0	X						0	0	0
(14) Robert Kelsey MD NMH DIRECTOR	5 0 0 0	X						0	0	0
(15) Homi B Patel NMH DIRECTOR	5 0 0 0	X						0	0	0
(16) John H Dick NMH DIRECTOR	5 0 0 0	X						0	0	0
(17) Kent P Dauten NMF CHAIR/DIRECTOR	5 0 0 0	X		X				0	0	0
(18) CHARLES M BRENNAN III NMF DIRECTOR	5 0 0 0	X						0	0	0
(19) DENNIS H CHOOKASZIAN NMF DIRECTOR	5 0 0 0	X						0	0	0
(20) Mark Cozzi NMF DIRECTOR	5 0 0 0	X						0	0	0
(21) William M Daley NMF DIRECTOR	5 0 0 0	X						0	0	0
(22) Anthony B Davis NMF DIRECTOR	5 0 0 0	X						0	0	0
(23) Michael F DeSantiago NMF DIRECTOR	5 0 0 0	X						0	0	0
(24) Shawn M Donnelley NMF DIRECTOR	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) STEPHEN C FALK NMF DIRECTOR/President	40 0 0 0	X		X				671,177	0	46,339
(1) MICHAEL W FERRO NMF DIRECTOR	5 0 0 0	X						0	0	0
(2) Albert M Friedman NMF DIRECTOR	5 0 0 0	X						0	0	0
(3) Torsten Gessner NMF DIRECTOR	5 0 0 0	X						0	0	0
(4) LISA M GILES NMF DIRECTOR	5 0 0 0	X						0	0	0
(5) James T Glerum NMF DIRECTOR	5 0 0 0	X						0	0	0
(6) William Goldberg NMF DIRECTOR	5 0 0 0	X						0	0	0
(7) JAMES A GORDON NMF DIRECTOR	5 0 0 0	X						0	0	0
(8) Judy Greffin NMF DIRECTOR	5 0 0 0	X						0	0	0
(9) SANDRA L HELTON NMF DIRECTOR	5 0 0 0	X						0	0	0
(10) ROBERTO R HERENCIA NMF DIRECTOR	5 0 0 0	X						0	0	0
(11) Adam Hoeflich NMF DIRECTOR	5 0 0 0	X						0	0	0
(12) Jennifer Horan NMF DIRECTOR	5 0 0 0	X						0	0	0
(13) PETER S HURST BDS NMF DIRECTOR	5 0 0 0	X						0	0	0
(14) RICK H KASH NMF DIRECTOR	5 0 0 0	X						0	0	0
(15) Christopher M Keogh NMF DIRECTOR	5 0 0 0	X						0	0	0
(16) JOHN A KESSLER MD NMF DIRECTOR	40 0 0 0	X						51,240	0	21,111
(17) WILLIAM C KUNKLER III NMF DIRECTOR	5 0 0 0	X						0	0	0
(18) LAWRENCE F LEVY NMF DIRECTOR	5 0 0 0	X						0	0	0
(19) JOSEPH D MANSUETO NMF DIRECTOR	5 0 0 0	X						0	0	0
(20) TRINA GORDON MCCALLISTER NMF DIRECTOR	5 0 0 0	X						0	0	0
(21) RICHARD MELMAN NMF DIRECTOR	5 0 0 0	X						0	0	0
(22) JOANNE C MILLER NMf DIRECTOR	5 0 0 0	X						0	0	0
(23) Ashley Hemphill Netzky NMF DIRECTOR	5 0 0 0	X						0	0	0
(24) M K PRITZKER NMF DIRECTOR	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) Phillip J Purcell NMF DIRECTOR	5 0 0 0	X						0	0	0
(1) ANDREA REDMOND NMF DIRECTOR	5 0 0 0	X						0	0	0
(2) LINDA JOHNSON RICE NMf DIRECTOR	5 0 0 0	X						0	0	0
(3) MARY BETH RICHMOND MD NMF DIRECTOR	5 0 0 0	X						0	0	0
(4) MICHAEL A RUCHIM MD NMF DIRECTOR	40 0 0 0	X						666,260	0	43,197
(5) Desiree Rogers NMF DIRECTOR	5 0 0 0	X						0	0	0
(6) MANUEL SANCHEZ NMF DIRECTOR	5 0 0 0	X						0	0	0
(7) Debbie S Saran NMF DIRECTOR	5 0 0 0	X						0	0	0
(8) TERRY SAVAGE NMF DIRECTOR	5 0 0 0	X						0	0	0
(9) MARC S SCHULMAN NMF DIRECTOR	5 0 0 0	X						0	0	0
(10) SCOTT C SMITH NMF DIRECTOR	5 0 0 0	X						0	0	0
(11) M CHRISTINE STOCK MD NMF DIRECTOR	40 0 0 0	X						617,950	0	53,854
(12) ROBERT J STUCKER NMF DIRECTOR	5 0 0 0	X						0	0	0
(13) SHEILA G TALTON NMF DIRECTOR	5 0 0 0	X						0	0	0
(14) Jason Tyler NMF DIRECTOR	5 0 0 0	X						0	0	0
(15) REEVE B WAUD NMF DIRECTOR	5 0 0 0	X						0	0	0
(16) ARTHUR M WOOD JR NMF DIRECTOR	5 0 0 0	X						0	0	0
(17) Corine J Wood NMF DIRECTOR	5 0 0 0	X						0	0	0
(18) Andrea Zopp NMF DIRECTOR	5 0 0 0	X						0	0	0
(19) Jeffery Wayne MD NMF DIRECTOR	5 0 0 0	X						0	0	0
(20) Joan Moore NMF DIRECTOR	5 0 0 0	X						0	0	0
(21) EDWARD J WEHMER NLFH CHAIR/DIRECTOR	5 0 0 0	X						0	0	0
(22) Todd Altounian NLFH DIRECTOR	5 0 0 0	X						0	0	0
(23) Kermit L Crawford NLFH DIRECTOR	5 0 0 0	X						0	0	0
(24) William G Daluga NLFH DIRECTOR	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(101) WILLIAM M HUNTER NLFH DIRECTOR	5 0 0 0	X						0	0	0
(1) Anthony Kessman NLFH DIRECTOR	5 0 0 0	X						0	0	0
(2) Stanley Dee MD NLFH DIRECTOR	5 0 0 0	X						0	0	0
(3) Richard L Lenny NLFH DIRECTOR	5 0 0 0	X						0	0	0
(4) Thomas J McAfee NLFH DIRECTOR/President	40 0 0 0	X		X				862,346	0	268,722
(5) PATRICK M MCCARTHY MD NLFH DIRECTOR	40 0 0 0	X		X				1,981,306	0	40,210
(6) Charlie N Mills NLFH DIRECTOR	5 0 0 0	X						0	0	0
(7) LEE M MITCHELL NLFH DIRECTOR	5 0 0 0	X						0	0	0
(8) Debbie S Saran NLFH DIRECTOR	5 0 0 0	X						0	0	0
(9) Alexander D Stuart NLFH DIRECTOR	5 0 0 0	X		X				0	0	0
(10) Pedro DeJesus NLFH DIRECTOR	5 0 0 0	X						0	0	0
(11) James C Dechene HFI DIRECTOR	40 0 0 0	X		X				421,241	0	113,426
(12) Matthew J Flynn HFI DIRECTOR	40 0 0 0	X		X				352,362	0	75,111
(13) Stephen Crawford NMG DIRECTOR	5 0 0 0	X						0	0	0
(14) Daniel M Derman MD NMG DIRECTOR	40 0 0 0	X						741,370	0	105,657
(15) Robert A Ivingston NMG DIRECTOR	5 0 0 0	X						0	0	0
(16) David M Mahvi MD NMG Director President	40 0 0 0	X		X				605,726	0	54,960
(17) Robert L Parkinson Jr NMG DIRECTOR	5 0 0 0	X						0	0	0
(18) Amy S Paller MD NMG DIRECTOR	40 0 0 0	X						378,371	0	55,675
(19) Andrew T Parsa MD PHD NMG DIRECTOR	40 0 0 0	X						1,108,442	0	55,593
(20) Nicholas J Volpe MD NMG DIRECTOR	40 0 0 0	X						486,157	0	56,446
(21) Peter J McCanna NMS CHAIR/DIRECTOR	40 0 0 0	X		X				1,620,087	0	988,888
(22) Jane D Pigott NMG DIRECTOR	5 0 0 0	X						0	0	0
(23) Larry D Richman NMG DIRECTOR	5 0 0 0	X						0	0	0
(24) Edward T Tilly NMG DIRECTOR	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(126) Samuel C Scott III NMG DIRECTOR	5 0 0 0	X						0	0	0
(1) Forrest R Whittaker NMG DIRECTOR	5 0 0 0	X						0	0	0
(2) Michael Vivoda NMWR DIRECTOR	40 0 0 0	X		X				3,352,348	0	36,045
(3) Anthony Altimari MD NMWR DIRECTOR	5 0 0 0	X						0	0	0
(4) Mark Morrison MD NMWR DIRECTOR	5 0 0 0	X						0	0	0
(5) Charles Hewell MD NMWR DIRECTOR	5 0 0 0	X						0	0	0
(6) Jay Thakkar MD NMWR DIRECTOR	5 0 0 0	X						0	0	0
(7) David Brown NMWR DIRECTOR	5 0 0 0	X						0	0	0
(8) Philip Bradshaw MD NMWR DIRECTOR	5 0 0 0	X						0	0	0
(9) Dee A Manire NMWR DIRECTOR	5 0 0 0	X						0	0	0
(10) Jay Kloosterboer NMWR DIRECTOR	5 0 0 0	X						0	0	0
(11) Drew Palumbo CPG CHAIR/DIRECTOR	40 0 0 0	X		X				453,573	0	36,449
(12) Pat Towne MD CPG DIRECTOR	40 0 0 0	X		X				559,337	0	42,842
(13) Richard Davis CHF DIRECTOR	5 0 0 0	X						0	0	0
(14) James Abbott CHF DIRECTOR	5 0 0 0	X						0	0	0
(15) Michael-Dean Chorneyko CHF DIRECTOR	5 0 0 0	X						0	0	0
(16) William Cunningham CHF DIRECTOR	5 0 0 0	X						0	0	0
(17) Matthew S Darnall CHF DIRECTOR	5 0 0 0	X						0	0	0
(18) Albert R Harris CHF DIRECTOR	5 0 0 0	X						0	0	0
(19) Karen Mills CHF DIRECTOR	5 0 0 0	X						0	0	0
(20) James Murray III CHF DIRECTOR	5 0 0 0	X						0	0	0
(21) Bradley G Pihl CHF DIRECTOR	5 0 0 0	X						0	0	0
(22) Thomas W Tewksbury CHF DIRECTOR	5 0 0 0	X						0	0	0
(23) Warren M Beeh MD CHF DIRECTOR	5 0 0 0	X						0	0	0
(24) Craig T Collins CHF DIRECTOR	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(151) James D'Ambrosio Jr CHF DIRECTOR	5 0 0 0	X						0	0	0
(1) Gwendolyn S Henry CHF DIRECTOR	5 0 0 0	X						0	0	0
(2) Richard H Mattoon CHF DIRECTOR	5 0 0 0	X						0	0	0
(3) David Mook CHF DIRECTOR	5 0 0 0	X						0	0	0
(4) Michael Pacilio CHF DIRECTOR	5 0 0 0	X						0	0	0
(5) Craig R Pryde CHF DIRECTOR	5 0 0 0	X						0	0	0
(6) Peter Whinfrey CHF DIRECTOR	5 0 0 0	X						0	0	0
(7) Dean Barrett CHF DIRECTOR	5 0 0 0	X						0	0	0
(8) Roger L Benson CHF DIRECTOR	5 0 0 0	X						0	0	0
(9) Donald Cooke CHF DIRECTOR	5 0 0 0	X						0	0	0
(10) Brett M Dale CHF DIRECTOR	5 0 0 0	X						0	0	0
(11) Stephen W Elliott CHF DIRECTOR	5 0 0 0	X						0	0	0
(12) Timothy J Luby CHF DIRECTOR	5 0 0 0	X						0	0	0
(13) J Richard Maybury CHF DIRECTOR	5 0 0 0	X						0	0	0
(14) Kevin Most DO CHF DIRECTOR	40 0 0 0	X						750,289	0	27,225
(15) Joseph M Persak MD CHF DIRECTOR	5 0 0 0	X						0	0	0
(16) Donald E Sveen CHF DIRECTOR	5 0 0 0	X						0	0	0
(17) Jane Billish CHF DIRECTOR	5 0 0 0	X						0	0	0
(18) Kay E Filkin CHF DIRECTOR	5 0 0 0	X						0	0	0
(19) Jackie Hynek CHF DIRECTOR	5 0 0 0	X						0	0	0
(20) Dudley G Malone CHF DIRECTOR	5 0 0 0	X						0	0	0
(21) James G Adams MD NMH Senior VP & Chief Medical Offi	40 0 0 0			X				698,817	0	40,225
(22) John A Orsini NMHC CFO and Treasurer	40 0 0 0			X				1,426,443	0	28,675
(23) Douglas M Young NMHC VP & Assistant Treasurer	40 0 0 0			X				541,319	0	120,841
(24) Emily J Kozak NMHC Assistant Secretary	40 0 0 0			X				178,663	0	16,929

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			
(176) Michelle A Janney NMH Senior VP & Chief Nurse Exec	40 0 0 0			X				1,143,484	0	114,681
(1) Michael G Ankin MD NLFH VP & Chief Medical Officer	40 0 0 0			X				480,223	0	10,487
(2) Denise Majeski NLFH VP & Chief Nursing Officer	40 0 0 0			X				269,641	0	23,591
(3) Justin Johnson NMG VP & CFO	40 0 0 0			X				317,014	0	44,272
(4) Danae Prousis NMG VP & Corporate secretary	40 0 0 0			X				672,403	0	35,839
(5) Philip Roemer MD NMG VP & Chief Medical Officer	40 0 0 0			X				517,993	0	55,647
(6) Maureen Taus NMWR VP & Assistant Treasurer	40 0 0 0			X				379,409	0	41,604
(7) Mary Savaiano NMWR Assistant Secretary	40 0 0 0			X				74,391	0	21,067
(8) Brian J Lemon CDH Key Employee	40 0 0 0				X			1,241,953	0	40,362
(9) Maureen A Bryant CDH Key Employee	40 0 0 0				X			842,600	0	6,493
(10) Brett D Tande NMWR key employee	40 0 0 0				X			430,142	0	40,136
(11) Harish Shownkeen MD NMWR physician	40 0 0 0					X		1,612,990	0	48,974
(12) Michael J Lee MD NMG physician	40 0 0 0					X		1,156,784	0	36,692
(13) Julie Creamer NMHC SR VP quality & Planning	40 0 0 0					X		1,090,052	0	147,145
(14) Tyler R Koski MD NMG physician	40 0 0 0					X		1,533,545	0	53,952
(15) Jayesh Mehta MD NMG physician	40 0 0 0					X		1,414,966	0	53,952
(16) Joaquin Brieva Md NMG DIRECTOR	40 0 0 0						X	343,568	0	51,082
(17) Serdar BulunMD NMG DIRECTOR	40 0 0 0						X	436,157	0	56,825
(18) James ChandlerMD NMG DIRECTOR	40 0 0 0						X	902,272	0	43,831
(19) Howard Chrisman MD NMG DIRECTOR	40 0 0 0						X	659,654	0	37,471
(20) John CsernanskyMD NMG DIRECTOR	40 0 0 0						X	301,125	0	54,172
(21) Malcolm DeCampMD NMG DIRECTOR	40 0 0 0						X	797,261	0	54,201
(22) Gregory DumanianMD NMG DIRECTOR	40 0 0 0						X	690,320	0	53,952
(23) Robert FederMD NMG DIRECTOR	40 0 0 0						X	351,081	0	55,477
(24) Cathy FrankMD NMG DIRECTOR	40 0 0 0						X	251,889	0	40,673

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			
(201) William GrobmanMD NMG DIRECTOR	40 0 0 0						X	184,202	0	44,120
(1) Robert KernMD NMG DIRECTOR	40 0 0 0						X	693,777	0	61,452
(2) Dimtri KraincMD NMG DIRECTOR	40 0 0 0						X	363,833	0	55,003
(3) Jonathan LichtMD NMG DIRECTOR	40 0 0 0						X	149,760	0	44,352
(4) Gary Martin md NMG DIRECTOR	40 0 0 0						X	159,859	0	39,650
(5) Bharat MittalMD NMG DIRECTOR	40 0 0 0						X	745,490	0	50,306
(6) William MullerMD NMG DIRECTOR	40 0 0 0						X	242,945	0	52,456
(7) Kevin O'Leary md NMG DIRECTOR	40 0 0 0						X	215,725	0	45,303
(8) Jack RozentalMD NMG DIRECTOR	40 0 0 0						X	243,722	0	52,706
(9) Eric RussellMD NMG DIRECTOR	40 0 0 0						X	756,657	0	50,240
(10) Anthony SchaefferMD NMG DIRECTOR	40 0 0 0						X	431,250	0	49,886
(11) Michael Schafer md NMG DIRECTOR	40 0 0 0						X	93,598	0	46,099
(12) Robert Sufit md NMG DIRECTOR	40 0 0 0						X	196,452	0	31,847
(13) Judith WolfmanMD NMG DIRECTOR	40 0 0 0						X	429,954	0	48,587
(14) Clyde YancyMD NMG DIRECTOR	40 0 0 0						X	174,876	0	26,712
(15) Earl J Barnes HFI DIRECTOR	40 0 0 0						X	190,153	0	33,811
(16) Nancy W Sassower MD NMHC DIRECTOR	40 0 0 0						X	433,401	0	36,420
(17) Jeffrey D Kopin MD NMPG DIRECTOR	40 0 0 0						X	544,284	0	40,913
(18) Peter A Lechman MD NMPG DIRECTOR	40 0 0 0						X	498,927	0	40,776
(19) Dean Manheimer NMPG DIRECTOR	40 0 0 0						X	851,357	0	143,885
(20) James G Giblin MD NMWR DIRECTOR	40 0 0 0						X	1,175,435	0	42,205
(21) Thomas J Moran MD CHF DIRECTOR	40 0 0 0						X	453,831	0	28,557
(22) Norman Botsford NMG COO	40 0 0 0						X	776,119	0	41,420
(23) Francis Fraher NMHC Assistant Treasurer	40 0 0 0						X	247,123	0	157,004
(24) Jennifer Wooten Ierardi NMHC Assistant Secretary	40 0 0 0						X	215,352	0	37,670

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			
(226) Brian Walsh NMG CFO	40.0 0.0						X	427,746	0	45,636
(1) Carl Christensen NMG CIO	40.0 0.0						X	475,359	0	43,023
(2) David C Hensley CHF President	40.0 0.0						X	302,544	0	40,802
(3) Michael Holzhueter NMWR General Counsel	40.0 0.0						X	160,726	0	22,925
(4) John H Hubbe DCH General Counsel	40.0 0.0						X	169,416	0	19,638
(5) Marsha Oberrieder NLFH VP operations	40.0 0.0						X	281,034	0	10,048
(6) Daniel F Kinsella NMWR Key employee	40.0 0.0						X	924,749	0	49,588
(7) Lawrence D Bell NMWR key employee	40.0 0.0						X	332,955	0	26,322

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	35,130,993	44,639,036	36,214,950	17,343,674	23,730,435	157,059,088
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	35,130,993	44,639,036	36,214,950	17,343,674	23,730,435	157,059,088
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)						37,921,263
6 **Public support.** Subtract line 5 from line 4						119,137,825

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	35,130,993	44,639,036	36,214,950	17,343,674	23,730,435	157,059,088
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,399,675	9,029,292	22,321,898	19,718,868	17,698,333	77,168,067
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 VI)						0
11 **Total support** Add lines 7 through 10						234,227,155

12 Gross receipts from related activities, etc (see instructions)	12	36,027,895

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	50 870 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	54 010 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	23,521,970	35,517,000	59,470,684	11,747,022	7,740,524	137,997,200
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	545,752,642	572,257,072	629,578,569	713,715,264	757,155,854	3,218,459,401
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	569,274,612	607,774,072	689,049,253	725,462,286	764,896,378	3,356,456,601
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						3,356,456,601

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	569,274,612	607,774,072	689,049,253	725,462,286	764,896,378	3,356,456,601
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,569,425	399,394	1,003,442	12,720,617	318,014	16,010,892
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,569,425	399,394	1,003,442	12,720,617	318,014	16,010,892
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		895,396	1,722,556	1,712,856	1,476,155	5,806,963
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	570,844,037	609,068,862	691,775,251	739,895,759	766,690,547	3,378,274,456

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99 354 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	99 310 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0 474 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	0 551 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0	
2	Recoveries of prior-year distributions	2	0	
3	Other gross income (see instructions)	3	0	
4	Add lines 1 through 3	4	0	
5	Depreciation and depletion	5	0	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0	
7	Other expenses (see instructions)	7	0	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 **Total annual distributions.** Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2014 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2014 distributable amount			0
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2014 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2014 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013. 0			
e From 2014. 0			

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

Facts And Circumstances Test

Return Reference	Explanation
Public charity status	Listed below are THOSE gROUP MEMBERS THAT ARE NEITHER A HOSPITAL NOR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(a)(III) nORTHWESTERN mEMORIAL fOUNDATION (NMF), tYPE 7, aN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(a)(VI) Part II represents NMF lAKE fOREST HEALTH & fITNESS iNSTITUTE (HFI), TYPE 9, AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS-SUBJECT TO CERTAIN EXCEPTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER jUNE 30, 1975 SEE SECTION 509(a)(2) Software restrictions would not allow a separate reporting Northwestern medical Faculty Foundation (NMG), TYPE 9, AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS-SUBJECT TO CERTAIN EXCEPTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER jUNE 30, 1975 SEE SECTION 509(a)(2) Part III represents NMG Northwestern Foundation for Research and Education (NMS) is a section 509(a)(3),type II, organization It is managed by the same individuals that manage its supported organization Cadence Health fOUNDATION, tYPE 7, aN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(a)(VI) Software restrictions would not allow a separate reporting of Part II for Cadence Health Foundation Central dupage Physician group, TYPE 9, AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS-SUBJECT TO CERTAIN EXCEPTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER jUNE 30, 1975 SEE SECTION 509(a)(2) Software restrictions would not allow a separate Part III for Central Dupage Physicians Group CDH-Delnor Health system, a type 11, organization, organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publically supported organizations described in section 509(a)(1) or section 509(a)(2) It is reported as Type II on Part IV Three directly supported organizations were Central Dupage Hospital association, Delnor-Community Hospital and Cadence Health Foundation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Northwestern Memorial Healthcare Group	36-4724966

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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)		0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	223,974	529,932
c Total lobbying expenditures (add lines 1a and 1b)	223,974	529,932
d Other exempt purpose expenditures	2,852,605,248	3,273,732,062
e Total exempt purpose expenditures (add lines 1c and 1d)	2,852,829,222	3,274,261,994
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	532,186	411,552	351,763	529,932	1,825,433
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	10,209				10,209

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) Yes	(a) No	(b) 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				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

			Yes	No
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Affiliated Group schedule	

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493196014326

TY 2014 Affiliated Group Schedule

Name: Northwestern Memorial Healthcare Group

EIN: 36-4724966

Affiliated Group Business Name:	Northwestern memorial Hospit
Address. Either US or Foreign Type:	251 E Huron Chicago, IL 60611
EIN:	37-0960170
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	81,405
Total Lobbying Expenditures:	81,405
Other Exempt Purpose Expenditures:	1,090,232,968
Total Exempt Purpose Expenditures:	1,090,314,373
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Northwestern Lake Forest Hos
Address. Either US or Foreign Type:	660 N Westmoreland Road Lake Forest, IL 60645
EIN:	36-2179779
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	43,618
Total Lobbying Expenditures:	43,618
Other Exempt Purpose Expenditures:	206,974,656
Total Exempt Purpose Expenditures:	207,018,274
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Northwestern Memorial Health
Address. Either US or Foreign Type:	251 E Huron Chicago, IL 60611
EIN:	36-3152959
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	305,958
Total Lobbying Expenditures:	305,958
Other Exempt Purpose Expenditures:	384,757,886
Total Exempt Purpose Expenditures:	385,063,844
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Northwestern Medical Faculty
Address. Either US or Foreign Type:	251 E Huron Chicago, IL 60611
EIN:	36-3097297
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	690,218,808
Total Exempt Purpose Expenditures:	690,218,808
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Lake Forest Health & Fitness
Address. Either US or Foreign Type:	1200 N Westmoreland Road Lake Forest, IL 60645
EIN:	36-3835030
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	5,539,786
Total Exempt Purpose Expenditures:	5,539,786
Lobbying Nontaxable Amount:	426,989
Grassroots Nontaxable Amount:	106,747
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Northwestern Memorial Founda
Address. Either US or Foreign Type:	251 E Huron Chicago, IL 60611
EIN:	36-3155315
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	88,119
Total Exempt Purpose Expenditures:	88,119
Lobbying Nontaxable Amount:	17,624
Grassroots Nontaxable Amount:	4,406
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Northwestern Management Serv
Address. Either US or Foreign Type:	251 E Huron Chicago, IL 60611
EIN:	36-4093385
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	30,068,334
Total Exempt Purpose Expenditures:	30,068,334
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	CDH-Delnor Health System
Address. Either US or Foreign Type:	25 N Winfield Road Winfield, IL 60190
EIN:	36-3099698
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	104,910,732
Total Exempt Purpose Expenditures:	104,910,732
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Central DuPage Hospital Asso
Address. Either US or Foreign Type:	25 N Winfield Road Winfield, IL 60190
EIN:	36-2513909
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	57,242
Total Lobbying Expenditures:	57,242
Other Exempt Purpose Expenditures:	560,533,668
Total Exempt Purpose Expenditures:	560,590,910
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Delnor-Community Hospital
Address. Either US or Foreign Type:	300 Randall Road Geneva, IL 60134
EIN:	36-3484281
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	41,695
Total Lobbying Expenditures:	41,695
Other Exempt Purpose Expenditures:	198,518,552
Total Exempt Purpose Expenditures:	198,560,247
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Central DuPage Physician Gro
Address. Either US or Foreign Type:	25 N Winfield Road Winfield, IL 60190
EIN:	36-3149833
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	181,257,792
Total Exempt Purpose Expenditures:	181,257,792
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Central Nursing services of
Address. Either US or Foreign Type:	690 E North Ave Carol Stream, IL 60188
EIN:	36-6080833
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	18,406,871
Total Exempt Purpose Expenditures:	18,406,871
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CENTRAL DUPAGE SPECIAL HEALT
Address. Either US or Foreign Type:	27W353 JEWELL RD WINFIELD, IL 60190
EIN:	36-4310557
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,840,642
Total Exempt Purpose Expenditures:	2,840,642
Lobbying Nontaxable Amount:	292,032
Grassroots Nontaxable Amount:	73,008
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	PAHCS II
Address. Either US or Foreign Type:	27W353 JEWELL RD WINFIELD, IL 60190
EIN:	36-3887234
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	7,453,162
Total Exempt Purpose Expenditures:	7,453,162
Lobbying Nontaxable Amount:	522,658
Grassroots Nontaxable Amount:	130,665
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	DELNOR-COMMUNITY RESIDENTIAL
Address. Either US or Foreign Type:	300 RANDALL ROAD GENEVA, IL 60134
EIN:	36-4156211
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,510,278
Total Exempt Purpose Expenditures:	4,510,278
Lobbying Nontaxable Amount:	375,514
Grassroots Nontaxable Amount:	93,879
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	LIVING WELL CANCER RESOURCE
Address. Either US or Foreign Type:	300 RANDALL ROAD GENEVA, IL 60134
EIN:	16-1727774
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,450,645
Total Exempt Purpose Expenditures:	1,450,645
Lobbying Nontaxable Amount:	220,065
Grassroots Nontaxable Amount:	55,016
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Cadence Health Foundation
Address. Either US or Foreign Type:	27W353 Jewell road Winfield, IL 60190
EIN:	36-4401289
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	14
Total Lobbying Expenditures:	14
Other Exempt Purpose Expenditures:	2,992,831
Total Exempt Purpose Expenditures:	2,992,845
Lobbying Nontaxable Amount:	299,642
Grassroots Nontaxable Amount:	74,911
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1
2	Aggregate value of contributions to (during year)		1,064,651
3	Aggregate value of grants from (during year)		-68,829
4	Aggregate value at end of year		9,630,891

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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) Revenue 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 Revenue 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	154,047,947	150,742,275	141,770,880	126,328,570	105,903,251
b	Contributions	8,113,774	2,420,472	2,363,845	16,347,337	19,682,870
c	Net investment earnings, gains, and losses	-1,386,312	885,200	6,607,550	-905,027	742,449
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	160,775,409	154,047,947	150,742,275	141,770,880	126,328,570

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

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

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

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

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		323,598,952		323,598,952
b Buildings		2,907,978,396	1,048,986,066	1,858,992,330
c Leasehold improvements				
d Equipment		640,178,045	371,649,847	268,528,198
e Other		159,259,584		159,259,584
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,610,379,064

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,777,318,651

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	11,679,500
ACCRUED BOND INTEREST	8,104,351
EST THIRD PARTY PAYOR SETTLEMT	369,142,126
SELF INSURANCE RESERVES	593,203,089
INTEREST RATE SWAPS	112,894,682
SECTION 457-B AND PENSION PLAN	32,811,666
DEFERRED RENT	10,390,660
OTHER	83,127,160
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,221,353,234

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' 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 (losses) 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
FIn 48 Statement	The organization's financial statements do not report any uncertain tax positions under FIN 48
Endowments	The Northwestern Group disclosed the endowment funds in Part V in accordance with SFAS 117 (ASC 958) The Group reports board designated funds of $205,497,301 in unrestricted net assets as of August 31, 2015 These amounts were not included in Part V so that the Endowment funds match the financial statements The Group also has temporarily restricted assets generated from endowment funds of $ as of August 31, 2015 In accordance with SFAS 117 (ASC 958) these amounts are not considered endowments and have not been included in Part V The 4 prior years are the combined Group members endowment information
Collections of Art	Due to immateriality there is no separate footnote in the financial statements regarding SFAS 116 (ASC 958) contributed art Northwestern memorial Hospital maintains artwork that is on public display The arts program was developed in response to research that demonstrates the healing value of representational art depicting natural landscapes and positive human interactions Our art collection provides comfort, evokes positive emotions and can help promote healing for our patients The hospital also maintains historical items that relate to care such as historical medical instruments and nursing uniforms

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

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

(a) Description	**(b)** Book value
(1) DUE FROM AFFILIATES	49,771,554
(2) BENEFICIAL INTEREST IN TRUSTS	14,072,593
(3) ARTWORK	977,904
(4) INSURANCE RECOVERABLE	284,881,037
(5) SECTION 457-B PLAN ASSET	30,131,105
(6) OTHER ASSETS	90,254,327
(7) INVEST NONGROUP SUBS & JV	35,681,159
(8) GOODWILL	16,244,258
(9) I/C RECEIVABLE	4,241,595,526
(10) MEDICAID RECEIVABLE	13,709,188

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	2		Program Services	liability risk funding	5,943,000
(2)	Middle East and North Africa			Send agents to seminar		58,405
(3)						
(4)						
(5)						
3a	Sub-total	2				6,001,405
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	2				6,001,405

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

Part V **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

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

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

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

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

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

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

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

CA, FL, IL, NY, WI

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

		(a) Event #1 Golf Outing (event type)	(b) Event #2 Gala (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	686,175	394,072	1,083,753	2,164,000
	2 Less Contributions	430,110	350,372	466,603	1,247,085
	3 Gross income (line 1 minus line 2)	256,065	43,700	617,150	916,915
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	20,755	625	11,100	32,480
	6 Rent/facility costs			48,427	48,427
	7 Food and beverages	33,550	65,828	149,971	249,349
	8 Entertainment	113,598	500	67,351	181,449
	9 Other direct expenses	88,888	66,840	98,363	254,091
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(765,796)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				151,119

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			23,540	23,540
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			1,098	1,098
	4 Rent/facility costs				
	5 Other direct expenses			1,000	1,000
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 95.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				2,098
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				21,442

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

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

b If "No," explain

Raffles conducted in Illinois at fundraising events

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

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

Name ▶ Northwestern memorial Foundation

Address ▶ 0s050 winfield Road
winfield,IL 60190

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ Northwestern Memorial Foundation

Gaming manager compensation ▶ $ 0

Description of services provided ▶ assist volunteers

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

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 ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			102,231,265	20,629,846	81,601,420	2 320 %
b Medicaid (from Worksheet 3, column a)			333,246,856	216,443,000	116,803,856	3 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			435,478,121	237,072,846	198,405,276	5 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,832,000		1,832,000	0 050 %
f Health professions education (from Worksheet 5)			53,672,615	9,883,389	43,789,226	1 250 %
g Subsidized health services (from Worksheet 6)			12,827,512		12,827,512	0 370 %
h Research (from Worksheet 7)			14,518,007		14,518,007	0 410 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,204,372		3,204,372	0 090 %
j **Total.** Other Benefits			86,054,506	9,883,389	76,171,117	2 170 %
k **Total.** Add lines 7d and 7j			521,532,627	246,956,235	274,576,393	7 810 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			729,119		729,119	0 020 %
9	Other						
10	**Total**			729,119		729,119	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	42,427,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	777,831,000		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,080,613,568		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-302,782,568		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **4**

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Northwestern memorial Hospital

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www nmh org/nm/community-health-needs-as			
b	☑ Other website (list url) www chicagohealthatlas org/hospitals/nor			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group: Northwestern memorial Hospital

			Yes	No
Financial Assistance Policy (FAP)				
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	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)	16	Yes	
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) www nm org/patient/financial			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www nm org/patient/financial			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Northwestern memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group Northwestern Lake Forest Hospital

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.nm.org/location/lake-forest-hospital			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group: Northwestern Lake Forest Hospital

			Yes	No
Financial Assistance Policy (FAP)				
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) www nm org/location/lakeforest			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www nm org/location/lakeforest			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Northwestern Lake Forest Hospital

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group Central Dupage Hospital Association

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

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

Part V Facility Information *(continued)*

Central Dupage Hospital Association

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) www cadencehealth org			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www cadencehealth org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Central Dupage Hospital Association

			Yes	No
19	Did the hospital facility or other 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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group Delnor-Community Hospital

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

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

Part V Facility Information *(continued)*

Delnor-Community Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) www cadencehealth org			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www cadencehealth org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Delnor-Community Hospital

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? **52**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Community benefit Report	Schedule H, Part I, Line 6a NORTHWESTERN MEMORIAL HEALTHCARE AND SUBSIDIARIES (NMHC) SUBMIT A COMMUNITY BENEFIT REPORT TO THE ILLINOIS ATTORNEY GENERAL ACCORDING TO THE REQUIREMENTS FOR THE STATE OF ILLINOIS NORTHWESTERN MEMORIAL HOSPITAL'S(NMH), NORTHWESTERN LAKE FOREST HOSPITAL'S (NLFH), Central DuPage Hospital Association (CDH, Delnor Community Hospital (DCH) AND ALL OTHER NMHC NON-PROFIT SUBSIDIARIES' RESULTS ARE INCLUDED IN THIS REPORT A COMPLETE COPY OF THE REPORT IS AVAILABLE ON REQUEST

Form and Line Reference	Explanation
Costing methodology	Schedule H, Part I, Line 7 The cost of financial assistance at cost was calculated by applying This section of the report includes the unreimbursed cost of care provided to uninsured and underinsured patients served by NMH, NLFH, NMG, CDH and Delnor The cost of charity care for the hospitals was calculated by applying the total cost-to-charge ratio from each hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants Accounting and Auditing Guide - Healthcare Organizations) The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association's Principles and Practices Board Statement 15 Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers) NMG is not required to file a Medicare cost report An internally calculated cost-to-charge ratio specific to NMG was used to determine the cost of charity care for NMG The resultant calculated cost was then offset by any payments, consistent with the methodology for the hospitals The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent healthcare program is not included in the unreimbursed cost figure for charity care The costs of charity care in this report differ from NMHC's notes to the consolidated audited financial statements for fiscal year 2015 where they were calculated by applying a cost-to-charge ratio developed prior to filing NMH's, NLFH's, CDH's and Delnor's fiscal year 2015 Medicare cost reports to charges foregone for charity care The fiscal year 2015 Medicare cost reports were completed after the audited financial statements were issued The costs of charity care for the hospitals included in this report were calculated using the cost-to-charge ratios from NMH's, NLFH's, CDH's and Delnor's Medicare cost reports filed in February of 2016 for fiscal year 2015

Form and Line Reference	Explanation
Bad Debt expense removed	schedule h, part I, line 7 a thru k The amount of bad debt expenses included in Part IX line 25 is $161,174,280 This amount is subtracted from total costs for calculating the percentages

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

Form and Line Reference	Explanation
Community Building activities	schedule H, part II, Description Line 8 NMHC hospitals provide a broad range of training programs and supervised patient care experiences to ensure that a highly trained healthcar e workforce of adequate capacity is in place to serve the residents of the region Importa ntly, these programs create pathways for at-risk members of the community to seek jobs wit hin the healthcare system and also are in place for young people to learn about and potent ially explore healthcare careers Certificate Programs at NMH NMH offers 12 to 21-month ce rtificate programs in four areas including nuclear medicine technology, radiation therapy, radiography and diagnostic medical sonography The programs are available to employees as well as the general public Many students come from the local community as well as from a ffiliated colleges and universities Leaders of these programs visit city high schools, co lleges and universities to introduce various medical fields to prospective students and in crease their general knowledge of various allied health fields Clinical Experience at NMH C Hospitals NMHC hospitals provide the important clinical setting for the education of the next generation of healthcare workers, including physicians, nurses, pharmacists, laborat ory professionals, allied health workers and skilled technicians Through clinical affilia tions with top regional universities and colleges and established clinical rotations, ment oring, clinician shadowing, traditional didactic lectures and other teaching programs, we provide clinical settings for the education of thousands of students, many of whom will be come professionals in fields identified as areas of current or future workforce shortage i n the national healthcare system NMHC provides education to a wide range of clinical stud ents including " Undergraduate and graduate nursing students " Students from university-b ased pharmacy programs " Respiratory therapy students " Graduate social work interns " Int erns in biomedical engineering " Pastoral Care students " Physical and occupational therap y assistant, bachelor, masters and PhD students " Students in a broad array of other clin ical programs On-the-Job Training and Youth Education Programs Since 1997, NMH has partne red with the CARA program to help homeless and other at-risk adults in their efforts to ac hieve long-term employment success by providing on-the-job training skills that ready them to move into the workforce NMH has hired more than 120 employees through this partnershi p since it began, including four in fiscal year 2015 NMHC offers ongoing, comprehensive y outh programs that expose students to potential healthcare careers " The NM Scholars prog ram is a unique partnership between NMHC and the Chicago Public School (CPS) Westinghouse College Preparatory High School (Westinghouse), a selective enrollment high school located in Garfield Park on the city's west side The program provides talented high school stude nts with the opportunity to learn about and pursue post-high school education in healthcar e careers Students are exposed to Feinberg faculty and hospital employees and provided a behind-the-scenes understanding of clinical areas and potential careers A group of high-a chieving high school freshmen are selected each year to participate in the four-year progr am which includes mentoring by senior faculty members, an intensive three-week summer prog ram, distance learning, ACT test preparation and leadership and life skills development T hirty students participated in fiscal year 2015 " NMHC formalized its partnership with We stinghouse's Medical and IT career academies and will help to strengthen curriculum and pr ovide exposure to health and IT careers through site visits, job shadowing, speakers and i nternships This activity is funded in part by the Michael Reese Health Trust " The Crist o Rey Internship Program, run collaboratively with the Cristo Rey Jesuit High School in th e Pilsen neighborhood on the city's near west side offers students from a primarily Hispan ic community an opportunity to work one day a week in an administrative role with the Huma n Resources division or within the Information Services department at NMH to gain valuable work experience and learn time management and organizational skills in a corporate settin g Many of these students are the first in their family to pursue college as a goal Nine students participated in this program in fiscal year 2015 " NMH has hosted Medical Explor ers Post 9766 since 1996 Students participate in a variety of activities designed to enco urage their expressed interest in healthcare including career exploration, life skills, se rvice learning, character development and leadership Students participate in tours, hear guest speakers and join in discussions and projects To date, more than 800 high school an d college students have participated in NMH's Medical Explorers program, with 37 particip ants in fiscal year 2015 Since the program began,

Form and Line Reference	Explanation
Community Building activities	many Medical Explorers have pursued careers in nursing and medicine and several are now em ployed at NMH " CDH works with Naperville Central High School to provide information on h ealthcare careers and offer hospital tours to interested students " NLFH staff provide me dical career advisory training at Lake County High School's technical campus and assist st udents and parents in exploring educational paths to support career goals 140 students pa rticipated in the program in fiscal year 2015 " NMH began a medical externship program in fiscal year 2015 in partnership with the National Latino Education Institute, an educatio nal and vocational services organization NMG hosted five students under the program, four of whom have been hired as fulltime employees " NMHC continues to offer comprehensive in ternships and fellowships for college students and post-graduates - For more than 20 year s, NMH has been a sponsor of the INROADS program, which provides progressive internships, year-round academic instruction and summer workshops to prepare minority college students for the corporate work setting Initially developed under the federal "Hire the Future" pr ogram, NMH was the first Chicago hospital to participate in this program Students benefit from mentoring and leadership training to prepare them for future positions in a healthca re career - Chicago Scholars is a not-for-profit organization that provides a comprehensi ve five-year program of mentoring, internship placement, networking, college admission ass istance and scholarships to college-bound and college-level Chicago youth from primarily l ow-income backgrounds NMHC is a "High Five Partner" of the program, contributing $20,000 each year for four years Members of the Human Resources department at NMHC provided suppo rt to this program by participating in the applicant interview and selection process and v olunteering at the career fair In fiscal year 2015, NMH provided a paid internship to two college-level students participating in the Chicago Scholars program NMHC offers adminis trative fellowships and internships to help introduce select post-graduate students to var ious aspects of leadership within an AMC hospital

Form and Line Reference	Explanation
Bad debt expense footnote	Schedule H, part III, Line 4 PART III LINE 2 Net patient service revenue, net of contractual allowances and discounts, is reduced by the provision for uncollectible accounts, and net patient accounts receivable are reduced by an allowance for uncollectible accounts These amounts are based primarily on management's assessment of historical and expected write-offs and net collections, along with the aging status for each major payor source Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts Based on historical experience, a portion of Northwestem Memorial's self-pay patients who do not qualify for charity care will be unable or unwilling to pay for the services provided Thus, a provision is recorded for uncollectible accounts in the period services are provided related to these patients After all reasonable collection efforts have been exhausted in accordance with Northwestern Memorial's policies, accounts receivable are written off and charged against the allowance for uncollectible accounts Northwestern Memorial has determined, based on an assessment at the reporting-entity level, that net patient service revenue is primarily recorded prior to assessing the patient's ability to pay and, as such, the entire provision for uncollectible accounts related to net patient service revenue is recorded as a deduction from net patient service revenue in the accompanying consolidated statements of operations and changes in net assets

Form and Line Reference	Explanation
Medicare shortfall	Schedule H, part III, line 8 THE UNREIMBURSED COST OF MEDICARE IS DEFINED BY THE STATE OF ILLINOIS ATTORNEY GENERAL'S OFFICE ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFITS PLAN REPORT AS A COMMUNITY BENEFIT THE HEALTHCARE FINANCial MANAGEMENT ASSOCIATION ALSO VIEWS THE UNREIMBURSED COSTS OF MEDICARE AS PART OF A HOSPITAL'S COMMUNITY BENEFIT PROGRAM NMHC PROVIDES MEDICAL CARE TO MEDICARE PATIENTS AT A COST HIGHER THAN THE REIMBURSEMENT IT RECEIVES FROM MEDICARE THE AMOUNTS LISTED FOR PART III, LINES 5 THRU 7, ARE CALCULATED CONSISTENT WITH THE METHODOLOGY DESCRIBED FOR CALCULATING UREIMBURSED COST OF MEDICAID FOR FISCAL 2014

Form and Line Reference	Explanation
Financial Assistance collection practices	Schedule H, part III, line 9b NMHC's Credit and Collection Policy contains a provision for financial counseling tHE POLICY STATES THAT patients with self-pay balances and without the resources to pay their obligations will be assessed FOR FREE AND DISCOUNTED CARE eligibility By the Financial Counseling Departments The assessment involves an evaluation of all levels of assistance including governmental assistance, extended pay alternatives, and free or discounted care If THE PATIENT QUALIFIES FOR free care, THE ACCOUNT IS ADJUSTED TO ZERO SO NO COLLECTION ACTIVITY OCCURS If financial assistance results in a discounted or reduced balance, only the reduced balance will be subject to the collection practices

Form and Line Reference	Explanation
Needs assessment	schedule H, part VI, Line 2 Our hospitals' mission statements set forth the commitment to improve the health of the communities we serve and to advance medical research and educati on The Community Benefit Plan describes the broad reaching goals that support this commit ment and address our responsibility as a tax-exempt organization The goals of the Communi ty Benefit Plan are to " Provide quality care based on our clinical and academic strength s " Train the next generation of healthcare professionals for our hospitals, communities a nd industry " Support the discovery of new knowledge through research that can cure diseas e and reduce suffering " Develop programs to address the affordability and accessibility o f healthcare " Make a measurable, positive impact on the health of medically underserved r esidents in our communities " Through information, empower community residents to make pro active healthcare decisions " Provide local youth with education, mentoring and exposure t o the healthcare industry for potential careers " Identify and address community needs wit hin available resources " Promote strong and lasting relationships with our communities Al igned with our missions and Community Benefit Plan, and in accordance with the requirement s of the Patient Protection and Affordable Care Act, each of the NMHC hospitals works with community and campus partners every three years to complete a comprehensive Community Hea lth Needs Assessment (CHNA) that identifies the highest priority health needs of residents of their communities, most recently in 2013 for NMH, NLFH and CDH, and in 2015 for Delnor Implementation plans are developed to respond to these needs With Feinberg, NMHC brings to bear the resources of a world-class academic medical health system to advance our Comm unity Benefit Goals and CHNA initiatives in ways that could not be achieved as stand-alone hospitals " Seeking root causes to health conditions and collaborating as scientists and clinicians to develop solutions, " Enhancing access to healthcare, " Improving clinical q uality, " Advancing medical innovation, and " Ensuring that a highly skilled healthcare wo rkforce is in place for decades to come The CHNA implementation plans are grounded in a h ealthcare model that we have worked with our community partners to establish, in which res idents of our community are informed and able to make healthy lifestyle choices, manage th eir chronic health conditions and receive medically necessary healthcare services in the m ost appropriate setting The model is based on the belief that healthcare services are opt imized when they are coordinated through a "patient-centered medical home " The patient-ce ntered medical home provides health information and resources, assistance in navigating th e healthcare system, primary and preventive care at a location convenient for patients, an d facilitates access to more specialized hospital-based diagnostic and treatment services We have implemented large-scale programs in Chicago and Lake County using this framework to target high priority health conditions and will continue to use this model to address p riority health needs identified through our CHNAs Ongoing efforts draw on NMHC's and Fein berg's strengths in public health, communication and education and include programs to add ress obstetrics/gynecology health, diabetes, breast care and cancer Our hospitals have en during relationships, often decades old, with healthcare organizations in our communities Through these partnerships we collaborate on determining priority health needs through th e CHNA process and ongoing, and work together to develop solutions that respect the varied cultural, socioeconomic and practical needs of our diverse communities NMH has formal an d longstanding affiliations with two FQHC partners based in the community, Near North and Erie Near North, a community health partner for more than 40 years, provides neighborhood -based care and support services through eight locations to more than 46,000 primarily low -income uninsured or underinsured residents who live in some of the city's most impoverish ed communities These communities are home to Black, Hispanic, and other racial and ethnic groups that experience health disparities in diabetes, heart disease, asthma, HIV, depres sion, tobacco use and infant mortality Near North operates primary care clinics on Chicag o's South, West and Near North sides Erie was founded in the 1950s as a project of volunt eer physicians from NMH and Erie Neighborhood House Erie provides a variety of primary ca re and case management services through 13 sites, including a new facility in Lake County, five school-based health centers and the only freestanding comprehensive teen and young a dult health site in Chicago More than 62,000 patients receive medical care and 9,500 rece ive dental care annually from Erie sites, which serve the Chicago neighborhoods of Albany Park, Avondale, Belmont Cragin, Hermosa, Humboldt

Form and Line Reference	Explanation
Needs assessment	Park, Irving Park, Logan Square, Lincoln Square, North Center, North Lawndale, Uptown and West Town along with Lake County in northern Illinois Erie serves a population that is pr imarily Hispanic, the majority of which come from households with incomes that fall below the federal poverty level NMH also works with CommunityHealth, the largest free medical c linic in Illinois with locations in Chicago's West Town and Englewood neighborhoods, and h as replicated there some of the disease management programs that have been successfully im plemented at Near North and Erie CommunityHealth was originally established to provide ac cess to healthcare services for the uninsured Though more Chicagoans have gained access t o health insurance as a result of the Affordable Care Act, an estimated 450,000 people in Chicago still do not qualify for health insurance coverage In 2015, CommunityHealth provi ded more than 14,400 medical and dental visits for more than 10,400 patients Near North a nd Erie work with NMH and NLFH to identify community needs and to develop programs and str ategies to address those needs and expand access to care Through formal affiliation agree ments, processes have been put in place to ensure a flow of information among NMH, NLFH, N ear North and Erie Members of NMH's senior management team have served for many years as board members at Near North and Erie Through charity care, outreach services and health e ducation programs, NLFH improves access to healthcare services and responds to the priorit y health needs of the residents of Lake County, especially among the uninsured or underins ured NMHC supported Erie in planning for and obtaining grant funding to open a new FQHC f or medically underserved residents in Lake County

Form and Line Reference	Explanation
Patient education of financial assistance eligibility	Schedule H, part VI, Line 3 There are many ways that patients of the Hospitals are informed or made aware of the availability of the Hospital's various financial assistance programs a To increase awareness of its financial assistance programs, the Hospitals have developed brochures (in English and Spanish) that are provided to patients upon admission and available at registration points-of-entry b English and Spanish-language signs notifying patients that financial assistance is available are present at every patient registration area, including the emergency department c As part of the registration process, patients are provided with a financial assistance information brochure which describes the types of assistance available and how to qualify for one or more of the programs d The general consent form that every patient signs contains information about the NMHC financial assistance programs, and is available in English, Spanish, Russian and Polish at NMH, while NLFH has programs in english and spanish e Inpatients receive a Patient Welcome Package that includes the financial assistance information f Patients can learn about and assess their eligibility for the Hospital's financial assistance programs with the help of the Hospital's team of financial counseling and patient inquiry representatives These representatives are available on a walk-in basis or through a toll-free number g Processes are in place to link patients with financial counselors and patient inquiry representatives when financial hardship is identified as a concern during social services assessments h The entry portal to the NMH and NLFH websites contain a prominent link to information about NMH's various financial assistance programs, the financial assistance brochure and downloadable applications in multiple languages i Working in conjunction with clinical staff, financial counselors visit inpatients not enrolled in government or private health plans while they are still in the hospital to assist them in determining their eligibility for both government health programs and for Hospital Free and Discounted Care programs j The Hospitals inform uninsured patients, and patients with an outstanding balance after insurance, of the availability of various financial assistance programs, including the free care and discounted care program, and the catastrophic program offered by the Hospitals, in written correspondence sent to those patients This information includes the toll-free phone number to the team of patient account representatives k The Hospitals have on-site patient account staff who are trained and available to assist patients with financial assistance l The Hospitals provide proactive financial counseling for self-pay patients who have a scheduled inpatient admission Financial counseling includes assessment for publicly or privately funded insurance and the Hospitals' financial assistance programs Financial assistance programs, includes the free care and discounted care programs, and the catastrophic program offered by the Hospitals, in written correspondence sent to those patients This information includes the toll-free phone number to the team of patient account representatives

Form and Line Reference	Explanation
Community Information	Schedule H, Part VI, Line 4 Populations and Communities Served by NMHC The communities ser ved by NMHC hospitals are complex and diverse, encompassing rural, suburban and urban area s, with a range of socio-economic statuses and the social determinants of health that corr espond to these demographics Northwestern Memorial Hospital Service Area NMH divides its total service area into three geographic areas the primary service area (PSA), the city o f Chicago and the surrounding seven-county area The PSA, which is defined by the 22 ZIP c odes surrounding NMH, accounts for 42 percent of inpatient admissions The city of Chicago in total accounts for 66 percent of inpatient admissions Source EPSi FY15 Q3 YTD (throu gh May 31, 2015) The community in NMH's PSA has a large population that continues to grow at a rate exceeding that of the overall city of Chicago Between 2015 and 2020, the popul ation in NMH's PSA is projected to increase by 2 8 percent, and the population of Chicago is projected to increase by 1 0 percent Chicago is a diverse city with large Black and Hi spanic populations and a growing Asian/Pacific Islander population NMH is committed to pr oviding culturally competent care that is responsive to the needs of all our patients NMH works with community health centers in some of Chicago's medically underserved areas to i dentify priority health concerns and jointly develop community based health initiatives de signed to address healthcare disparities NMH's primary service area and the city of Chica go are both within Cook County A recently conducted assessment of Cook County concluded t hat the median age of residents of Cook County (35 5) is lower that the median age of resi dents of Illinois (36 8) or the United States (37 3) In Cook County, 23 4 percent of the population are infants, children or adolescents (age 0-17), another 64 4 percent are age 1 8 to 64, while 12 2 percent are age 65 and older Northwestern Lake Forest Hospital Servic e Area NLFH primarily serves Lake County Lake County has approximately 728,000 residents, is defined by 28 ZIP codes, and accounts for 90 percent of inpatient admissions at NLFH Between 2015 and 2020, the population of Lake County is projected to increase by 0 5 perce nt The demographic makeup of the population is expected to change, with an increased perc entage of Hispanic (1 3 percent), Asian (0 8 percent) and those who are considered two or more races (0 3 percent), while the percentage of White population is expected to decrease over this time (1 6 percent) In Lake County, 26 8 percent of the population are ages 0-1 7, another 62 3 percent are age 18 to 64, while 10 9 percent are age 65 and older The med ian age of Lake County residents is 37 0, which is comparable to both state and national m edians Central DuPage Hospital Service Area CDH divides its total service area into two g eographic areas the primary service area (PSA) defined by 11 ZIP codes, and the secondary service area (SSA) defined by an additional 22 ZIP codes The PSA accounts for 45 percent of inpatient admissions The 33 ZIP Codes included in the PSA and SSA account for 69 perc ent of inpatient admissions The population of CDH's PSA is projected to grow at a rate sl ower than that of the surrounding secondary service area Between 2015 and 2020, the popul ation in CDH's PSA is projected to increase by 1 8 percent, and the population in CDH's SS A is projected to increase by 2 7 percent CDH's service areas are projected to become mor e diverse in the next five years Each non-white race is anticipating growth with the most significant change experienced in the Latino and Asian populations In DuPage County, 23 4 percent of the population are infants, children or adolescents (age 0-17), another 64 4 percent are age 18 to 64, while 12 2 percent are age 65 and older The median age in DuPag e County (38 4) is slightly older than that of Illinois overall (36 8) and the United Stat es (37 3) Between 2000 and 2010, the number of DuPage County residents over age 65 increa sed by 19 8 percent This has driven the need for healthcare services associated with con ditions of aging including heart, vascular, stroke and cancer care and for resources to ma nage chronic conditions commonly found in older populations Delnor Hospital Service Area Delnor divides its total service area into two geographic areas the primary service area (PSA) defined by five ZIP codes, and the secondary service area (SSA) defined by an additi onal 15 ZIP codes The PSA accounts for 54 percent of inpatient admissions The 20 ZIP Cod es included in the PSA and SSA account for 82 percent of inpatient admissions Delnor's pr imary and secondary service areas have populations that are growing at the same rate Betw een 2015 and 2020, the population in Delnor's PSA is projected to increase by 1 3 percent, and the population in Delnor's SSA is projected to increase by 1 3 percent The demograph ic profiles of Delnor's service areas are projecte

Form and Line Reference	Explanation
Community Information	d to change very little in the next five years While a majority of the designated races s how growth, the largest noticeable increase is the Asian population within the SSA at 0 3 percent over the next five years In addition, individuals who identify as a Hispanic or L atino ethnicity are expected to grow 0 9 percent within the SSA Kane County is overall th e seventh youngest county in Illinois, and it is notable for its age distribution From 19 90 to 2010, the population increased by 60 percent and the age distribution shifted rapidl y The median age in Kane County is 34 5 years The largest age group is the 5- to 14-year -olds, but the fastest-growing segment of the population is 55- to 69-year-olds Delnor's primary service area reflects a relatively older community, with only 27 percent of the po pulation younger than 18 During the past two decades, Kane County has experienced signifi cant growth in the population of 55 to 69 year olds This will drive the need for greater healthcare services for heart and vascular, stroke, diabetes and cancer as well as prevent ive and wellness services

Form and Line Reference	Explanation
Promotion of Community health	schedule H, Part VI, Line 5 As described in earlier sections, NMHC believes that its missi on to improve the health of the communities it serves is best accomplished in collaboratio n with partners in the community The CHNA process and ongoing input from community health partners inform how the hospitals of NMHC prioritize and address community health needs Along with our many care locations in the communities, our community affiliations help us to provide care to residents of our communities near where they live or work, with streaml ined pathways to access medically necessary hospital-based care Access to Care Access to care was identified as a priority health need in the CHNA process for all four of the NMHC hospitals Approaches to improving access to care were developed to meet the needs of the hospitals' diverse communities and included strategies to " Ensure adequate capacity for primary care in the community " Strengthen and expand patient affiliation with high quali ty patient-centered medical homes " Assist patients in understanding private and public in surance, especially among those newly insured under the Affordable Care Act plans and new Medicaid Managed Care products " Provide free health screenings and follow-up diagnostic a nd specialty care " Underwrite medically necessary care for underinsured and uninsured low -income patients Erie HealthReach Waukegan Health Center NMHC helped to organize and fund the development of Erie HealthReach Waukegan Health Center (EHWHC), opened in 2014 in resp onse to the critical need for primary care services for the uninsured, estimated at more t han 75,000 Lake County residents at that time EHWHC has vastly expanded access to primar y care for those with no insurance or unable to pay for healthcare in Lake County In fisc al year 2015 , more than 2,800 patients received more than 10,000 patient visits, and in t he first half of fiscal year 2016 , already more than 2,900 patients have received care T he site serves as a patient-centered medical home, providing primary, preventive and denta l care Health education and chronic disease self-management programs established at other Erie sites (described further in this report) have been successfully replicated at the La ke County facility NMHC continues its support through a multi-year donation of operationa l funds McGaw Family Medicine residents began training and providing care at EHWHC beginn ing in July, 2015 Family Medicine residents provide primary, preventive, acute and chroni c healthcare services across all ages and in both office-based and hospital settings, ensu ring that the right care is given in the most appropriate setting Following the model in place between NMH and its affiliated community healthcare partners in Chicago, EHWHC patie nts are referred for medically necessary services at NLFH, and between January and Novembe r, 2015, more than 600 patients received diagnostic and specialty care at NLFH under this arrangement Access DuPage Leaders of CDH were among the founding members of Access DuPage and CDH continues to provide financial support and leadership to its work Access DuPage is a collaborative of healthcare organizations in DuPage County that provides navigation a nd case management support to enable families with no insurance or inadequate insurance to connect with patient-centered medical homes at area FQHCs and parish providers, access me dically-necessary hospital care, purchase affordable prescription medicines and navigate c omplicated insurance networks and restrictions In 2014, 6,000 DuPage County residents rec eived care through Access DuPage Engage DuPage Residents of DuPage County without health insurance may also need access of a broader range of social services including housing, su pplemental food programs and mental healthcare Residents with complex needs are at signif icantly higher risk for a range of poor health outcomes Often the only interface a person with multiple health and social service needs has with the health system is through an em ergency room visit, however, emergency medical providers are limited in their capacity to help address broader social services needs Recognizing this, CDH implemented the Engage D uPage program in collaboration with the DuPage County Health department to provide interve ntion services to patients needing assistance connecting with medical homes, supportive ho using, supplemental nutrition programs and mental health services Northwestern Follow-up Clinic Having an established medical home is critical to both maintaining good health and effectively accessing the broader healthcare system Those without a primary care provider often seek care in hospital emergency departments, for both routine illnesses and treatme nt of unmanaged chronic medical conditions Because hospital emergency departments are des igned for treatment and stabilization of acute episodes of injury and illness, they are no t positioned to provide primary care, or the kind

Form and Line Reference	Explanation
Promotion of Community health	of ongoing care needed by patients with complex or chronic illnesses Patients seen in an emergency department are typically instructed to schedule follow-up care with their medica l home When patients do not have an established medical home - whether due to lack of hea lth insurance or gaps or changes in network coverage - or if they experience any of a numb er of psychosocial, financial, language or literacy challenges, it is unlikely that follow -up care will be a priority and they many not seek it in a timely manner or at all All of this contributes to the detrimental cycle of seeking care in the emergency department wit hout the benefit of ongoing care for the management of chronic or complex medical conditio ns, which then often worsen In response to the need to help patients connect with a consi stent medical home following emergency visits, NMH developed and opened the Northwestern F ollow-up Clinic (NFC) The NFC is designed to provide a bridge between emergency room care and ongoing care with a permanent medical home Access to the NFC begins in the emergency department or the inpatient unit if a patient is identified as not having a medical home In these cases, NMH staff assist patients in scheduling a follow-up appointment at the NF C as part of the discharge process At the NFC, a board-certified internal medicine physic ian or an advanced practice nurse take a comprehensive medical history and provide follow- up care for as many encounters as are necessary to ensure medical stability, without regar d to the patient's ability to pay, including providing medically necessary medication at l ow or no cost When a patient is medically stable and has established a complete medical h istory, initiating a relationship with a primary care provider can be effectively facilita ted Social workers at the NFC provide educational, psychosocial and literacy support and assist patients in identifying and initiating contact with the permanent primary care prov ider or clinic with which the patient can establish a long-term relationship As with pati ents in other settings at NMH, NFC patients are provided the opportunity to participate in clinical research studies when medically appropriate and potentially beneficial In cases where patients are experiencing difficulty accessing the primary care provider or a medic al home assigned to them through a new insurance product, the NFC staff will assist them i n identifying an available medical home and will continue to provide care even if the NFC is out of their insurance network In addition, the NFC staff will assist patients eligibl e for enrollment in government healthcare programs to complete applications In a new prog ram implemented in fiscal year 2015, NFC patients with a history of multiple emergency dep artment visits are assessed for psychosocial needs including housing, supplemental nutriti on programs, mental health services, vocational programs and other supportive programs Th ose meeting high-risk assessment thresholds are connected with special health advocates wi thin the NFC, who provide intensive support services that enable patients to complete foll ow-up medical visits, access medically necessary specialty and mental healthcare, apply fo r housing and vocational programs, and effectively link into social service and health ins urance programs for which the patient qualifies Since the program began in May, 2015, mor e than 50 individuals have received help through this program and connected with long-term health, housing and employment programs The NFC has grown into the largest touch point f or transitional care medicine in NMHC Since its inception, the NFC has had more than 9,00 0 patient encounters and transitioned more than 5,000 patients to a medical home Often th e medical home is a Near North or Erie site, and as such, patients are able to continue to receive care at NMH for medically necessary diagnostic, specialty and inpatient care NMH C's commitment to the education of the n

Form and Line Reference	Explanation
affiliated health care system	Schedule H, part VI, Line 6 As described throughout this Form 990, the subbordinates reported in this group return are all part of Northwestern Memorial HealthCare The community benefit plan and community health needs assessment, described earlier in Schedule H, give details about each subbordinate's respective role in promoting the health of the communities we serve

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

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

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

Form and Line Reference	Explanation
Northwestern Memorial Hospital	Sch H part V section B question 3 j The CHNA report also describes NMH background, charity care, the mission, CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

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

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

Form and Line Reference	Explanation
Northwestern Memorial Hospital	Sch H Part V section B ques 5 As part of the CHNA, four focus groups were held among key stakeholders representing public health, physicians, other healthcare professionals, social service providers and other community leaders from throughout Chicago A list of recommended participants for the NMH focus groups was provided by NMH Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as the community overall Focus group candidates were first contacted by letter to request their participation Follow-up phone calls were then made to ascertain whether or not they would be able to attend Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout Audio from the focus group sessions was recorded Findings from the focus group represent qualitative rather than quantitative data The group was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area Thus, these findings are based on perceptions, not facts In total, focus groups held as part of this CHNA incorporated input form 26 key informants (or community stakeholders), with special emphasis on persons who work with or have special knowledge about vulnerable populations in South Chicago, North Chicago, Downtown/West Chicago, as well as throughout Cook County, including low-income individuals, minority populations, those with chronic conditions and other medically underserved residents A list of these participants is provided below a La Rabida Children's Hospital b Centers for New Horizon c South East Chicago Commission d KLEO Center e North Park University f Heartland Health Outreach g Heartland International Health Center h Thorek Memorial Hospital i Community Alternatives Unlimited j Sinai Community Institute k Westside Ministers Coalition l Departments of Family Medicine & Preventive Medicine, Rush University Medical Center m Cook County Department of Public Health Oak Forest Hospital Campus n Resurrection Behavioral Health, Addiction Services, Professional Program o United Way of Metropolitan Chicago p Campaign for Better Health Care q Rush Oak Park Hospital r Rush University s Chicagoland Chamber of Commerce t Access to Care u Rush University Medical Center v School of Public Health, University of Illinois at Chicago w March of Dimes, Illinois Chapter To ensure that organizations impacting health in Chicago were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, a steering committee (the External Steering Committee) was established and maintained Members include representatives of a Chicago Department of Public Health b CommunityHealth (Chicago's largest free health clinic) c Consortium to Lower Obesity in Chicago Children d Erie Family Health Center (Federally Qualified Health Center) e Greater Humboldt Park Community Diabetes Empowerment Center f Kelly Hall YMCA g Near North Health Services Corporation (Federally Qualified Health Center) h United Way of Chicago i West Humboldt Park Development Council

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

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

Form and Line Reference	Explanation
Northwestern Memorial Hospital	Sch H part V section B ques 7 d In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also distributed to the following a Key Community Organizations & Leaders b NMH Internal & External Steering Committee Members c Northwestern University Institute of Public Health d Northwestern Medicine Leadership

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

Form and Line Reference	Explanation
Northwestern Memorial Hospital	Sch H Part V Section B ques 11 NMH, members of the External Steering Committee, and key co mmunity partners collaborated to address the following priority health needs Access to He alth Services NMH has worked to strengthen and increase patient affiliation with High-qua lity patient-centered medical homes One response to increase access to health services wa s the creation of the Northwestern Follow-Up Clinic (NFC), which was designed to provide a bridge between emergency room care and ongoing care with a permanent medical home The NF C provides timely and comprehensive follow-up care for patients without an established med ical home, or with difficulty navigating new insurance plans selected under the Affordable Care Act, serving as an essential link to ongoing healthcare services for patients with c hronic or complex medical conditions NMH underwrote the operating losses for the NFC NMH also continued to improve models for patient care coordination and for delivering care at the appropriate time and place In response to the need to develop a robust primary care physician workforce, NMH supported the development of Education-Centered Medical Home (ECM H), which ensures a well prepared workforce of culturally competent and locally trained ph ysicians This unique residency program provides quality training in a community-based set ting Through our Financial Assistance Programs and Presumptive Eligibility policy, NMHC c ontinues to provide access to medically necessary healthcare for those in need, regardless of the ability to pay and without regard to insurance status In total, NMHC contributed $438 5 million to charity care, other unreimbursed care, research and education and other community benefit programs, or approximately 18 0 percent of patient service revenue in fi scal year 2014 Patients with no insurance or inadequate coverage are routinely referred f rom our Federally Qualified Health Center partners In partnership with these organization s, NMH has developed an abbreviated process for these patients to apply for NMH's Financia l Assistance Programs Many of these patients receive free or substantially discounted car e Other patients receive care that is underwritten as part of NMHC's Community Service Ex pansion Program (CSEP), which covers costs associated with specialty consultations and ser vices and hospital-based diagnostic services In fiscal year 2014, NMH underwrote more tha n $330,000 in healthcare services under CSEP Heart Disease and Stroke NMH has worked to improve coordination of care for heart disease and stroke through strengthened high qualit y patient-centered medical homes The Keep Your Heart Healthy Initiative is a collaborativ e and innovative program designed to identify Chicago residents most at risk for developin g heart disease, and then work on an individual basis to empower those to make lifestyle c hanges to reduce their risk moving forward The program links individuals with health care services and medical homes through referrals, so that risk factors can be controlled Fun ding provided by Northwestern has increased access to high quality patient-centered medica l homes through community programs like the Keep Your Heart Healthy initiative NMHC is al so dedicated to developing methods for an accurate and quick diagnosis of stroke NMCH dev eloped the Telestroke program to provide rapid access to stroke specialists on its medical staff and to improve the likelihood that patients received a timely, correct diagnosis fo r stroke symptoms Telestroke has been implemented at remote NMHC sites as well as at Nort hwest Community Hospital in the northwest suburbs of Chicago and Norwegian American Hospit al on the northwest side of Chicago NMHC provides necessary technology and on-site traini ng in Telestroke protocols to these participating hospitals This enables hospitals to pag e NMG stroke specialists and receive immediate review of diagnostic images and a consult Physicians providing the patient's direct care are then advised whether to administer a po tentially lifesaving drug (tPA) and whether the severity of the patient's condition warran ts transfer to a hospital specializing in stroke treatment Because many insurance compani es will not pay for remote consults, NMHC reimburses the physician for consult services T echnology is provided to participating hospitals below cost and technical support and main tenance and staff training are provided at no cost Since the program began in 2013, more than 600 consults have been provided, and many patients have been transferred to NMH for t ertiary stroke care, regardless of their insurance status NMH continues to provide, parti cipate and partner in community-based health education, nutrition and adult activity progr ams focused on reducing risk of heart disease and stroke, and seek ways to enhance cultura l competency and accessibility of programs The Alberto Culver Health Learning Center (HLC) is a comprehensive hospital-based health informa

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
Northwestern Memorial Hospital	tion library and resource center Any member of the community can visit in person, online, or via phone to receive assistance and education from the staff of professional health ed ucators and medical librarians, free of charge The HLC's Heart Failure education program specifically targets patients that are being discharged from the hospital, so that those i n need receive education on their diagnosis, treatment, and ways to manage and live with t he disease NMHC also collaborates with the Chicago Department of Public Health to advance its Healthy Chicago Healthy Hearts initiative aimed at improving awareness of risk factor s for heart disease and encouraging healthy lifestyle choices through public policy and co mmunity-based education and health services Smoking Cessation programs have proven very e ffective in decreasing the risk of heart disease and stroke Northwestern Integrative Medi cine offers a comprehensive Smoking Cessation Program, facilitated by an American Lung Ass ociation certified instructor with over 20 years of experience and proven success Nutriti on, Physical Activity and Weight NMH continues to support the Humboldt Park program and e xpand curriculum to address nutrition, physical activity and weight NMH collaborated with the Humboldt Park community to create a neighborhood-specific program called the Humboldt Park Healthy Community Initiative This initiative was tailored to improve the health of the residents of Humboldt Park and takes into account specific needs and challenges of res idents of Humboldt Park, which include limited health literacy, violence in the community and cultural and language barriers The model is grounded in improved access to health inf ormation and safe, convenient, affordable options for learning about nutrition and engagin g in physical activity Expanded access to free education and wellness offerings continue to grow, with more classes and access points added each year In addition, community membe rs have access to Diabetes Link, a web-based tool developed by experts in population healt h The service links patients with community resources to improve healthy lifestyle behavi ors available in their immediate geography With community-based healthcare partners, NM s upports efforts to enact public health policies to improve nutrition and encourage physica l activity The link between consumption of sugary beverages and obesity is well establish ed in scientific literature NMH supported the proposed tax on sugary beverages, which wou ld have provided disincentives to consumption Although the tax was not approved, NMH cont inues to support policies aimed at improving public knowledge of nutrition, reducing acces s to unhealthy foods and encouraging healthier and more active lifestyle choices among the residents of Chicago NMH also supported the State's move to coordinated care in the Medi caid Program, which would ensure patients had a medical home Connecting patients with a p rimary care doctor provides those patients with guidance toward making healthy lifestyle c hoices Injury and Violence Prevention NMH advocates for adequate mental health and subst ance abuse services and reimbursement NMH has maintained its commitment to providing need ed mental health and co-occurring substance abuse services for all patients, regardless of medical insurance payor In addition to providing inpatient care and outpatient therapies , NMH operates a 24-hour/day mental health resource line to help see that those in need ar e guided to appropriate mental health services In fiscal year 2014, NMH provided mental h ealth services at an unreimbursed cost to NMH of $9 8 million This amount excludes the un reimbursed cost of charity care and government sponsored healthcare NMH also supports pro grams in collaboration with community-based mental health organizations and at neighborhoo d sites NMH's mental health program includes a range of outreach efforts to connect to th ose in the community needing services wh

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

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

Form and Line Reference	Explanation
Northwestern Memorial Hospital	Sch H Part V section B Ques 13 Other variables used to determine amounts charged to patients include family size, extenuating circumstances and medically necessary services

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

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

Form and Line Reference	Explanation
Northwestern Memorial Hospital	sch H Part V section B Ques 22 The maximum amount that can be charged to FAP-eligible individuals is dependent upon their household income level and family size, and is always less than the calculated amounts generally billed Emergency or other medically necessary care for individuals with household income up to 250% of the published federal poverty income levels (FPL) is provided at no charge Care for individuals with family income from 251% to 600% of the FPL is charged at the approximate cost of the care provided, with the cost calculation based on the annual filed Medicare Cost Report In addition, the FAP for NMHC has provisions to address catastrophic care situations Payments under the NMHC FAP shall not exceed 21% of the patient's annual household income, for patients under 600% of FPL, and shall not exceed 35% of the patient's household income for qualifying patients above 600% of FPL

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

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

Form and Line Reference	Explanation
Northwestern Lake Forest Hospital	Sch H part V section B question 3 j The CHNA report also describes NLFH background, charity care, the mission, CHNA goals and objectives, public dissemination plan, and development of the Implementation Plan

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

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

Form and Line Reference	Explanation
Northwestern Lake Forest Hospital	Sch H Part V section B ques 5 As part of the CHNA, a focus group was held among key stakeholders including representatives from public health and social service providers A list of recommended participants for the NLFH focus groups was provided by NLFH Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall Participants 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 persons with chronic disease conditions Focus group candidates were first contacted by letter to request their participation Follow-up phone calls were then made to ascertain whether or not they would be able to attend Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout Audio from the focus group sessions was recorded Findings from the focus group represent qualitative rather than quantitative data The group was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area Thus, these findings are based on perceptions, not facts To ensure that organizations impacting health in Lake County were meaningfully engaged in reviewing and interpreting the findings of the CHNA, developing priorities among the identified needs and forming a collaborative plan to address the top priority needs, a steering committee (the External Steering Committee) was established and maintained Members include representatives of a HealthReach (Free Health Clinic) b Lake County Council for Seniors c Lake County Health Department d Lake Forest High School and District 39 e Mano a Mano Family Resource Center

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

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

Form and Line Reference	Explanation
Northwestern Lake Forest Hospital	Sch H part V section B ques 7 d In addition to providing the CHNA report on the website and making it available to the public upon request, the CHNA report was also provided to a variety of community partners, including a Key Community Organizations b NLFH Internal & External Steering Committee Members c Northwestern University Institute of Public Health d Northwestern Medicine Leadership

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

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

Form and Line Reference	Explanation
Northwestern Lake Forest Hospital	Sch H Part V Section B ques 11 NLFH, members of the External Steering Committee, and key community partners collaborated to address the following priority health needs Access to Health Services NLFH worked with community partners to respond to the critical need to expand access to primary care for the uninsured and underinsured residents of Lake County (estimated at more than 75,000 residents), resulting in the opening of the Erie HealthReach Waukegan Health Center NLFH helped to organize and fund development and operations of the center which vastly expanded access to primary, preventive and dental care, and serves as a patient-centered medical home In its first full year of operations, the health center provided care to nearly 3,000 patients through more than 10,000 visits In addition, NLFH also worked closely with the Lake County Health Department to address access by participating in efforts lead by the Live Well Lake County Coordination of Care subcommittee Efforts of this committee included increasing access to health education at appropriate health literacy levels and connecting folks with education to better understand options for obtaining health insurance through the Adorable Care Act Heart Disease and Stroke NLFH collaborates with the Lake County Health Department (LCHD) on a number of initiatives to improve the health of residents NLFH is a member of the Live Well Lake County committee, which utilizes a strategic planning approach to community health improvement activities Over the last year, this committee inventoried local and national resources that support smoking cessation, and produced a brochure to disseminate throughout the county NLFH provides community programs on healthy nutrition to improve heart health A strategic plan was developed to increase awareness of low sodium food and drink options, and to "make the healthy choice the easy choice" by teaching about healthy options that are full of flavor and low in cost NLFH also supports the joint efforts of LCHD and the Lake County Forest Preserve through the Active Living committee to promote physical activity utilizing the many outdoor resources in the county Mental Health and Substance Abuse NLFH participates on a Suicide Prevention Task Force, which includes representatives from LCHD and areas schools The task force began more than three years ago following a suicide cluster in Lake County, which has not been repeated NLFH provides expertise and awareness throughout Lake County, as well as support groups and services for patients and their families NLFH also participates on the Lake County Health Department Behavioral Health Action Team After conducting a behavioral health needs assessment, this team developed a strategic plan with four action areas, including provider workforce, coordination/continuum of care, access and awareness Within the action areas, thirteen strategies were identified for implementation and NLFH experts serve as members of the action team to address these strategies Section C The CHNA report identified three areas of opportunity for health improvement for which NLFH and its External Steering Committee determined it would not prepare an implementation plan and strategy These areas of opportunity and the reasons for not addressing are below Chronic Kidney Disease (Kidney Disease Deaths) Although NLFH has clinical services available to treat kidney disease, the External Steering Committee recommended that NLFH focus its efforts on health needs for which it could have a greater public health impact Chronic Pain (Chronic Neck Pain) Although NLFH has clinical services available to treat chronic neck pain, the External Steering Committee recommended that NLFH focus its efforts on health needs for which it could have a greater public health impact Dementias, Including Alzheimer's Disease Although NLFH has clinical services available to treat dementia, the External Steering Committee recommended that NLFH focus its efforts on health needs for which it could have a greater public health impact Many health organizations in Lake County were identified as providers of services to treat these health needs (see CHNA Report)

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

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

Form and Line Reference	Explanation
Northwestern Lake Forest Hospital	Sch H Part V section B Ques 13 Other variables used to determine amounts charged to patients include family size, extenuating circumstances and medically necessary services

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

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

Form and Line Reference	Explanation
Northwestern Lake Forest Hospital	sch H Part V section B Ques 22 The maximum amount that can be charged to FAP-eligible individuals is dependent upon their household income level and family size, and is always less than the calculated amounts generally billed Emergency or other medically necessary care for individuals with household income up to 250% of the published federal poverty income levels (FPL) is provided at no charge Care for individuals with family income from 251% to 600% of the FPL is charged at the approximate cost of the care provided, with the cost calculation based on the annual filed Medicare Cost Report In addition, the FAP for NMHC has provisions to address catastrophic care situations Payments under the NMHC FAP shall not exceed 21% of the patient's annual household income, for patients under 600% of FPL, and shall not exceed 35% of the patient's household income for qualifying patients above 600% of FPL

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

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

Form and Line Reference	Explanation
Central Dupage Hospital	Sch H part V section B question 3 j CHNA ALSO CONTAINS THE FOLLOWING a HEALTH COLLABORATIVES AND KEY COMMUNITY STAKEHOLDERS b DESCRIPTION OF THE PLAN TO RESPOND TO THE NEEDS - SUMMARY OF KEY NEXT ACTION STEPS IN THE COMMUNITY BENEFIT STRATEGIC PLANNING

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
Central Dupage Hospital	Sch H Part V section B ques 5 INPUT WAS GATHERED VIA A VARIETY OF METHODS, INCLUDING A FOR MAL HEALTH BEHAVIOR SURVEY, INFORMATION-GATHERING MEETINGS WITH COMMUNITY LEADERS, FOCUS G ROUPS WITH RESIDENTS, INTERVIEWS WITH KEY INDIVIDUALS WITH INTIMATE KNOWLEDGE OF THE HEALT H INDICATORS AND NEEDS OF THE COMMUNITY EXISTING HEALTH COLLABORATIVES 1 IMPROVING ACCES S FOR THE UNDERSERVED -A BROAD-BASED COLLABORATIVE INVOLVING CDH, AS WELL AS MANY OTHER HE ALTHCARE PROVIDERS AND SOCIAL SERVICE AGENCIES, ADDRESSES ACCESS ISSUES FOR LOW-INCOME AND MINORITY POPULATIONS IN DUPAGE COUNTY THESE INCLUDE IN-KIND SERVICE CONTRIBUTIONS AND AD MINISTRATIVE SUPPORT TO DUPAGE HEALTH COALITION'S ACCESS DUPAGE PROGRAM FOR UNINSURED LOW INCOME ADULTS, AS WELL AS FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS COLLABORATIVE REFE RRAL ARRANGEMENTS AMONG PARTICIPANTS HELP LINK PATIENTS TO PRIMARY CARE PHYSICIANS AND OTH ER ONGOING CARE 2 ADDRESSING CHRONIC ILLNESS AND MENTAL HEALTH NEEDS - EFFORTS LED BY TH E COUNTY HEALTH DEPARTMENT ARE UNDERWAY TO CREATE THE COMPREHENSIVE NETWORK OF PREVENTIVE, WELLNESS, MAINTENANCE, AND SOCIAL SUPPORT SERVICES NEEDED TO IMPROVE THE LIVES OF COMMUNI TY MEMBERS SUFFERING FROM CHRONIC ILLNESS AND MENTAL HEALTH ISSUES CDH AND OTHER PROVIDER S ARE PARTICIPATING 3 PROMOTING WELLNESS AND PREVENTION - CDH JOINS OTHER PROVIDERS AND COMMUNITY GROUPS IN ADDRESSING A VARIETY OF COMMUNITY-WIDE HEALTH CHALLENGES INCLUDING CHI LDHOOD AND ADULT OBESITY AND PREVENTION OF HEART DISEASE, CANCER, AND STROKE KEY COMMUNIT Y STAKEHOLDERS INCLUDE 1 DUPAGE COUNTY HEALTH COALITION - ACCESS DUPAGE IS A COLLABORATI VE EFFORT BY LOCAL INDIVIDUALS AND ORGANIZATIONS WHOSE GOAL IS TO PROVIDE ACCESS TO MEDICA L AND MENTAL HEALTH SERVICES TO LOW INCOME RESIDENTS IN DUPAGE COUNTY THE PROGRAM IS A PA RTNERSHIP OF HOSPITALS, PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICE AGENCIES, AND COMMUNIT Y GROUPS IT PROVIDES SERVICES TO ADULT COUNTY RESIDENTS WHO ARE UNDER AGE 65, HAVE HOUSEH OLD INCOMES BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL, HAVE NO MEDICAL INSURANCE, AND ARE NOT ELIGIBLE FOR PUBLIC HEALTH INSURANCE PLANS THE AVERAGE ENROLLMENT FOR ACCESS DUP AGE IN 2014 WAS 11,450 PEOPLE 2 DUPAGE COUNTY HEALTH DEPARTMENT - THE DUPAGE COUNTY HEAL TH DEPARTMENT, LOCATED IN WHEATON, ILLINOIS, IS CHARGED WITH PROVIDING CORE PUBLIC HEALTH FUNCTIONS RELATED TO ASSESSMENT, ASSURANCE, AND POLICY DEVELOPMENT TO THAT END, THE HEALT H DEPARTMENT OFFERS A COMPREHENSIVE ARRAY OF SERVICES DESIGNED IN RESPONSE TO COMMUNITY NE ED AND PUBLIC MANDATE CDH, AS WELL AS OTHER DUPAGE COUNTY HOSPITALS, HEALTH PROFESSIONALS , AND HEALTH-RELATED SOCIAL SERVICE AGENCIES, SUPPORT THE HEALTH DEPARTMENT IN A VARIETY O F WAYS INCLUDING PARTICIPATION IN THE IPLAN PROCESS AND MENTAL HEALTH INITIATIVE THE HEAL TH DEPARTMENT IS AN ANCHOR MEMBER OF THE DUPAGE HEALTH COALITION, AND THEIR EXECUTIVE DIRE CTOR SERVES ON THE BOARD THE HEALTH DEPARTMENT ALSO SERVES AS THE FIDUCIARY AGENT FOR THE FORWARD INITIATIVE 3 DUPAGE FEDERATION ON HUMAN SERVICE REFORM - THE DUPAGE FEDERATION ON HUMAN SERVICES REFORM IS A COLLABORATION OF GOVERNMENT AND KEY COMMUNITY ORGANIZATIONS THAT IDENTIFY WAYS A LOCAL COMMUNITY CAN ADDRESS ITS HUMAN NEEDS USING ITS OWN RESOURCES A ND RESOURCEFULNESS THE FEDERATION SERVES AS AN ORGANIZER AND CATALYST IN DUPAGE COUNTY, B RINGING TOGETHER THE RESPONSIBLE ORGANIZATIONS AND ADVOCATING FOR THE DEVELOPMENT OF REAL SOLUTIONS THE ORGANIZATION EFFECTS CHANGE BY MANAGING COLLABORATIONS AND PROJECTS, IDENTI FYING NEEDED SYSTEMS CHANGES, AND MAKING RECOMMENDATIONS FOR IMPROVEMENT THE FEDERATION'S VALUE LIES IN ITS EXPERTISE AND OBJECTIVITY THE FACT THAT IT IS NOT A DIRECT SERVICE PRO VIDER PRESERVES ITS ABILITY TO LOOK AT THE BIG PICTURE, ADDRESSING CROSS-CATEGORICAL PROBL EMS IN HUMAN SERVICES THIS IS ACHIEVED THROUGH A STRONG, INVOLVED BOARD, A SYNERGISTIC PA RTNERSHIP BETWEEN BOARD AND STAFF, AND THROUGH LONG-TERM RELATIONSHIPS WITH KEY DECISION-M AKERS AND ORGANIZATIONAL PARTNERS (WWW DUPAGEFEDERATION ORG) CDH AND OTHER COMMUNITY PROV IDERS PARTICIPATE ACTIVELY IN BOTH THE FEDERATION AND ITS INITIATIVES 4 FORWARD INITIATI VE - FORWARD IS A LEADERSHIP INITIATIVE AIMED AT REVERSING THE TREND OF CHILDHOOD OBESITY IN DUPAGE COUNTY ONE OF THE GOALS IS TO IDENTIFY THE MAGNITUDE OF THE PROBLEM IN ORDER TO DEVELOP APPROPRIATE INTERVENTIONS PRELIMINARY DATA SHOWS THAT THE OVERWEIGHT AND OBESITY RATE FOR DUPAGE COUNTY IS 60 9 PERCENT FOR YOUTH BETWEEN THE AGES OF 5 AND 17, THE RATE IS 25 2 PERCENT, DOWN FROM 34 PERCENT IN 2009 CDH AND OTHER COMMUNITY PROVIDERS AND GROUP S ACTIVELY PARTICIPATE IN THIS COALITION BY PROVIDING FUNDING, PLANNING, LEADERSHIP, AND I N-KIND SUPPORT FOR RESEARCH AND OUTREACH ACTIVITIES 5 DUPAGE COUNTY IPLAN 2015 - IPLAN (ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEEDS) IS A SERIES OF PLANNING ACTIVITIES LED BY THE CERTIFIED LOCAL HEALTH DEPARTMENT IPLAN 2015 CLEARLY DEMONSTRATES THE DUPAGE COUNTY H EALTH DEPARTMENT'S COMMITMENT TO THE TEN ESSENTIAL

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
Central Dupage Hospital	PUBLIC HEALTH SERVICES 6 MUNICIPALITIES, SCHOOL AND PARK DISTRICTS, AND NON-GOVERNMENTA L COMMUNITY GROUPS - IN ADDITION TO THE COLLABORATIVES NOTED ABOVE, CDH MAINTAINS DIRECT R ELATIONSHIPS WITH A VARIETY OF GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS THROUGHOUT ITS SERVICE AREA THESE INCLUDE MUNICIPALITIES, PARK DISTRICTS, SCHOOL DISTRICTS, CHURCHES, SE RVICE CLUBS, AND RESEARCH AND SUPPORT ORGANIZATIONS SUCH AS THE AMERICAN HEART ASSOCIATION ASSISTANCE FROM CDH AND OTHER COMMUNITY PROVIDERS INCLUDES IN-KIND DONATIONS, FUNDRAISIN G SUPPORT, AND PARTICIPATION IN WELLNESS, PREVENTION, SCREENING, AND OTHER HEALTH-RELATED ACTIVITIES CDH HAS A LONG-STANDING HISTORY OF PROVIDING SUPPORT, LEADERSHIP, AND COALITIO N-BUILDING IN SUPPORT OF HEALTH AND WELLNESS INITIATIVES HIGHLIGHTS OF THESE PROGRAMS ARE DETAILED IN OUR ANNUAL COMMUNITY BENEFIT REPORT OTHER KEY STAKEHOLDERS DUPAGE COMMUNITY HUNGER NETWORK HTTP //COMMUNITYHUNGERNETWORK ORG/ NORTHERN ILLINOIS FOOD BANK HTTP //SOLVE HUNGERTODAY ORG/ PEOPLE'S RESOURCE CENTER (PRC) HTTP //WWW PEOPLESRC ORG/ PROACTIVE KIDS F OUNDATION HTTP //PROACTIVEKIDS ORG/ABOUT MEIER CLINIC'S FAMILY BRIDGES HTTP //WWW MEIERCLI NICS COM/ILLINOIS INTERFAITH MENTAL HEALTH HTTP //INTERFAITHMHC ORG/ABOUT-THE-COALITION

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

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

Form and Line Reference	Explanation
Central Dupage Hospital	Sch H part V section B question 6 B METROPOLITAN CHICAGO HEALTHCARE COUNCIL

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

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

Form and Line Reference	Explanation
Central Dupage Hospital	Sch H part V section B ques 7 d PRINTED AND DISTRIBUTED TO KEY HEALTH LEADERS OF 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
Central Dupage Hospital	Sch H Part V Section B ques 11 CDH PRIORITY INITIATIVES FY 2013-2015 CDH HAS IDENTIFIED FO UR PRIORITY NEEDS THAT WE BELIEVE WILL ENABLE US AND OUR PARTNERS TO MAXIMIZE THE COMMUNIT Y BENEFIT GENERATED BY OUR COLLECTIVE RESOURCES OVER THE NEXT FEW YEARS IN SELECTING THES E PRIORITIES WE CONSIDERED THE DEGREE OF COMMUNITY NEED FOR ADDITIONAL RESOURCES, THE CAPA CITY OF OTHER AGENCIES TO MEET THE NEED, AND THE SUITABILITY OF OUR OWN EXPERTISE AND RESO URCES TO ADDRESS THE ISSUE IN PARTICULAR, WE LOOKED FOR HEALTH NEEDS THAT REQUIRE A COORD INATED RESPONSE ACROSS A RANGE OF HEALTH CARE AND COMMUNITY RESOURCES THESE NEEDS CAN BEN EFIT FROM THE INTEGRATED NATURE OF OUR ORGANIZATION AND OUR PROVIDER AND COMMUNITY PARTNER S THE PRIORITIES ARE ACCESS TO CARE AN AGING POPULATION, GROWING LOW-INCOME POPULATION, AND THE FLAGGING ECONOMY ARE CREATING A VARIETY OF ACCESS PROBLEMS RELATING TO BOTH THE AF FORDABILITY AND AVAILABILITY OF CARE CDH SEEKS TO PROMOTE ACCESS TO CARE THROUGH SEVERAL INITIATIVES WHICH WILL BE DELINEATED WITHIN THE COMMUNITY BENEFIT PLAN SUMMARILY, CDH WIL L CONTINUE TO WORK WITH INDIVIDUALS AND FAMILIES WHO RECEIVE CARE AT THE HOSPITAL AND PROM OTE REFERRALS TO COMMUNITY CLINICS AND PHYSICIANS IN AN EFFORT TO LINK PATIENTS WITH MEDIC AL HOME SETTINGS THIS WILL BE ACHIEVED BY ENSURING CLIENTS HAVE EASE OF ACCESS TO AFFORDA BLE, MEDICALLY NECESSARY INPATIENT CARE AND HAVE READY ACCESS TO OUR FINANCIAL ASSISTANCE PROGRAMS IN ADDITION, CDH LEADERSHIP WILL CONTINUE OUR PARTNERSHIPS AND COLLABORATIONS WI TH LOCAL FEDERALLY QUALIFIED HEALTH CENTERS, FREE CLINICS, AND THE DUPAGE HEALTH COALITION (ACCESS DUPAGE) TO PROMOTE ACCESS TO MEDICAL HOME CARE UPON DISCHARGE ADDITIONAL EMPHASI S WILL ALSO BE DIRECTED TOWARDS ASSURING OUR PATIENTS ARE ADEQUATELY LINKED TO APPROPRIATE SERVICES UPON DISCHARGE TO ENSURE RETURN TO A HEALTHY AND SUCCESSFUL OPTIMUM STATE OF WEL LNESS WHILE MINIMIZING UNNECESSARY RE-HOSPITALIZATIONS OBESITY NATIONALLY, MORE THAN 27 8 PERCENT OF ADULTS ARE OBESE ACCORDING TO THE NATIONAL HEALTH RANKINGS STEMMING THE EPIDE MIC OF OBESITY IN OUR COMMUNITY HAS THE POTENTIAL TO SIGNIFICANTLY IMPROVE THE HEALTH OF O UR COMMUNITY, DECREASE ASSOCIATED CHRONIC DISEASE AND REDUCE HEALTHCARE COSTS OVER THE LON G TERM CDH IS COMMITTED TO CONTINUING ITS PARTNERSHIP WITH THE FORWARD INITIATIVE IN THE DUPAGE COUNTY HEALTH DEPARTMENT AS THEY PLAN AND DEVELOP RESPONSES TO THE PROBLEM OF OBESI TY, WITH PARTICULAR EMPHASIS ON CHILDHOOD OBESITY IN ADDITION WE WILL CONTINUE OUR COMMUN ITY EDUCATION AND OUTREACH ROGRAMMING MENTAL HEALTH SERVICES FOR THE CHRONICALLY MENTALLY ILL ARE INSUFFICIENT SERVICES FOR CHILDREN, PUBLIC AID RECIPIENTS, AND THOSE SUFFERING W ITH SUBSTANCE ABUSE ARE ALSO IN SHORT SUPPLY IN ADDITION, GAPS EXIST IN EDUCATION, SCREEN ING, AND REFERRAL OF INDIVIDUALS WITH MENTAL HEALTH CONCERNS THE RESULT IS CHRONIC CONDIT IONS BECOME DEBILITATING AND MENTAL HEALTH ISSUES ARE OFTEN MISSED IN CHILDREN CDH'S EXPE RTISE IN CLINICAL SERVICES AND MANAGEMENT COUPLED WITH OUR PARTNERSHIPS WITH COMMUNITY MEN TAL HEALTH PROVIDERS AND AGENCIES ENABLES THE HOSPITAL TO ADDRESS THESE ISSUES IN A COORDI NATED WAY IN A VARIETY OF SETTINGS THE COUNTY HAS INITIATED A MENTAL HEALTH COUNCIL TO FU RTHER ASSESS NEED AND CREATE COLLABORATIVE RESPONSES CDH WILL CONTINUE TO PARTICIPATE IN THIS INITIATIVE CHRONIC DISEASE AS OUR NATION AND LOCAL COMMUNITIES CONTINUE TO AGE, AN I NCREASE IN BOTH THE INCIDENCE AND PREVALENCE OF CHRONIC DISEASE IS EXPECTED THE EXISTING HEALTHCARE DELIVERY SYSTEM IS NOT PREPARED TO PROVIDE COMPREHENSIVE SERVICES THAT WILL BE REQUIRED TO ADDRESS THESE DISEASES, AND THE DIRECT AND INDIRECT BURDEN OF CHRONIC DISEASE IS LIKELY TO CREATE SIGNIFICANT FINANCIAL STRAINS FOR PROVIDERS IN THE COMMUNITY CDH IS P OSITIONED TO DEVELOP THE COORDINATED RESPONSE THAT WILL BE REQUIRED TO ADDRESS THIS TREND PUBLIC HEALTH EXPERTS SPEAK TO THE IMPORTANCE OF EDUCATION TO PREVENT THE ONSET OF DISEAS E AND IMPROVE THE HEALTHY LIFESTYLES ALONG WITH SCREENING TO PROMOTE EARLY DETECTION AND P ROMPT TREATMENT OF DISEASE STATES IN AN EFFORT TO LIMIT ASSOCIATED DISABILITY ADDITIONALL Y, EDUCATION OF INDIVIDUALS WITH CHRONIC DISEASES TO ASSIST IN THE SELF-MANAGEMENT OF THE DISEASE WILL IMPROVE OUTCOMES, LESSON ACUTE EXACERBATED EPISODES, AND PROMOTE LONGER, HEAL THIER LIVES WITH AN EMPHASIS ON LIVING IN AN OPTIMUM STATE OF WELLNESS CDH IS COMMITTED T O PROVIDING CARE ALONG ALL THREE LEVELS OF THE CHRONIC DISEASE CONTINUUM EDUCATION, SCREE NING, AND MANAGEMENT ADDITIONAL AREAS OF NEED TWO ADDITIONAL NEEDS WERE IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT - PRENATAL AND PERINATAL CARE FOR UNDERSERVED POPULATIO NS AND INFECTIOUS AND SEXUALLY TRANSMITTED DISEASE RATES ABOVE TARGETS WHILE WE STILL CON SIDER THESE AS PRIORITY NEEDS, WE BELIEVE THE MOST EFFECTIVE WAY TO RESPOND IS BY CONTINUI NG TO PARTICIPATE IN COUNTY-LED INITIATIVES TO ADDRESS THESE CONCERNS AND SUPPORTING THE W ORK OF QUALIFIED ORGANIZATIONS PROVIDING AMBULATOR

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
Central Dupage Hospital	Y CARE TO THE UNDERSERVED CHILD AND MATERNAL HEALTH THERE IS A NEED FOR ADDITIONAL EFFORT TO IMPROVE PRENATAL AND PERINATAL CARE, AND TO TARGET HIGH-RISK GROUPS SUCH AS TEENAGERS AND OLDER WOMEN IN ADDITION TO MONITORING HISTORICALLY HIGHER INFANT MORTALITY RATES AMONG AFRICAN-AMERICANS RESIDENTS OF DUPAGE COUNTY, SUGGESTING THAT INTERVENTIONS TARGETING THI S POPULATION MAY HELP WE BELIEVE THAT WE ARE BEST SUITED TO ASSIST IN MEETING THESE NEEDS IN TWO WAYS (1) THROUGH THE SUPPORT OF LOCAL MEDICAL HOME PROVIDERS FOR THE UNDERSERVED AND (2) BY CONTINUING TO OFFER STATE OF THE ART PRENATAL EDUCATION SERVICES TO ALL MEMBERS OF OUR COMMUNITY INFECTIOUS AND SEXUALLY TRANSMITTED DISEASE RATES ABOVE TARGETS MAINTAI NING HIGH LEVELS OF VACCINATION IN THE POPULATION IS THE BEST WAY TO CONTROL THESE DISEASE S VACCINE RATES FOR PNEUMONIA AND FLU AMONG OLDER DUPAGE RESIDENTS ARE BELOW NATIONAL TAR GETS IMPROVING VACCINE RATES FOR ESTABLISHED DISEASES REQUIRES PUBLIC OUTREACH AND COORDI NATION AMONG PROVIDERS MEETING EMERGING DISEASE THREATS ALSO REQUIRES HIGHLY COORDINATED RAPID MOBILIZATION OF PUBLIC HEALTH AND PROVIDER RESOURCES WHILE STILL BELOW NATIONAL AND STATE LEVELS, RATES OF SEXUALLY TRANSMITTED DISEASE HAVE RISEN IN DUPAGE COUNTY IN RECENT YEARS EDUCATION AND OUTREACH AS WELL AS ACCESS TO CONFIDENTIAL AND AFFORDABLE TREATMENT ARE NEEDED TO ADDRESS THESE DISEASES CDH WILL CONTINUE TO PARTICIPATE IN COUNTY-LED INITI ATIVES IN THESE AREAS IN ADDITION TO SUPPORTING THE WORK OF HEALTHCARE PROVIDERS FOR THE U NDERSERVED

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
Delnor-Community Hospital	Sch H Part V section B ques 5 INPUT WAS GATHERED VIA A VARIETY OF METHODS, INCLUDING A FOR MAL HEALTH BEHAVIOR SURVEY INFORMATION-GATHERING MEETINGS WITH COMMUNITY LEADERS FOCUS G ROUPS WITH RESIDENTS, INTERVIEWS WITH KEY INDIVIDUALS WITH INTIMATE KNOWLEDGE OF THE HEALT H INDICATORS AND NEEDS OF THE COMMUNITY ALL FIVE HOSPITALS LOCATED IN KANE COUNTY COLLABO RATED TO COLLECT THE DATA TO DETERMINE THE NEEDS OF THE COMMUNITY, AS WELL AS DEVELOPING T HE TOP PRIORITIES AND OVERALL COUNTY-WIDE IMPLEMENTATION PLAN IN 2010 THE KANE COUNTY BOA RD BECAME THE ONLY COUNTY GOVERNMENT IN ILLINOIS TO PROVIDE POLICY DIRECTION THAT WAS AIME D AT FORMALLY INTEGRATING HEALTH, LAND USE AND TRANSPORTATION INTOACOMPREHENS1VE MASTER PL AN THE COLLABORATION BETWEEN THESE PLANNING DISCIPLINES IS TITLED "QuALITY OF KANE" AND I S ROOTED IN THE BELIEF THAT THE QUALITY OF THE COMMUNITIES WHERE RESIDENTS LIVE, WORK AND PLAY IS AS IMPORTANT TO ACHIEVING GOOD HEALTH AS GOING TO THE DOCTOR FOR REGULAR CHECKUPS, PROPER NUTRITION AND ADEQUATE PHYSICAL EXERCISE ADDITIONALLY, IT IS WIDELY RECOGNIZED BY ALL COMMUNITY STAKEHOLDERS THAT PHYSICAL ENVIRONMENT, SOCIAL AND ECONOMIC FACTORS, AND CL INICAL CARE ALSO PLAY A MAJOR ROLE IN AN INDIVIDUAL'S HEALTH THE THREE KEY DOCUMENTS AND THEIR RESULTANT INITIATIVES IDENTIFIED BELOW WILL BE USED TO PROMOTE COLLABORATION IN PLAN NING AND RESPONDING TO COMMUNITY HEALTH NEEDS WITHIN THE COUNTY AS THE COUNTY STRIVES TO M EETS ITS GOAL OF MAKING KANE COUNTY RESIDENTS THE HEALTHIEST RESIDENTS IN ILLINOIS 2012-2 016 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) - DELNOR HOSPITAL ACTIVELY PARTICIPATED IN MU LTIPLE PHASES OF THE COMMUNITY NEEDS ASSESSMENT AND DEVELOPMENT OF THE CHIP THE HOSPITAL SERVED AS A SITE USED BY THE CHIP SUBCONTRACTOR, NORTHERN ILLINOIS UNIVERSITY,IN WHICH COM MUNITY MEMBERS PARTICIPATED IN HEALTH-RELATED FOCUS GROUPS ADDITIONALLY, HOSPITAL LEADERS HIP ACTIVELY SERVED ON THE KANE COUNTY HEALTH ASSESSMENT COMMITTEE KANE COUNTY HEALTH DEP ARTMENT STRATEGIC PLAN -BOTH THE KANE COUNTY HEALTH DEPARTMENT AND KANE COUNTY BOARD HAVE HISTORICALLY ENCOURAGED PARTICIPATION AND INPUT FROM KEY COMMUNITY STAKEHOLDERS TO GUIDE, IMPLEMENT AND EVALUATE THEIR STRATEGIC PLANNING PROCESS TO THAT END, THE COUNTY BOARD CHA IR HAS ESTABLISHED AND EFFECTIVELY USES A PUBLIC HEALTH ADVISORY BOARD TO ELICIT INPUT INT O BOTH THE DAY-TO-DAY PROGRAMMING AND THE OVERARCHING STRATEGIC PLANNING PROCESS FIT KIDS 2020 PLAN- THE MAKING KANE COUNTY FIT FOR KIDS (FFK) CAMPAIGN WAS LAUNCHED IN 2008 TO ADD RESS THE ALARMING CONCERNS RELATED TO CHILDHOOD OBESITY THE PURPOSE OF THE PLAN WAS TO PRO VIDE A STRATEGIC FRAMEWORK TO GUIDE KEY STAKEHOLDER ACTIONS IN AN EFFORT TO REVERSE THE TO LL OF CHILDHOOD OBESITY BY THE YEAR 2020 FOUR STRATEGIC ACTION PRINCIPLES GUIDE THIS PLAN - 1 PROVIDE PARENTS AND CHILDREN WITH RELIABLE, UP-TO-DATE INFORMATION IN MULTIPLE SETTIN GS REGARDING HEALTHFUL PHYSICAL ACTIVITY AND EATING HABITS 2 SUPPORT A CULTURE OF WELLNES S AND HEALTH PROMOTION IN OUR WORKPLACES, SCHOOLS AND OTHER INSTITUTIONS 3 DEVELOP LAND U SE PLANNING AND OTHER PUBLIC POLICIES THAT FOSTER AND SUPPORT PHYSICAL ACTIVITY FOR ALL IN OUR COMMUNITY 4 ASSURE THAT FRESH FRUITS AND VEGETABLES ARE AFFORDABLE AND ACCESSIBLE T O ALL FAMILIES DELNOR LEADERSHIP AND STAFF SUPPORT THE FIT KIDS 2020 PLAN IN MULTIPLE WAYS , INCLUDING THE PROVISION OF HEALTH EDUCATION MATERIALS, COMMUNITY EDUCATION PROGRAMMING F OR BOTH ADULTS AND CHILDREN, SUPPORTING A WORKPLACE WEUNESS INITIATIVE VIA THE USE OF MULT IPLE WALKING PATHS THROUGHOUT THE HOSPITAL CAMPUS AND SERVING ON THE COUNTY'S COMMUNITY HE ALTH AND WELLNESS COMMITTEE KANE COUNTY MENTAL HEALTH COUNCIL-PEOPLE WHO NEED MENTAL HEA LTH SERVICES IN KANE COUNTY FREQUENTLY FIND THEMSELVES WITHOUT TIMELY ACCESS TO MOST MENTA L HEALTH PROVIDERS THE KANE COUNTY MENTAL HEALTH COUNCIL CONTINUOUSLY WORKS TO COORDINATE AVAILABLE RESOURCES IN ADDITION TO RECRUITING ADDITIONAL RESOURCES TO KANE COUNTY IN ORDER TO BETTER SERVE COUNTY RESIDENTS DELNOR HOSPITAL SERVES AS A MEMBER OF THE COUNCIL HEAL THY PLACES COALITION - THE HEALTHY PLACES COALITION IS AN ESSENTIAL HEALTH PARTNERSHIP AIM ED AT PROMOTING THE HEALTH OF INDOOR AND OUTDOOR ENVIRONMENTS, WHICH ARE INTEGRAL TO THE H EALTH OF ALL MEMBERS OF THE COMMUNITY THE COALITION WAS FORMED BY PARTICIPANTS FROM DIVER SE ASPECTS OF THE COMMUNITY, INCLUDING THE U S ENVIRONMENTAL PROTECTION AGENCY,THE KANE CO UNTY HEALTH DEPARTMENT, MUNICIPAL GOVERNMENTS HOSPITALS (INCLUDING DELNOR) FIRE DEPARTMEN TS,COMMUNITY ADVOCACY GROUPS AND MANY OTHERS DELNOR'S COMMUNITY EDUCATOR SERVES ON THIS C OALITION KANE COMMUNITY HEALTH ACCESS INTEGRATED NETWORK (KCHAIN} - KCHAIN WAS FORMED IN 2004 BY KANE COUNTY HEALTH ROVIDERS,ADVOCATES,THE FIVE HOSPITALS AND LOCAL FEDERALLY QUALI FIED HEALTH CENTERS THE PROJECTS PRIMARY PURPOSE WAS TO INCREASE ACCESS TO AFFORDABLE HEAL TH CARE FOR UNDERSERVED RESIDENTS IN KANE COUNTY AND TO PROMOTE PREVENTIVE TREATMENT THROU GH THE ASSIGNMENT OF A MEDICAL HOME DELNOR'S COMMU

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
Delnor-Community Hospital	NITY HEALTH AND OUTREACH STAFF MEMBER JENNIFER SIMMONS, MBA, REPRESENTS THE HOSPITAL ON TH E COMMITTEE ALL OUR KIDS EARLY CHILDHOOD NEIWORKS (AOK) - THE AOK NEtWORK IS A MATERNAL-C HILD PROGRAM THAT SEEKS TO ENSURE THAT ALL FAMILIES WITH CHILDREN YOUNGER THAN 5 WILL RECE IVE NEEDED SERVICES INCLUDING BUT NOT LIMITED TO PRENATAL CARE WELL BABY CHECKUPS AND PARE NTING EDUCATION OELNOR STAFF FROM THE PRENATAL EDUCATION DEPARTMENT TAKE AN ACTIVE ROLE IN SUPPORTING THIS INITIATIVE IN ADDITION TO PARTICIPATING ON THE KANE COUNTY PERINATAL COMM ITTEE AND BREASTFEEDING COALITION LAZARUS HOUSE - LAZARUS HOUSE IS A NONPROFIT CHARITABLE ORGANIZATION SERVING PERSONS WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS AND CONNECTED TO CENTRAL KANE COUNTY THE PROGRAM SERVES MEN, WOMEN AND CHILDREN BY PROVIDING EMERGENCY SHE LTER, TRANSITIONAL LIVING SERVICES AND AN OUTREACH ASSISTANCE PROGRAM WHEN FUNDS ARE AVAIL ABLE DELNOR STAFF FREQUENTIY REACHES OUT TO LAZARUS HOUSE STAFF FOR ASSISTANCE WHEN CARIN G FOR HOMELESS OR NEAR-HOMELESS INDIVIDUALS TRI CITY HEALTH PARTNERSHIP- TRICITY HEALTH P ARTNERSHIP IS A FREE MEDICAL CLINIC WITH A MISSION TO PROVIDE QUALITY HEALTH CARE IN AN EN VIRONMENT OF MUTUAL RESPECT TO THOSE MEMBERS OF THE COMMUNITY WHO ARE WITHOUT MEDICAL BENE FITS THE CLINIC IS STAFFED BY DEDICATED VOLUNTEER NURSES AND PHYSICIANS SERVICES INCLUDE HEALTH CARE FOR CHILDREN AND ADULTS TREATMENT FOR CHRONIC AND ACUTE ILLNESSES, LIMITED DIA GNOSTICS AND SPECIALTY REFERRALS DELNOR STAFF USES TRICITY RESOURCES TO ENSURE UNINSURED PATIENTS HAVE ACCESS TO AMBULATORY HEALTHCARE SERVICES TRI-CITY,ELGIN AND BURLINGTON SCHO OL DISTRICTS Delnor Community HEALTH AND Outreach STAFF WORK CLOSELY WITH LOCAL SCHOOL DIS TRICTS TO PROVIDE MULTIPLE HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS INCLUDING BUT NOT LIMITED HEALTHFUL EATING, EXERCISE and HYGIENE TRI-CITY SALVATION ARMY- THE TRI-CITY SALVATION ARMY IS A FAITH-BASED ORGANIZATION OFFERING MULTIPLE PROGRAMS TO THE NEEDY AND V ULNERABLE IN THE TRI-CITY REGION SERVICES INCLUDE A FOOD AND BREAD PANTRY, MULTIPLE HEALTH AND EDUCATION PROGRAMS, SUMMER DAY CAMPS, AFTER SCHOOL PROGRAMMING, AND SERVICES FOR WOME N AND YOUTH THE ORGANIZATION ALSO PROVIDES EMERGENCY ASSISTANCE TO RESIDENTS OF GENEVA, BA TAVIA, ST CHARLES AND CAMPTON HILLS LOCAL TARGET, WALGREENS AND WAL-MART PHARMACIES THESE LOCAL PHARMACIES PROVIDE A $4 GENERIC PRESCRIPTION PROGRAM USING A WIDE RANGE OF GENERICS TO HELP TREAT A VARIETY OF CONDITIONS AND DISEASES PROGRAMS SUCH AS THESE SUPPORT THE CA RE PROVIDED BY CADENCE HEALTH PHYSICIANS AND ASSIST PATIENTS IN BEING ABLE TO AFFORD THEIR MEDICATIONS, THUS FACILITATING BETTER COMPLIANCE ECKER CENTER FOR MENTAL HEALTH -THE ECK ER CENTER FOR MENTAL HEALTH PROVIDES AN ARRAY OF OUTPATIENT MENTAL HEALTH SERVICES PRIMARI LY TO ADULTS WITH MENTAL ILLNESS SERVICES RANGE FROM EARLY INTERVENTION TO RECOVERY AND I NCLUDE CRISIS, PSYCHIATRIC CARE, CASE MANAGEMENT, REHABILITATION, RESIDENTIAL AND PSYCHOTH ERAPY ASSISTANCE

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

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

Form and Line Reference	Explanation
Delnor-Community Hospital	Sch H part V section B question 6 A and 6 B 6A SHERMAN HOSPITAL RUSH-COPLEY MEDICAL CENTER ST JOSEPH HOSPITAL MERCY HOSPITAL 6B Kane County Health Department Inc 708 Board

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

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

Form and Line Reference	Explanation
Delnor-Community Hospital	Sch H part V section B ques 7 d PRINTED AND DISTRIBUTED TO KEY HEALTH LEADERS OF 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
Delnor-Community Hospital	Sch H Part V Section B ques 11 DELNOR PRIORITY INITIATIVES FY 2012-20'4 UPON LENGTHY REVIE W OF BOTH THE COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN, ALONG WIT HAN ANALYSIS SPECIFIC TO CENTRAL KANE COUNTY DELNOR HAS IDENTIFIED FOUR PRIORITY NEEDS TH AT WILL BE ADDRESSED DURING FY 2011-2013 EACH PRIORITY AREA WILL HAVE SPECIFIC AND MEASUR ABLE GOALS,OBJECTIVES AND OUTCOMES, WHICH ARE OUTLINED IN OUR FY 2011-2013 COMMUNITY BENEF IT PLAN AT DELNORCOMMUNITY HOSPITAL, WE BELIEVE THAT THE MOST EFFECTIVE WAY TO ADDRESS NE EDS IN OUR COMMUNITY IS TO WORK COLLABORATIVELY WITH OUR COMMUNITY PARTNERS AND STAKEHOLDE RS THIS APPROACH ALLOWS US TO MAXIMIZE COLLECTIVE EFFORTS AND ACHIEVE THE BEST USE OF OUR COLLECTIVE RESOURCES IN SELECTING PRIORITIES WE CONSIDERED THE DEGREE OF COMMUNITY NEED F OR ADDITIONAL RESOURCES,THE CAPACITY OF OTHER AGENCIES TO MEET THE NEED AND THE SUITABILIT Y OF OUR OWN EXPERTISE AND RESOURCES TO ADDRESS THE ISSUE IN PARTICULAR WE LOOKED FOR HEA LTH NEEDS THAT REQUIRE A COORDINATED RESPONSE ACROSS A RANGE OF HEALTHCARE AND COMMUNITY R ESOURCES WE BELIEVE THAT THESE NEEDS CAN BENEFIT MOST FROM THE INTEGRATED NATURE OF OUR O RGANIZATION AND OUR PROVIDER AND COMMUNITY PARTNERS FY 20122015 PRIORITY INitiATIVES ARE ACCESS TO CARE AN AGING POPULATION COUPLED WITH A FLAGGING ECONOMY AND AN INCREASING PREV ALENCE OF CHRONIC DISEASE CREATE A VARIETY OF ACCESS TO- CARE ISSUES RELATING TO BOTH THE AFFORDABILITY AND AVAILabILITY OF CARE DELNOR SEEKS to PROMOTE ACCESS THROUGH A VARIETY OF INITIATIVES THAT WILL BE DELINEATED WITHIN THE COMMUNITY BENEFIT PLAN SUMMARILY, DELNOR WILL CONTINUE TO WORK WITH INDIVIDUALS AND FAMILIES TO PROMOTE ACCESS TO MEDICALLY NECESSA RY INPATIENT SERVICES BY MAINTAINING AN ACCESSIBLE FINANCIAL ASSISTANCE PROGRAM ADDITIONA LLY, STAFF AND LEADERSHIP WILL WORK COLLABORATIVELY WITH KEY COMMUNITY PARTNERS TO PROMOTE A SEAMLESS CONTINUUM OF CARE INTO LOCAL MEDICAL HOME SETIINGS OBESITY/NUTRITION THE PROBL EM OF ADULT/CHILD OBESITY HAS REACHED EPIDEMIC LEVELS, BOTH NATIONALLY AND IN KANE COUNTY, CURRENTLY,63 9 PERCENT OF KANE COUNTY AOULTS ARE CONSIDERED OVERWEIGHT AND/OR OBESE ITISW IDELY RECOGNIZED THAT BEING OVERWEIGHT OR OBESE CAN LEAD TO A VARIETY OF CHRONIC DISEASES INCLUDING HEART DISEASE, DIABETES, HYPERTENSION, CANCER, STROKE AND OSTEOARTHRITIS WITH B OTH A LARGE YOUNG POPULATION AND AN AGING POPULATION, IT IS CRITICAL TO ADDRESS THIS ISSUE TO NOT ONLY TO ENHANCE HEALTH AND WELL-BEING BUT TO REDUCE HEALTHCARE COSTS OVER THE LONG TERM DELNOR WILL CONTINUE ITS PARTNERSHIP WITH KANE COUNTY'S FIT KIDS 2020 PLAN IN ADDIT ION TO WORKING WITH LOCAL SCHOOL AND PARK DISTRICTS CHRONIC DISEASE AS OUR NATION AND LOCA L COMMUNITIES CONTINUE TO AGE,AN INCREASE IN BOTH THE INCIDENCE AND THE PROVENANCE OF CHRO NIC DISEASE IS EXPECTED THE EXISTING HEALTHCARE DELIVERY SYSTEM IS NOT PREPARED TO PROVID E COMPREHENSIVE SERVICES THAT WILL BE REQUIRED TO ADDRESS THESE DISEASES NOR IS IT PREPARE D TO RESPOND TO BOTH THE DIRECT AND INDIRECT BURDEN THAT CHRONIC DISEASE IS LIKELY TO CREA TE -INCLUDING THE SIGNIFICANT FINANCIAL STRAINS FOR INDIVIDUALS,FAMILIES AND HEALTHCARE PR OVIDERS PUBLIC HEALTH EXPERTS SPEAK TO THE IMPORTANCE OF EDUCATION TO PREVENT THE ONSET O F DISEASE AND IMPROVEMENT OF HEALTHY LIFESTYLES ALONG WITH SCREENING TO PROMOTE EARLY DETE CTION AND PROMPT TREATMENT OF DISEASE STATES IN AN EFFORT TO LIMIT ASSOCIATED DISABILITY A DDITIONALLY, EDUCATION OF INDIVIDUALS WITH CHRONIC DISEASES TO ASSIST IN THE SELF-MANAGEME NT OF THE DISEASE WILL IMPROVE OUTCOMES, LESSEN ACUTE EXACERBATED EPISODES AND PROMOTE LON GER, HEALTHIER LIVES WITH AN EMPHASIS ON LIVING IN AN OPTIMUM STATE OF WELLNESS_ DELNOR IS COMMITTED TO PROVIDING CARE ALONG ALL THREE LEVELS OF THE CHRONIC DISEASE CONTINUUM- EDUC ATION,SCREENING AND MANAGEMENT COMMUNICABLE DISEASE PEOPLE IN THE UNITED STATES CONTINUE TO GET DISEASES THAT ARE VACCINE PREVENTABLE VACCINES ARE AMONG THE MOST COST-EFFECTIVE C LINICAL PREVENTIVE SERVICES AND ARE A CORE COMPONENT OF ANY PREVENTIVE SERVICES PACKAGE H OWEVER, ONLY 56 PERCENT OF 2-YEAROLDS IN KANE COUNTY RECEIVED RECOMMENDED VACCINES IN 2010 THIS PROBLEM IS EXACERBATED IN CENTRAL KANE COUNTY AS MANY HEALTHCARE PROVIDERS DO NOT PA RTICIPATE IN THE STATE'S VACCINE FOR CHILDREN (VFC) PROGRAM IN RESPONSE DELNOR HOSPITAL H AS BECOME A VFC PROVIDER AND OFFERS REGULAR IMMUNIZATION CLINICS FOR CHILDREN AND ADOLESCE NTS WITH LIMITED ACCESS TO VACCINES ADDITIONALLY,DELNOR CONTINUES TO PARTNER WITH THE KANE COUNTY HEALTH DEPARTMENT AND LOCAL PROVIDERS IN THE DIAGNOSIS AND INPATIENT TREATMENT OF INDIVIDUALS WITH ACTIVE TUBERCULOSIS ADDITIONAL AREAS OF NEED THREE ADDITIONAL NEEDS WERE IDENTIFIED IN THE COUNTY COMMUNITY HEALTH ASSESSMENT DATA INFANT MORTALITY, CHILDHOOD LEA D POISONING AND POOR SOCIAUEMOTIONAL WELLNESS WHILE WE STUCONSIDER THESE PRIORITY NEEDS AN D WILL CONTiNUE TO PARTICIPATE IN COUNTYWIDE INITIATIVES TO ADDRESS THESE CONCERNS AN ANA LYSIS OF CENTRAL KANE DATA SPECIFIC TO THESE PRIOR

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
Delnor-Community Hospital	ITIES DID NOT DEMONSTRATE SIGNIFICANT NEED AT THIS TIME WE WILL, HOWEVER CONTINUE TO MONIT OR THESE TRENDS AND RESPOND ACCORDINGLY SHOULD THEY BECOME A NOTABLE CONCERN IN CENTRAL KA NE COUNTY INFANT MORTALITY THERE WERE A TOTAL OF 1,023 BIRTHS TO KANE COUNTY RESIDENTS AT DELNOR HOSPITAL IN 2008 0F THESE,85 PERCENT HAD ADEQUATE PRENATAL CARE THIS REPRESENTS THE HIGHEST PERCENTAGE IN KANE COUNTY AND EXCEEDED HEALTHY PEOPLE 2010 GOALS FOR EARLY PRE NATAL CARE ADDITIONALLY INFANT MORTALITY FOR DELNOR RESIDENTS WAS NONCALCULABLE DUE TO SM ALL NUMBERS CHILDHOOD LEAD POISONING WHILE KANE COUNTY HAS ONE OF THE HIGHEST LEVELS OF C HILDHOOD LEAD POISONING IN THE STATE,COUNTY DATA INDICATES THE AGGREGATION OF THIS PROBLEM IS CONCENTRATED IN BOTH THE NORTHERN AND SOLITHERN PARTS OF THE COUNTY AS EVIDENCED BY ZI P CODE TRACKING WE WILL CONTINUE TO MONITOR THIS TREND AND ASSESS VFC PARTICIPANTS AS NEED ED FOR RISK POOR SOCI0-EMOTIONAL WELLNESS RESIDENTS IN THE DELNOR SERVICE AREA HAD RELATI VELY BETTER HEALTH OUTCOMES THAN IN OTHER AREAS OF THE COUNTY SURVEY DATA INDICATED THAT 61 PERCENT OF CENTRAL KANE RESPONDENTS REPORTED THEIR GENERAL HEALTH AS EXCELLENT OR VERY GOOD, WHILE 7 PERCENT REPORTED THEIR MENTAL HEALTH AS NOT BEING GOOD

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

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

Form and Line Reference	Explanation
central dupage hospital	Sch H Part V Section B ques 22 d a 100% discount is given to FAP eligible patients at or below 300% of the federal poverty guideline A discount is given to FAP-eligible patients whose income is between 301% and 600% FPG, with the maximum amount charged to FAP eligible patients being calculated using the state of illinois hospital uninsured patients discount act guidelines which specify that eligible patients up to 600% FPG should be charged no more than 135% of hospital costs, which for CDH approximates 30% of charges

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

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

Form and Line Reference	Explanation
delnor community hospital	Sch H Part V Section B ques 22 d a 100% discount is given to FAP eligible patients at or below 300% of the federal poverty guideline A discount is given to FAP-eligible patients whose income is between 301% and 600% FPG, with the maximum amount charged to FAP eligible patients being calculated using the state of illinois hospital uninsured patients discount act guidelines which specify that eligible patients up to 600% FPG should be charged no more than 135% of hospital costs, which for CDH approximates 30% of charges

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

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

Form and Line Reference	Explanation
Central DuPage Hospital Association	Part V, Section B Question 2 As disclosed in several sections in this information return, Central DuPage Hospital Association (CDH) was acquired as part of NMHC's acquisition of CDH's parent, CDH-Delnor Health System Fiscal and tax years for CDH changed as a result of this acquisition to coincide with NMHC's fiscal and tax years ending August 31 CDH's originally planned completion date for the CHNA assessment and report was June 30, 2016, based on having completed its prior CHNA in its tax year ending June 30, 2013 CDH accelerated its CHNA process upon its acquisition by NMHC, and completed its CHNA survey of the community to identify significant health needs by August 31, 2015 The final CHNA report had not yet been completed or made widely available to the public as of August 31, 2015

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)
Northwestern medical Group 675 N St Clair Chicago,IL 60611	outpatient clinic
Northwestern medical Group 676 N St Clair Chicago,IL 60611	outpatient clinic
Northwestern medical Group 251 East Huron Chicago,IL 60611	outpatient clinic
Northwestern medical Group 1913 W North Avenue chicago,IL 60611	outpatient clinic
Northwestern medical Group 211 E Chicago Ave Suite 1050 Chicago,IL 60611	outpatient clinic
Northwestern medical Group 350 South Waukegan Road suite 200 Deerfield,IL 60015	outpatient clinic
Northwestern medical Group 1135 South Delano Ct Suite A201 Chicago,IL 60605	outpatient clinic
Northwestern medical Group 250 E Erie Street Chicago,IL 60611	outpatient clinic
Northwestern medical Group 1704 Maple Suite 100 200 Evanston,IL 60201	outpatient clinic
Northwestern medical Group 201 E Huron 12th Fl Chicago,IL 60611	outpatient clinic
Northwestern medical Group 2701 Patriot Boulevard Glenview,IL 60026	outpatient clinic
Northwestern medical Group 1475 E Belvidere Rd Grayslake,IL 60030	outpatient clinic
Northwestern medical Group 600 Central Suite 333 Highland Park,IL 60035	outpatient clinic
Northwestern medical Group 750 N Lake Shore Drive Suite 649 Chicago,IL 60611	outpatient clinic
Northwestern medical Group 150 E Huron St Suite 1100 Chicago,IL 60611	outpatient clinic

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)
Northwestern medical Group 660 North Westmoreland Rd Lake Forest,IL 60045	outpatient clinic
Northwestern medical Group 700 N Westmoreland RdSuite F Lake Forest,IL 60045	outpatient clinic
Northwestern medical Group 900 N Westmoreland Rd Lake Forest,IL 60045	outpatient clinic
Northwestern medical Group 800 N Westmoreland Rd Lake Forest,IL 60045	outpatient clinic
Northwestern medical Group 1333 W Belmont Ave Suite 200 Chicago,IL 60657	outpatient clinic
Northwestern medical Group 1800 Hollister Drive suite 102 Libertyville,IL 60048	outpatient clinic
Northwestern medical Group 259 E Erie 13th Floor Chicago,IL 60611	outpatient clinic
Northwestern medical Group 446 E Ontario Street Suite 7-100 Chicago,IL 60611	outpatient clinic
Northwestern medical Group 635 N Dearborn suite 100 Chicago,IL 60654	outpatient clinic
Northwestern medical Group 250 E Superior St Chicago,IL 60611	outpatient clinic
Northwestern medical Group 4801 West Peterson Suite 406 Chicago,IL 60646	outpatient clinic
Northwestern medical Group 10024 Skokie Boulevard Suite 304 Skokie,IL 60077	outpatient clinic
Northwestern medical Group 1460 N Halsted St Chicago,IL 60611	outpatient clinic
Northwestern medical Group 20 S Clark 11th Fl Chicago,IL 60603	outpatient clinic
Northwestern medical Group 680 N Lake Shore Drive Suite 810 Chicago,IL 60611	outpatient clinic

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)
Northwestern medical Group 111 W Washington St suite 1801 Chicago,IL 60602	outpatient clinic
CDH-PHYSICAL THERAPY AT HEALTH TRACK 875 ROOSEVELT RD GLEN ELLYN,IL 60137	outpatient clinic
CDH-GLEN ELLYN CONVENIENT CARE 885 ROOSEVELT RD GLEN ELLYN,IL 60137	outpatient clinic
CDH-NAPERVILLE CONVENIENT CARE 636 RAYMOND DR 106 NAPERVILLE,IL 60563	outpatient clinic
CDH-BLOOMINGDALE CONVENIENT CARE 231 S GARY AVE BLOOMINGDALE,IL 60108	outpatient clinic
CDH-DANADA CONVENIENT CARE 7 BLANCHARD CIRCLE WHEATON,IL 60189	outpatient clinic
CDH-BARTLETT CONVENIENT CARE 820 ROUTE 59 BARTLETT,IL 60103	outpatient clinic
CDH-AURORA CONVENIENT CARE 2635 CHURCH RD AURORA,IL 60502	outpatient clinic
CDH-BEHAVIORAL HEALTH SERVICES 26W350 HIGH LAKE RD WINFIELD,IL 60190	outpatient clinic
CDH-CANCER CENTER 4405 WEAVER PKWY WARRENVILLE,IL 60555	outpatient clinic
CDH-REHABILITATION SERVICES 455 SCOTT DR 2ND FLOOR BLOOMINGDALE,IL 60108	outpatient clinic
CDH-REHABILITATION SERVICES 245 S GARY AVE BLOOMINGDALE,IL 60108	outpatient clinic
CDH-REHABILITATION SERVICES 515 THORNHILL DR CAROL STREAM,IL 60188	outpatient clinic
CDH-REHABILITATION SERVICES 1019 SCHOOL ST LISLE,IL 60532	outpatient clinic
CDH-REHABILITATION SERVICES 101 EAST 75TH ST SUITE 100 NAPERVILLE,IL 60565	outpatient clinic

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)
CDH-REHABILITATION SERVICES 552 RANDALL RD SOUTH ELGIN,IL 60177	outpatient clinic
CDH-REHABILITATION SERVICES 27670 FERRY RD WARRENVILLE,IL 60555	outpatient clinic
DELNOR - CANCER CENTER 304 RANDALL RD GENEVA,IL 60134	outpatient clinic
DELNOR-REHABILITATION SERVICES 414 DIVISION DR SUGAR GROVE,IL 60554	outpatient clinic
DELNOR-BEHAVIORAL HEALTH SERVICES 964 NORTH 5TH AVENUE ST CHARLES,IL 60174	outpatient clinic
DELNOR-REHABILITATION SERVICES 296 RANDALL RD GENEVA,IL 60134	outpatient clinic
DELNOR-REHABILITATION SERVICES 2635 CHURCH RD AURORA,IL 60502	outpatient clinic

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 59

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** 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
(1) Employees Crisis assistance	87	114,209			

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

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

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

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

(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
Northwestern University750 N Lake Shore Dr Chicago,IL 60611	36-2167817	501(c)3	9,491,444				Operating support
Ronald McDonald House 1301 W 22nd street Oakbrook,IL 60523	36-3532553	501(c)3	2,744,831				Research support
Erie HealthReach1701 W Superior St 3rd FL Chicago,IL 60622	36-3088628	501(c)3	1,013,013				Operating support

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

(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
Near North1276 N Clybourn Ave Chicago,IL 60610	36-3197647	501(c)3	200,000				Operating support
Ann & Robert H Lurie Children's Hospital225 East Chicago Avenue Chicago,IL 60611	36-2170833	501(c)3	199,668				Operating support
DuPage Health Coalition511 Thornhill Dr Carol Stream,IL 60188	36-4448208	501(c)3	197,400				Research support

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

(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
Evans Scholar Foundation 1701 W Superior St 3rd FL Chicago, IL 60622	36-3538303	501(c)3	125,000				operating support
VILLAGE OF WINFIELD 27W465 Jewell Rd Winfield, IL 60190	36-6009519	Government	109,390				Operating support
Community Health2611 W Chicago Ave Chicago, IL 60622	36-3831791	501(c)3	100,000				Operating support

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

(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
West Humboldt Park Devel Council3620 West Chicago Ave Chicago,IL 60651	36-3807011	501(c)3	98,400				Operating support
UNITED WAY1000 Jorie Blvd Oak Brook,IL 60523	45-1534557	501(c)3	95,000				Operating support
WINFIELD EDUCATION FOUNDATION0S150 Winfield Rd Winfield,IL 601901266	01-0692701	501(c)3	58,780				Operating support

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

(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
AM ACADEMY OF HOME CARE MEDICINE11 E Mount Royal Ave Baltimore, MD 21202	52-1891671	501(c)3	55,000				Operating support
WHEATON COLLEGE501 college ave Wheaton, IL 60187	36-2182171	501(c)3	50,761				Research support
Sinai Health System2750 W 15th Street Chicago, IL 60608	36-3166895	501(c)3	40,296				Operating support

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

(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
Rehabilitation Institute of Chicago345 E Superior St Chicago,IL 60611	36-3088628	501(c)3	34,800				Operating support
CHICAGO CARES INC2 N Riverside PlazA STE 2200 Chicago,IL 60606	36-3777709	501(c)3	26,587				Operating support
DIFFACHICAGO939 Merchandise Mart Chicago,IL 60654	36-3931105	501(c)3	25,434				Operating support

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

(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
COLLEGE OF DUPAGE FOUNDATION425 Fawell Blvd Glen Ellyn,IL 60137	36-2594972	Government	25,000				Operating support
LAZARUS HOUSE214 walnut street St charles,IL 60174	36-4187609	501(c)3	25,000				Operating support
MCHC SERVICE CORP222 S Riverside Plz Chicago,IL 60606	36-2167008	501(c)3	23,291				OPERATING SUPPORT

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

(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
WORLD RELIEF DUPAGE A7 E Baltimore St Baltimore,MD 21202	23-6393344	501(c)3	20,000				OPERATING SUPPORT
PARKINSON'S DISEASE Research25 winfield road Winfield,IL 60190	36-3958103	501(c)3	20,000				OPERATING SUPPORT
YMCA Metropolitan of Chicago824 North Hamlin Chicago,IL 60651	36-2179782	501(c)3	19,495				OPERATING SUPPORT

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

(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
WINGS PROGRAM INCPO Box 95615 Palatine, IL 60095	36-3456061	501(c)3	19,087				OPERATING SUPPORT
DUPAGE COUNTY HEALTH DEPARTMENT111 N County Farm Rd Wheaton, IL 60187	36-6006553	Government	17,000				OPERATING SUPPORT
HOSPITAL SISTERS MISSION OUTREACHPO Box 1665 Springfield, IL 62705	35-2271729	501(c)3	13,772				OPERATING SUPPORT

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

(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
WINFIELD IN ACTIONPO Box 225 Winfield,IL 60190	23-7359257	501(c)3	13,740				OPERATING SUPPORT
Illinois Poison Center222 S Riverside Plz Chicago,IL 60606	36-2167008	501(c)3	12,338				OPERATING SUPPORT
MIDWEST SHELTER FOR HOMELESS VETERANS119 N West St Wheaton,IL 60187	36-4337985	501(c)3	10,700				OPERATING SUPPORT

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

(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
WINFIELD PARK DISTRICT 0N020 County Farm Rd Winfield, IL 60190	36-3303703	Government	10,500				OPERATING SUPPORT
Chicago Council on Foreign Relations116 South Michigan Avenue 10th Flo Chicago, IL 60603	36-2181969	501(c)3	10,000				OPERATING SUPPORT
Jackson Chance Foundation 230 North Michigan Avenue 37th Flo Chicago, IL 60601	46-1400798	501(c)3	10,000				OPERATING SUPPORT

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

(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
Navy Seal FoundationPO Box 446 Batavia,IL 60510	31-1728910	501(c)3	10,000				OPERATING SUPPORT
WEST CHICAGO PARK DISTRICT157 W Washington St West Chicago,IL 60185	36-2762236	Government	10,000				OPERATING SUPPORT
CHICAGO SUNDAY EVENING CLUB200 North Michigan Avenue Suite 403 Chicago,IL 60601	36-2171685	501(c)3	9,400				OPERATING SUPPORT

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

(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
SPECIAL CAMPS FOR SPECIAL PEOPLE26W684 Lindsey Winfield,IL 60190	36-4002804	501(c)3	9,332				OPERATING SUPPORT
ILLINOIS HOSPITAL RESEARCH FOUNDATION 1151 E Warrenville Rd Naperville,IL 60566	23-7421930	501(c)3	9,243				OPERATING SUPPORT
CHICAGO SISTER CITIES INT'L PROGRAM78 East Washington 4th Fl Chicago,IL 60602	36-3761640	501(c)3	9,087				OPERATING SUPPORT

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

(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
Woodrow Wilson Center205 West Wacker Drive Suite 1400 Chicago,IL 60606	52-1067541	501(c)3	9,087				OPERATING SUPPORT
Illinois Holocaust Museum 9603 Woods Drive Skokie,IL 60077	20-5240521	501(c)3	9,025				OPERATING SUPPORT
WHEATON PARK DISTRICT 102 E Wesley St Wheaton,IL 60187	36-6006155	Government	9,000				OPERATING SUPPORT

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

(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
American Jewish Committee Northern Trust Co 50 South LaSall Chicago,IL 60675	13-5563393	501(c)3	8,500				OPERATING SUPPORT
ST JOHN THE BAPTIST SCHOOL0S529 Church St Winfield,IL 60190	36-2167849	501(c)3	7,796				OPERATING SUPPORT
HEALTH & SCIENCE INNOVATION2045 Rama Dr Indianapolis,IN 46219	45-2836061	501(c)3	7,500				OPERATING SUPPORT

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

(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
WOMAN'S BOARD OF NMH 250 East Superior State Room 186 Chicago,IL 60611	36-4204300	501(c)3	7,000				OPERATING SUPPORT
FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES28W051 Liberty St Winfield,IL 60190	36-4095011	501(c)3	7,000				OPERATING SUPPORT
FAITH BAPTIST CHURCH 27W010 Parkway Dr Winfield,IL 60190	36-2931668	501(c)3	7,000				OPERATING SUPPORT

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

(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
WHEATON CHRISTIAN GRAMMAR SCHOOL1N350 Taylor Dr Winfield, IL 60190	36-2210719	501(c)3	6,587				OPERATING SUPPORT
AMERICAN DIABETES ASSOCIATION55 E Monroe St STE 3420 Chicago, IL 60603	13-1623888	501(c)3	6,587				OPERATING SUPPORT
Museum of Science and Industry5700 South Lake Shore Drive Chicago, IL 60637	36-2167797	501(c)3	6,587				OPERATING SUPPORT

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

(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
PLEASANT HILL ELEMENTARY SCHOOL130 W Park Wheaton,IL 60189	36-2739066	Government	6,228				OPERATING SUPPORT
FRIENDS OF PRENTICE251 E huron street Chicago,IL 60611	36-3930139	501(c)3	6,000				OPERATING SUPPORT
The Peggy Notebaert Nature Museum2430 North Cannon Drive Chicago,IL 60614	36-0895575	501(c)3	6,000				OPERATING SUPPORT

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

(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
CAROL STREAM PARK DISTRICT849 W Lies Rd Carol Stream, IL 60188	36-2590167	Government	6,000				OPERATING SUPPORT
ADVOCATES OF THE WINFIELD RIVERWALK 27W465 Jewell Rd Winfield, IL 60190	30-0549828	501(c)3	6,000				OPERATING SUPPORT
BEARS CARE1000 Football Drive Lake Forest, IL 60045	36-3931105	501(c)3	5,250				OPERATING SUPPORT

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

(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
WINFIELD HISTORICAL SOCIETYPO Box 315 Winfield,IL 60190	36-2985509	501(c)3	5,230				OPERATING SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	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?	**2**	Yes	
3	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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 in column(B) 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
NON FIXED PAYMENTS	The bonus and incentive compensation amounts listed in column (B)(ii) for all listed individuals were nonfixed amounts Incentive compensation amounts are at risk and are not paid unless there is exceptional individual and organizational performance in accordance with substantial pre-approved goals The incentive compensation listed for certain physicians is for personal professional productivity and for performance in improving the quality of patient care
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	There are two different nonqualified deferred compensation plans sponsored by Northwestern Memorial Healthcare, which provide supplemental, competitive retirement benefits The employer pays the cost of participation, and the benefits and contributions are subject to a substantial risk of forfeiture based on the completion of substantial service requirements The amounts earned by participants fluctuate from year to year based on a variety of factors including changes in market interest rates Peter McCanna completed one portion of the substantial service requirements during the reporting period, which caused him to become vested in and taxable on supplemental retirement benefits that had been earned 5 years prior Participants in one or both of the plans who are listed on the schedule are Julia Creamer, Dean Harrison, Michelle Janney, Dean Manheimer, Thomas McAfee, Peter McCanna, Daniel Derman, Stephen Falk, Michael Vivoda and Douglas Young
Contingent Compensation	5a Revenue Certain listed individuals are employed as physicians The compensation listed in Schedule J is provided solely in connection with their employment as physicians, and is in part based on revenues associated with their personally performed services The compensation listed is for the clinical and administrative services provided within the Northwestern memorial HealthCare group The majority of these physicians are also compensated by an unrelated organization (Northwestern University Feinberg school of medicine) through a common paymaster for their academic and research efforts The compensation listed in schedule J does not include academic and research compensationfrom the unrelated organization
health club dues	Employees of Northwestern Lake Forest Hospital are offered discounted health and fitness club dues at Lake Forest Health and Fitness Institute The amount of the discount is treated as taxable income for each of the employees
Group Titles and Compensation Presentation	Form 990, Part VII, section A, line 1A Northwestern Memorial HealthCare (NMHC), is the direct parent organization for Northwestern Memorial Hospital (NMH), Northwestern Memorial Foundation (NMF), Northwestern Medical Faculty Foundation, doing business as Northwestern medical Group (NMG), Northwestern Lake Forest Hospital (NLFH) and CDH-Delnor Health system (CDHS) NMHC is also the indirect parent for Northwestern Medical Group management services (NMNMS), Lake Forest Health and Fitness Institute (HFI), Central Dupage Hospital Association (CDHA), Central Dupage Physician Group (CDPG), Delnor -Community HospitAL (DCH) and Cadence Health Foundation (CHF) which was merged into NMF on August 31, 2015 These twelve corporations have combined through the election under Regulation 1 6033-2 (d) (5) to report the directors, officers, key employees and five highly compensated employees under the Group Return requirements for Form 990 for the fiscal year ended 8/31/2015 No organization in this Group Return compensates its directors for services performed as directors Where compensation is reported for a director, the compensation is associated with another position held within the twelve corporations Certain individuals hold multiple positions throughout these twelve corporations In order to simplify the reporting, their names are listed only once per Form 990, Part VII and Schedule J Each individual listed has his or her organization's initials listed next to their respective name and the box checked for their position at that corporation

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Dean M Harrison NMHC, DIRECTOR PRESIDENT & CEO	(I) (II)	1,203,469 0	1,253,600	1,121,652	380,514	32,061	3,991,296 0	0
Eric G Neilson MD NMHC, CHAIR/DIRECTOR	(I) (II)	495,658 0	366,390	26,505	31,200	16,456	936,209 0	0
Douglas E Vaughan MD NMHC, DIRECTOR	(I) (II)	387,024 0	133,681	4,611	29,609	19,170	574,095 0	0
Richard J Gannotta NMH, DIRECTOR/President	(I) (II)	507,721 0	315,600	38,949	138,312	23,805	1,024,387 0	0
Terrance D Peabody MD NMH, DIRECTOR	(I) (II)	205,381 0	122,096	20,093	31,200	22,752	401,522 0	0
Nathaniel J Soper MD NMH, DIRECTOR	(I) (II)	569,591 0	175,610	24,187	35,100	16,456	820,944 0	0
STEPHEN C FALK NMF, DIRECTOR/President	(I) (II)	372,023 0	157,600	141,554	21,048	25,291	717,516 0	0
MICHAEL A RUCHIM MD NMF, DIRECTOR	(I) (II)	573,003 0	50,000	43,257	17,836	25,361	709,457 0	0
M CHRISTINE STOCK MD NMF, DIRECTOR	(I) (II)	480,103 0	113,814	24,033	31,200	22,654	671,804 0	0
Thomas J McAfee NLFH, DIRECTOR/President	(I) (II)	490,305 0	322,100	49,941	229,759	38,963	1,131,068 0	0
PATRICK M MCCARTHY MD NLFH, DIRECTOR	(I) (II)	1,184,774 0	540,000	256,532	31,200	9,010	2,021,516 0	0
James C Dechene HFI, DIRECTOR	(I) (II)	235,142 0	150,000	36,099	103,512	9,914	534,667 0	0
Matthew J Flynn HFI, DIRECTOR	(I) (II)	210,573 0	91,900	49,889	47,984	27,127	427,473 0	0
Daniel M Derman MD NMG, DIRECTOR	(I) (II)	384,232 0	226,800	130,338	71,201	34,456	847,027 0	0
David M Mahvi MD NMG, Director President	(I) (II)	456,651 0	148,000	1,075	31,200	23,760	660,686 0	0
Amy S Paller MD NMG, DIRECTOR	(I) (II)	229,404 0	128,208	20,759	31,200	24,475	434,046 0	0
Andrew T Parsa MD PHD NMG, DIRECTOR	(I) (II)	767,864 0	339,000	1,578	31,200	24,393	1,164,035 0	0
Nicholas J Volpe MD NMG, DIRECTOR	(I) (II)	367,248 0	116,964	1,945	31,200	25,246	542,603 0	0
Peter J McCanna NMS, CHAIR/DIRECTOR	(I) (II)	838,410 0	558,700	222,977	944,256	44,632	2,608,975 0	93,450
Michael Vivoda NMWR, DIRECTOR	(I) (II)	847,562 0	982,453	1,522,333	14,677	21,368	3,388,393 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Drew Palumbo CPG, CHAIR/DIRECTOR	(I)	293,810	158,521	1,242	13,000	23,449	490,022	0
	(II)	0					0	
Pat Towne MD CPG, DIRECTOR	(I)	362,513	193,894	2,930	15,600	27,242	602,179	0
	(II)	0					0	
Kevin Most DO CHF, DIRECTOR	(I)	410,857	317,582	21,850	15,600	11,625	777,514	0
	(II)	0					0	
James G Adams MD NMH, Senior VP & Chief Medical Offi	(I)	489,628	181,140	28,049	31,200	9,025	739,042	0
	(II)	0					0	
John A Orsini NMHC, CFO and Treasurer	(I)	524,473	366,827	535,143	8,173	20,502	1,455,118	0
	(II)	0					0	
Douglas M Young NMHC, VP & Assistant Treasurer	(I)	288,935	131,400	120,984	99,762	21,079	662,160	0
	(II)	0					0	
Emily J Kozak NMHC, Assistant Secretary	(I)	144,292	16,748	17,623	8,459	8,470	195,592	0
	(II)	0					0	
Gary A Noskin MD NMH, Senior VP & Chief Medical Offi	(I)	381,082	129,089	41,350	31,200	24,410	607,131	0
	(II)	0					0	
Michelle A Janney NMH, Senior VP & Chief Nurse Exec	(I)	353,752	236,200	553,532	102,705	11,976	1,258,165	0
	(II)	0					0	
Michael G Ankin MD NLFH, VP & Chief Medical Officer	(I)	321,428	123,500	35,295	-1,747	12,234	490,710	0
	(II)	0					0	
Denise Majeski NLFH, VP & Chief Nursing Officer	(I)	165,418	70,900	33,323	12,572	11,019	293,232	0
	(II)	0					0	
Justin Johnson NMG, VP & CFO	(I)	215,262	79,400	22,352	17,676	26,596	361,286	0
	(II)	0					0	
Danae Prousis NMG, VP & Corporate secretary	(I)	407,694	224,200	40,509	26,000	9,839	708,242	0
	(II)	0					0	
Philip Roemer MD NMG, VP & Chief Medical Officer	(I)	345,792	153,200	19,001	31,200	24,447	573,640	0
	(II)	0					0	
Maureen Taus NMWR, VP & Assistant Treasurer	(I)	246,174	132,425	810	15,503	26,101	421,013	0
	(II)	0					0	
Brian J Lemon CDH, Key Employee	(I)	474,374	366,827	400,752	13,000	27,362	1,282,315	0
	(II)	0					0	
Maureen A Bryant CDH, Key Employee	(I)	323,814	230,867	287,919	0	0	842,600	0
	(II)	0					0	
Harish Shownkeen MD NMWR, physician	(I)	929,006	655,000	28,984	11,512	37,462	1,661,964	0
	(II)	0					0	
Michael J Lee MD NMG, physician	(I)	1,139,106	0	17,678	0	0	1,156,784	0
	(II)	0					0	
Julie Creamer NMHC, SR VP quality & Planning	(I)	408,010	278,900	403,142	117,451	29,694	1,237,197	0
	(II)	0					0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Tyler R Koski MD NMG, physician	(I) (II)	1,276,186 0	85,475	171,884	31,200	22,752	1,587,497 0	0
Jayesh Mehta MD NMG, physician	(I) (II)	1,033,523 0	363,867	17,576	31,200	22,752	1,468,918 0	0
Joaquin Brieva Md NMG, DIRECTOR	(I) (II)	292,642 0	23,878	27,048	31,200	19,882	394,650 0	0
Serdar BulunMD NMG, DIRECTOR	(I) (II)	267,657 0	143,062	25,438	29,376	27,449	492,982 0	0
James ChandlerMD NMG, DIRECTOR	(I) (II)	852,690 0	40,830	8,752	31,200	12,631	946,103 0	0
Howard Chrisman MD NMG, DIRECTOR	(I) (II)	431,522 0	164,500	63,632	31,200	6,271	697,125 0	0
John CsernanskyMD NMG, DIRECTOR	(I) (II)	199,472 0	90,252	11,401	30,515	23,657	355,297 0	0
Malcolm DeCampMD NMG, DIRECTOR	(I) (II)	709,613 0	0	87,648	31,200	23,001	851,462 0	0
Gregory DumanianMD NMG, DIRECTOR	(I) (II)	555,485 0	120,395	14,440	31,200	22,752	744,272 0	0
Robert FederMD NMG, DIRECTOR	(I) (II)	309,239 0	0	41,842	31,200	24,277	406,558 0	0
Cathy FrankMD NMG, DIRECTOR	(I) (II)	193,183 0	29,859	28,847	30,343	10,330	292,562 0	0
William GrobmanMD NMG, DIRECTOR	(I) (II)	156,333 0	0	27,869	19,825	24,295	228,322 0	0
Robert KernMD NMG, DIRECTOR	(I) (II)	510,025 0	159,462	24,290	31,200	30,252	755,229 0	0
Dimtri KraincMD NMG, DIRECTOR	(I) (II)	251,164 0	110,917	1,752	31,073	23,930	418,836 0	0
Jonathan LichtMD NMG, DIRECTOR	(I) (II)	124,218 0	0	25,542	19,003	25,349	194,112 0	0
Gary Martin md NMG, DIRECTOR	(I) (II)	102,533 0	49,899	7,427	19,969	19,681	199,509 0	0
Bharat MittalMD NMG, DIRECTOR	(I) (II)	578,415 0	159,294	7,781	31,200	19,106	795,796 0	0
William MullerMD NMG, DIRECTOR	(I) (II)	235,940 0	0	7,005	30,105	22,351	295,401 0	0
Kevin O'Leary md NMG, DIRECTOR	(I) (II)	151,748 0	55,000	8,977	23,546	21,757	261,028 0	0
Jack RozentalMD NMG, DIRECTOR	(I) (II)	179,573 0	45,000	19,149	29,820	22,886	296,428 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Eric RussellMD NMG, DIRECTOR	(I)	590,396	157,314	8,947	31,200	19,040	806,897	0
	(II)	0					0	
Anthony SchaefferMD NMG, DIRECTOR	(I)	273,428	129,136	28,686	31,200	18,686	481,136	0
	(II)	0					0	
Michael Schafer md NMG, DIRECTOR	(I)	74,754	9,108	9,736	31,200	14,899	139,697	0
	(II)	0					0	
Robert Sufit md NMG, DIRECTOR	(I)	127,469	32,000	36,983	23,652	8,195	228,299	0
	(II)	0					0	
Judith WolfmanMD NMG, DIRECTOR	(I)	301,950	86,105	41,899	31,200	17,387	478,541	0
	(II)	0					0	
Clyde YancyMD NMG, DIRECTOR	(I)	94,865	77,900	2,111	12,126	14,586	201,588	0
	(II)	0					0	
Earl J Barnes HFI, DIRECTOR	(I)	154,643	0	35,510	10,302	23,509	223,964	0
	(II)	0					0	
Nancy W Sassower MD NMHC, DIRECTOR	(I)	417,346	0	16,055	13,021	23,399	469,821	0
	(II)	0					0	
Jeffrey D Kopin MD NMPG, DIRECTOR	(I)	376,621	142,800	24,863	15,600	25,313	585,197	0
	(II)	0					0	
Peter A Lechman MD NMPG, DIRECTOR	(I)	457,682	0	41,245	15,600	25,176	539,703	0
	(II)	0					0	
Dean Manheimer NMPG, DIRECTOR	(I)	410,317	284,500	156,540	115,906	27,979	995,242	0
	(II)	0					0	
Norman Botsford NMG, COO	(I)	517,639	201,900	56,580	26,000	15,420	817,539	0
	(II)	0					0	
James G Giblin MD NMWR, DIRECTOR	(I)	446,424	348,486	380,525	13,000	29,205	1,217,640	0
	(II)	0					0	
Thomas J Moran MD CHF, DIRECTOR	(I)	295,810	157,211	810	6,238	22,319	482,388	0
	(II)	0					0	
Francis Fraher NMHC, Assistant Treasurer	(I)	200,244	24,351	22,528	131,932	25,072	404,127	0
	(II)	0					0	
Jennifer Wooten Ierardi NMHC, Assistant Secretary	(I)	155,261	42,378	17,713	13,051	24,619	253,022	0
	(II)	0					0	
Brian Walsh NMG, CFO	(I)	276,851	109,100	41,795	26,000	19,636	473,382	0
	(II)	0					0	
Carl Christensen NMG, CIO	(I)	331,904	119,100	24,355	28,851	14,172	518,382	0
	(II)	0					0	
David C Hensley CHF, President	(I)	228,094	73,941	509	12,103	28,699	343,346	0
	(II)	0					0	
Marsha Oberrieder NLFH, VP operations	(I)	183,030	70,200	27,804	8,529	1,519	291,082	0
	(II)	0					0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael Holzhueter NMWR, General Counsel	(I)	152,171	0	8,555	3,320	19,605	183,651	0
	(II)	0					0	
John H Hubbe DCH, General Counsel	(I)	-5,902	0	175,318	0	0	169,416	0
	(II)	0					0	
Daniel F Kinsella NMWR, Key employee	(I)	357,380	275,121	292,248	13,000	36,588	974,337	0
	(II)	0					0	
Lawrence D Bell NMWR, key employee	(I)	204,135	108,767	20,053	15,319	11,003	359,277	0
	(II)	0					0	
Brett D Tande NMWR, key employee	(I)	276,955	151,316	1,871	10,785	29,351	470,278	0
	(II)	0					0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	45200fbzl	12-19-2007	214,500,000	refund bonds issued 5/27/2004		X		X		X
B	Illinois Finance authority	86-1091967	45200ftb5	01-13-2009	207,360,000	REFUND BONDS ISSUED 5/27/2004		X		X		X
C	Illinois Finance Authority	86-1091967	45200fww5	04-09-2009	470,335,841	see supplementAL INFORMATION p vi	X			X		X
D	Illinois FINANCE Authority	86-1091967	45200fxq7	04-06-2009	88,395,058	SEE SUPPLEMENTAL INFORMATION p vi		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,300,000	128,585,000	72,185,000	1,830,000
2	Amount of bonds legally defeased	0	0	48,685,000	0
3	Total proceeds of issue	269,866,112	207,360,000	470,335,841	88,615,254
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	9,065,459
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,871,062	1,985,000	5,350,841	0
8	Credit enhancement from proceeds	0	25,000	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	79,549,794
11	Other spent proceeds	267,995,050	205,350,000	464,985,000	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011			2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			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?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			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?	X		X		X			
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 %		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 ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		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		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
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		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			X
b	Exception to rebate?	X		X		X			X
c	No rebate due?		X		X		X	X	
	If "Yes" to 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		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	JPMorgan & UBS		0		0			
c	Term of hedge		32 7						
d	Was the hedge superintegrated?	X							
e	Was the hedge terminated?		X						

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		X
b	Name of provider	0		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		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, Line D, Column F	Bed Pavilion, routine & working capital and Refund series 2004 B & C Bonds

Return Reference	Explanation
part II line 14 column A	the refunded bonds were redeemed on 8/15/2014

Return Reference	Explanation
part II line 14 column b	the refunded bonds were redeemed on 1/13/2009

Return Reference	Explanation
part II line 14 column c	the refunded bonds were redeemed on 4/9/2009 and 4/20/2009

Return Reference	Explanation
part II line 14 column a	the refunded bonds were redeemed on 8/15/2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Illinois finance authority	86-1091967	45200fe21	11-18-2009	241,070,419	see supplemental information		X		X		X
B	Illinois finance authority	86-1091967		08-05-2011	127,150,000	refund series 2004A bonds		X		X		X
C	Illinois finance authority	86-1091967		08-24-2011	58,415,000	refund series 2008 bonds		X		X		X
D	Illihnois finance authority	86-1091967	45203hpt3	02-27-2013	119,589,286	see supplemental information		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,645,000	7,500,000	1,805,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	241,745,576	127,150,000	58,415,000	119,738,878
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	21,188,809	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	1,667,403
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	5,527,050	0	0	0
10	Capital expenditures from proceeds	112,884,717	0	0	65,004,825
11	Other spent proceeds	102,145,000	127,150,000	58,415,000	53,065,650
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2011	2011	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		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?			X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		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?			X		X			
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 %		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 ▶		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Does the bond issue meet the private security or payment test?		X		X		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		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		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		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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		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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Illinois finance authority	86-1091967	45200pj73	06-04-2008	29,258,573	2003-A Bonds issued as fixed		X		X		X
B	Illinois finance authority	86-1091967	45200pl47	06-04-2008	5,264,116	2003-C bonds issued as fixed		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	14,375,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	29,258,573	5,264,116		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	310,842	58,353		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	1,247,731	5,763		
10	Capital expenditures from proceeds	27,000,000	5,200,000		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2003	2003		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		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		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 %					
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		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		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		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		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	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				
b	Name of provider	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				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
calculation for computing no rebate due was performed on 5/26/2006	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) Malcolm DeCamp	former director	recruitment		X	300,000	97,500		No		No	Yes	
(2) tyler koski	highly compensated	retention		X	500,000	33,331		No		No	Yes	
(3) Joacquin Brieva	former director	retention		X	50,000	40,000		No		No	Yes	
Total	▶ $				170,831							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
Lamajack	Carol I Bernick is a current director of Northwestern Memorial HealthCare and a former director of Northwestern memorial Hospital She has an interest in a business that pays rent to Northwestern memorial Hospital
nORTHWESTERN LAKE FOREST HOSPITAL	Charles n Mills is a director of Northwestern Lake Forest Hospital He is also a Director and officer of MEdline Medline provides medical products to Northwestern LAke Forest Hospital
NMIC	Northwestern memorial Insurance Company (NMIC), is a for profit risk servicing operation for the Northwestern memorial healthcare organization Douglas m Young, Gary A Noskin and John A Orsini are officers of Northwestern memorial Hospital They are also directors of NMIC
NHC	Phillip Roemer ia a director at Northwestern Healthcare Corporation (NHC) and an officer at Northwestern Medical Group (NMG) NHC provides services for physicians at NMG
NMG	Danae Prousis is an officer of NMG Her son is an employee of NMG and was compensated in the amount of 59,248
CENTRAL DUPAGE PHYSICIANS GROUP	PATRICK TOWNE IS A DIRECTOR OF CENTRAL DUPAGE PHYSICIANS GROUP hIS BROTHER JAMES, IS AN EMPLOYEE AND WAS COMPENSATED IN THE AMOUNT OF 220,027
CENTRAL DUPAGE PHYSICIANS GROUP	PATRICK TOWNE IS A DIRECTOR OF CENTRAL DUPAGE PHYSICIANS GROUP hIS BROTHER WILLIAM, IS AN EMPLOYEE AND WAS COMPENSATED IN THE AMOUNT OF 525,995
Central Dupage Hospital	JAMES gIBLIN IS A FORMER DIRECTOR OF cdh HIS SON IS AN EMPLOYEE AND WAS COMPENSATED IN THE AMOUNT OF 72,285
NMG	nORMAN bOTSFORD WAS A FORMER OFFICER OF nmg hIS SON IS AN EMPLOYEE AND WAS COMPENSATED in the amount of 52,108
axiom	Philip whiting is a substantial donor to Northwestern Lake forest Hospital, NLFH He has an interest in the company Axiom that performs marketing services for NLFH

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Lamajak	Carol Bernick Fmr Dir	150,335	rent		No
(2) central dupage Physicians group	Patrick towne director	10,000	employee		No
(3) central dupage Physicians group	Patrick towne director	10,000	employee		No
(4) Central Dupage Hospital	James Giblin Fmr director	10,000	employee		No
(5) Northwestern Medical Group	Norman Botsford FMR Off	10,000	employee		No
(6) northwestern medical group	danae prousis, officer	10,000	employee		No
(7) Northwestern lake fOREST hOSPITAL	CHarles mills director	1,592,457	medicaL PRODUCT		No
(8) Axiom	Philip whiting	279,830	marketing		No
(9) NMIC	See supplemental	68,152,931	risk funding services		No
(10) NHC	see supplemental	1,010,380	services to physicians		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	71	1,253,955	market quote
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	3,850,000	estimated value
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 1

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Cash	08-31-2015	1,102		36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(c)(3)
Accounts receivable	08-31-2015	15,619	book value	36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(c)(3)
Equipment	08-31-2015	139,221	book value	36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(c)(3)
pledges receivable	08-31-2015	2,114,509	book value	36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(C)(3)
beneficial interest trusts	08-31-2015	25,168	book value	36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(C)(3)
cash surrender value life insurance	08-31-2015	3,429	book value	36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(C)(3)
investments	08-31-2015	33,721,837	book value	36-3155315	Northwestern Memorial foundation 541 N fairbanks ste 1630 chicago,IL 60611	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a	Yes	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	Yes	
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		No
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part I Liquidation, Termination, or Dissolution *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	**3**	Yes	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	**4a**	Yes	
b	If "Yes," did the organization provide such notice?	**4b**	Yes	
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	**5**	Yes	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	**6a**		No
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	**6b**		
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" to line 6b, explain in Part III			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	**2a**		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	**2b**		
c	Become a direct or indirect owner of a successor or transferee organization?	**2c**		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	**2d**		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule N Part 1 Director and asset transfers questions 2,3,4 and 5	Cadence Health Foundation, hereafter CHF, dissolved effectively on August 31, 2015 CHF had 20 of its 34 directors transfer to the board of directors for Northwestern memorial Foundation, hereafter NMF All remaining assets of CHF after paying their liabilities were transferred and accepted by NMF CHF filed articles of dissolution with the state of Illinois

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	**Employer identification number**
Northwestern Memorial Healthcare Group	36-4724966

Return Reference	Explanation
NMHC acquisition and merger	Form 990, Part III, Question 3 NMHC acquired Cadence Health effective September 1, 2014 Cadence Health organization is one of the premier health systems in Illinois, with a strong portfolio of primary and specialty care between Central DuPage Hospital and Delnor Hospital With more than 7,500 employees, Cadence Health also operates the state's only Proton Center, where patients with cancer benefit from advanced radiation treatment The integrated academic healthcare delivery system will operate as Northwestern Medicine and continue the close affiliation with Northwestern University Feinberg School of Medicine, our primary medical teaching arm and Northwestern Medicine partner An integrated system will also encompass more than 60 sites of care across Chicago and the suburbs to the north and west, including four hospitals and more than 4,000 physicians and 17,600 employees Cadence Health Foundation was merged into Northwestern memorial Foundation effective August 31 2015

Return Reference	Explanation
Other Program Services	Form 990, Part III, Line 4d Revenue in other program services includes Delnor Community Hospital, non-patient related medical services, Lake Forest Health and Fitness Institute revenue, income associated with services provided to Northwestern Memorial HealthCare which is the parent of this group, and other income Some of the expenses associated with these revenues are included in Form 990 Part III lines 4a - 4c

Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, Part VI, SECTION A, QUEStion 2 Group/NMF Terry Savage and Dennis S Chookaszian are directors at Northwestern Memorial Foundation They are also directors of the Chicago Mercantile Exchange Judy Greffin and Andrea Redmond are directors at Northwestern Memorial Foundation Judy Greffin is an officer and Andrea Redmond is a board member of allstate corporation Dean Harrison and Jason Tyler are on the Board of Northwestern Memorial Foundation Dean Harrison is on the Board of Northern Trust and Jason Tyler is an employee of Northern Trust Michael a Ruchim MD and M Christine stock md are Directors at Northwestern memorial Foundation They are also directors at Northwestern Healthcare corporation GROUP/NMH Donald Thompson and Miles white are Directors at Northwestern memorial Hospital Mr Thompson is an officer and a Board member and MR white is also a director at McDonald's Corporation William Von Hoene, John A Canning Jr , Anne Pramaggiore and Donald Thompson are Directors at Northwestern memorial Hospital mr Canning is a director of Exelon corporation Mr Von Hoene and Ms Pramaggiore are officers of commonwealth Edison respectively, subsidiaries of exelon corporation Anne Pramaggiore and Gregory Q brown are directors at Northwestern memorial hospital They are also directors at motorola solutions Frederick H Waddell, Donald Thompson and Dean M Harrison are on the Board at Northwestern Memorial Hospital They also serve on the Board of Directors of Northern Trust Corporation Gary A Noskin, John A Orsini, and Douglas M Young are officers of Northwestern Memorial Hospital They are also directors of Northwestern Memorial Insurance Company John A Orsini and Maureen Taus are officers of Northwestern Medicine West Region James G Giblin is a former director of West Region All three individuals are directors of United Professionals Insurance company

Return Reference	Explanation
members	Form 990, pART vI, SECTION a, question 6 nORTHWESTERN MEMORIAL hOSPITAL, nORTHWESTERN MEMORIAL FOUNDATION, Northw estern medical Group, nORTHWESTERN lAKE FOREST hOSPITAL and CDh-Delnor Health system EACH HAVE ONE MEMBER, nORTHWESTERN MEMORIAL hEALTHCArE, fein 36-3152959 Central DuPage Hospital Association, Central Dupage Physicians Group,Delnor-Community Hospital AND CADENCE hEALTH fOUNDATION HAVE ONE MEMBER, cdh-dELNOR hEALTH sYSTEM lAKE FOREST hEALTH AND fITNESS INSTITUTE HAS ONE MEMBER, nORTHWESTERN lAKE FOREST hOSPITAL nORTHWESTERN Medical group management services HAS ONE MEMBER nORTHWESTERN Medical group

Return Reference	Explanation
ELECTING MEMBERS OF GOVERNING BODY	Form 990, Part VI, Section A, question 7A Each member of the group has similar by laws regarding how individual directors of their governing board of directors are determined In the case of NMH, NMF, NLFH and CDH Delnor Health System certain officer positions are automatically also board of director positions For NMH, these are the president and chief executive officer of Northwestern Memorial HealthCare (NMHC), the chairs of the standing committees of the board of directors of Northwestern Memorial Hospital, the chief of staff of the Northwestern Memorial Hospital medical staff, the dean of Northwestern University's Feinberg School of Medicine (FSM),the president of the corporation, and (b) two individuals who are chairs of FSM clinical departments or who are physicians, members of the faculty of FSM, and who hold a leadership position in FSM, the member, or an Affiliate of the member For NLFH, these are the president and chief executive officer of NMHC, the president of the NLFH medical staff, and the president of the corporation For NMF, these are the president of the corporation, the president and chief executive officer of NMHC, the president and chief executive officer of Northwestern Memorial Hospital, the president of the Women's Board of Northwestern Memorial Hospital, the vice chief of the Northwestern Memorial Hospital medical staff, and the chairs of the board's standing committees For CDH Delnor Health System these are the president and chief executive officer of NMHC, the president of the corporation and the chiefs of the medical staff of Central Dupage Hospital and Delnor Community Hospital Delnor Community Hospital directors, Central Dupage Hospital directors and the directors of Cadence Health Foundation shall be elected by their sole member All other directors shall be nominated by the executive committee of their member, NMHC, and submitted to the board of directors of that member in accordance with the corporate bylaws of NMHC All other directors shall be identified by the board of directors of the member in accordance with the corporate bylaws of Northwestern Memorial Hospital For Lake Forest health & Fitness Institute, the president of the corporation shall serve, ex officio, as a member of the board of directors All other directors shall be identified by the board of directors of the member in accordance with the corporate bylaws of Northwestern Lake Forest Hospital

Return Reference	Explanation
governance decisions	Form 990, Part VI, section A, question 7b Reserved powers exist in the member of each affiliate included in this Group, which ultimately is NMHC The method of exercising such powers can occur through a number of processes, all of which must be supported by resolutions communicated to the affiliate

Return Reference	Explanation
REVIEW FORM 990	FORM 990, PART VI, SECTION A, QUESTION 11 The Form 990 (Form) was GENERATED internally by the finance department with support from various departments within the organization Various sections of the Form were reviewed by senior management of Northwestern Memorial HealthCare (NMHC), as the parent organization, and various committees As examples, the Chief Integrity Executive reviewed disclosures for related party transactions, the Tax and Regulatory Review Committee reviewed the community benefit report that describes the exempt purpose achievements, and lobbying expenditures were reviewed by the SVP External Affairs The Executive Compensation Subcommittee of the Board of Directors of NMHC was provided the compensation disclosures The organization then worked with a national, independent public accounting firm as the paid preparer of the Form 990 filing The final Form was reviewed by members of the Finance department prior to review by the NMHC Vice President, Finance and by the senior vice president & Chief Financial Officer Prior to filing, the completed Form 990 was provided to the Board of Directors through a secure website

Return Reference	Explanation
Conflict of Interest	Form 990, Part VI, Section B, Question 12 c Northwestern Memorial HealthCare (NMHC) maintains both a Conflict of Interest Policy and an Intermediate Sanctions Policy These policies have been approved by its Board of Directors and apply to all entities, directors, officers, employees and transactions which take place within the NMHC system The policies were written to assist board members and management with the identification of those transactions that warrant attention and consideration to ensure proper adherence to the tax laws impacting tax-exempt organizations The conflict of interest policy requires completion of an annual certification which affirms that such person has received, read and understands the conflict of interest policy, has agreed to comply, has disclosed any matters required to be disclosed under the policy, and agrees to report any changes promptly to the Chief Integrity Executive Once the annual certifications are complete, the Chief Integrity Executive reviews the disclosures for compliance with the policy

Return Reference	Explanation
COMPENSATION POLICY	Form 990, Part VI, Section B, Question 15 a and b NORTHWESTERN MEMORIAL HEALTHCARE, "NMHC", has established A Board-led executive compensation review and approval process for NMHc and all affiliates This PROCESS FOR reviewing and approving executive COMPENSATION is designed to qualify for the rebuttable presumption of reasonableness under the federal tax law intermediate sanctions rules and otherwise complies WITH IRS GUIDELINES FOR TAX-EXEMPT ORGANIZATIONS, IS conducted BY A SEPARATE SUBCOMMITTEE OF THE BOARD OF DIRECTORS WHOSE MEMBERS ARE ALL disinterested,INDEPENDENT AND NON-PAID, AND evaluates the reasonableness of compensation annually based on COMPENSATION DATA GATHERED BY EXTERNAL CONSULTANTS FROM A PEER GROUP COMPRISED OF similarly situated healthcare organizations IN ADDITION, a significant portion of compensation is at risk and is payable only upon achievement of substantial goals THE BOARD PLACES A HIGH PRIORITY ON ITS ABILITY TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM TO ENSURE WE SERVE OUR MISSION AND ACHIEVE OUR GOALS THE OFFICERS OF NORTHWESTERN MEMORIAL HEALTHCARE ALSO FULFILL substantial OFFICER AND EXECUTIVE FUNCTIONS FOR NMHC'S SUBSIDIARIES

Return Reference	Explanation
Governing Documents Disclosure	Form 990, Part VI, Section C, Question 19 THE CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE CONSOLIDATED FINANCIAL STATEMENTS OF NORTHWESTERN MEMORIAL HEALTHCARE AND SUBSIDIARIES ARE AVAILABLE on the websites for Northwestern memorial Hospital and Northwestern Lake Forest Hospital The financial statements are also available FROM THE ILLINOIS ATTORNEY GENERAL'S OFFICE AS PART OF ITS ANNUAL COMMUNITY BENEFITS REPORT and through the ELECTRONIC MUNICIPAL MARKET ACCESS SYSTEM OF THE MUNICIPAL SECURITIES RULEMAKING BOARD

Return Reference	Explanation
HOURS WORKED RELATED COMPANIES	Form 990, Part VII, section A, QUESTION 1B JULIA L CREAMER, mICHAEL vIVODA, jOHN a ORSINI, DANIEL M DERMAN MD, STEPHEN c FALK, DEAN M HARRISON, MICHELLE A JANNEY, DEAN L MANHEIMER, THOMAS J MCAFEE, PETER J MCCANNA, DOUGLAS M YOUNG, earl j barnes, and EMILY kOZAK ARE ALL EMPLOYEES OF NMHC THEY GENERALLY WORK MORE THAN 40 HOURS A WEEK AND PERFORM SERVICES FOR VARIOUS NMHC SUBSIDIARIES

Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Part XI, Line 9 Post Retirement Benefit Changes (19,203,055) Other Net asset tranfers (1,862,714) Change in Beneficial interests (876,108) Change in interest rate swaps (22,055,188) schedule M's (12,670,762) acquired Entities Beg Bal Net assets 1,840,695,840 total 1,784,028,013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196014326

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Northwestern Memorial Healthcare Group

Employer identification number
36-4724966

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Cadence Ambulatory Surgery Center LLC 25 N Winfield Road winfield, IL 60190 80-0838376	healthcare	IL	800,891	49,158,246	CDHDELHealSy
(2) Cadence Medical Partners LLC 25 N Winfield Road Winfield, IL 60190 90-0917479	healthcare	IL	-447,090	162,723	cdh-del HSms
(3) Cadence Health ACO 25 N Winfield Road Winfield, IL 60190 35-2507700	healthcare	IL			cdh-del hsms

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) TRI-CITIES IMCARE 300 RANDALL ROAD GENEVA, IL 60134 27-1942888	HEALTHCARE		DELCOM	related								
(2) TRI-CITIES DIALYSIS 1300 WATERFORD DR LOWER LEVEL AURORA, IL 60504 36-4272042	HEALTHCARE		DELCOM	related								
(3) TRI-CITIES SURGERY 345 DELNOR DRIVE GENEVA, IL 60134 51-0551673	HEALTHCARE		DELCOM	related								
(4) FVFPDELNOR PROPERTIES 300 RANDALL ROAD GENEVA, IL 60134 45-1147062	PROPERTY MANAGEME		DELCOM	excluded								
(5) CADENCE ALTERNATIVE INVESTMENTS LP 900 NORTH MICHIGAN AVE SUITE 1100 CHICAGO, IL 60611 80-0833919	INVESTMENTS		CDH-DELNOR HEAL	excluded								
(6) ILLINOIS PROTON CENTER LLC 4455 WEAVER PKWY WARRENVILLE, IL 60555 26-0876468	HEALTHCARE		ILLINOIS PROTON	related								
(7) ILLINOIS PROTON CENTER HOLDINGS LLC 4455 WEAVER PKWY WARRENVILLE, IL 60555 26-0876420	INVESTING		CENTRAL DUPAGE	excluded								

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) Northwestern HealthCare corporation 541 FAIRBANKS SUITE 1630 CHICAGO, IL 606113309 36-3382383	HEALTHCARE SE	IL	NMH	C Corp	989,686	959,527			
(2) NORTHWESTERN MEMORIAL INSURANCE COMPANY GRAND PAVILLION CTR GRAND CAYMAN ISLA PO BOX 1085 CJ 98-0384611	risk liabilit	CJ	NMH	C CORP	3,959,793	519,346,674	100 000 %	Yes	
(3) Dupage health services Inc 27w353 jewell RoAD WINFIELD, IL 60190 36-3270521	healthcare	IL	CDHDEL heal Sys	corporation	-58,733	685,796			
(4) delcomm corporation and subsidiary 27W353 Jewell Rd winfield, IL 60190 36-3334711	health mgmt	DE	CDHDEL heal Sys	c corporation	51,443	9,255,386			
(5) united professionals insurance company l 300 Randall road geneva, IL 60134 98-1030298	insurance	IL	CDHDEL HEAL Sys	c corporation		60,203,530	100 000 %		
(6) cornerstone medical group 27w353 jewell RoAD WINFIELD, IL 60190 36-4345453	physician service	IL	CDHDEL HEAL SYS	c corp			100 000 %		

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

		Yes	No
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 orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
Part II Members of the Group Return	The following are members of the Group return Northwestern Memorial Hospital Northwestern Memorial Foundation Northwestern Lake Forest Hospital Lake Forest Health and Fitness Institute Northwestern Medical Faculty Foundation Northwestern Foundation for Research & Education CDH-Delnor Health System Central DuPage Hospital Association Cadence Health Foundation Central DuPage Physician Group Delnor Community Hospital

Additional Data

Software ID:
Software Version:
EIN: 36-4724966
Name: Northwestern Memorial Healthcare Group

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) northwestern memorial hospital 251 E HURON 541 FAIRBANKS CHICAGO, IL 60611 37-0960170	HOSPITAL	IL	501(c)3	3	nmhc	Yes	
(1) NORTHWESTERN MEMORIAL FOUNDATION 215 E HURON 541 FAIRBANKS CHICAGO, IL 60611 36-3155315	FUNDRAISING	IL	501(c)3	7	nmhc	Yes	
(2) NORTHWESTERN LAKE FOREST HOSPITAL 660 N WESTMORELAND ROAD LAKE FOREST, IL 60045 36-2179779	Hospital	IL	501(c)3	3	nmhc	Yes	
(3) Lake Forest Health & Fitness Inst 1200 N WESTMORELAND Lake FOREST, IL 60045 36-3835030	Health	IL	501(c)3	9	NLFH	Yes	
(4) northwestern memorial healthcare 251 e huron chicago, IL 60611 36-3152959	management	IL	501(c)3	11-III-FI	nA		No
(5) Service League of NMH 240 E ontario ste 300 chicago, IL 60611 23-7291156	supporting	IL	501(c)3	11-III-FI	NA		No
(6) friends of prentice 251 e huron ste 3-200 chciago, IL 60611 36-3930139	supporting	IL	501(c)3	11-III-0	NA		No
(7) mcgaw medical center Northwestern Univ 645 n michigan chicago, IL 60611 36-2656113	supporting	IL	501(c)3	11-I	na		No
(8) Northwestern Medical faculty foundation 215 E HURON 541 FAIRBANKS chicago, IL 60611 36-3097297	healthcare	IL	501 c 3	3	nmhc	Yes	
(9) Northwestern Foundation research & educ 215 E HURON 541 FAIRBANKS chicago, IL 60611 36-4093385	healthcare	IL	501 c 3	3	NMFF	Yes	
(10) CDH-DELNOR HEALTH SYSTEM 25 N WINFIELD RD WINFIELD, IL 60190 36-3099698	MANAGEMENT	IL	501 c 3	11 Type II	CDH-Del Hsms	Yes	
(11) CENTRAL DUPAGE HOSPITAL ASSOCIATION 25 N WINFIELD RD WINFIELD, IL 60190 36-2513909	HOSPITAL	IL	501 c 3	3	CDH-Del Hsms	Yes	
(12) CADENCE HEALTH FOUNDATION 27W353 JEWELL RD WINFIELD, IL 60190 36-4401289	FUNDRAISING	IL	501 c 3	7	CDH-Del Hsms	Yes	
(13) CENTRAL DUPAGE PHYSICIAN GROUP 27W353 JEWELL RD WINFIELD, IL 60190 36-3149833	PHYSICIAN SER	IL	501 c 3	9	CDH-Del Hsms	Yes	
(14) COMMUNITY NURSING SERVICE OF DUPAGE COUNTY 690 E NORTH AVE CAROL STREAM, IL 60188 36-6080833	HOME HEALTH	IL	501 c 3	9	CDH-Del Hsms	Yes	
(15) PAHCS II 27W353 JEWELL RD WINFIELD, IL 60190 36-3887234	OCCUP HEALTH	IL	501 c 3	9	CDH-Del Hsms	Yes	
(16) CENTRAL DUPAGE SPECIAL HEALTH ASSOC 27W353 JEWELL RD WINFIELD, IL 60190 36-4310557	PHARMACY	IL	501 c 3	9	CDH-Del Hsms	Yes	
(17) DELNOR-COMMUNITY HEALTHCARE FOUNDATION 300 RANDALL ROAD GENEVA, IL 60134 36-3347004	HEALTHCARE	IL	501 c 3	7	CDH-Del Hsms	Yes	
(18) DELNOR-COMMUNITY RESIDENTIAL LIVING INC 300 RANDALL ROAD GENEVA, IL 60134 36-4156211	RESIDENTIAL S	IL	501 c 3	9	CDH-Del Hsms	Yes	
(19) LIVING WELL CANCER RESOURCE CENTER 300 RANDALL ROAD GENEVA, IL 60134 16-1727774	WELLNESS	IL	501 c 3	7	CDH-Del Hsms	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(21) DELNOR-COMMUNITY HOSPITAL 300 RANDALL ROAD GENEVA, IL 60134 36-3484281	HOSPITAL	IL	501 c 3	3	CDH-Del Hsms	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
TRI-CITIES IMCARE 300 RANDALL ROAD GENEVA, IL 60134 27-1942888	HEALTHCARE		DELCOM	related								
TRI-CITIES DIALYSIS 1300 WATERFORD DR LOWER LEVEL AURORA, IL 60504 36-4272042	HEALTHCARE		DELCOM	related								
TRI-CITIES SURGERY 345 DELNOR DRIVE GENEVA, IL 60134 51-0551673	HEALTHCARE		DELCOM	related								
FVFPDELNOR PROPERTIES 300 RANDALL ROAD GENEVA, IL 60134 45-1147062	PROPERTY MANAGEME		DELCOM	excluded								
CADENCE ALTERNATIVE INVESTMENTS LP 900 NORTH MICHIGAN AVE SUITE 1100 CHICAGO, IL 60611 80-0833919	INVESTMENTS		CDH-DELNOR HEAL	excluded								
ILLINOIS PROTON CENTER LLC 4455 WEAVER PKWY WARRENVILLE, IL 60555 26-0876468	HEALTHCARE		ILLINOIS PROTON	related								
ILLINOIS PROTON CENTER HOLDINGS LLC 4455 WEAVER PKWY WARRENVILLE, IL 60555 26-0876420	INVESTING		CENTRAL DUPAGE	excluded								

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Northwestern memorial healthcare	line	2,617,836	cost
Northwestern healthcare Corporation	Line	76,704	cost
Northwestern memorial insurance Corporation	line	26,106,834	cost
Northwestern memorial healthcare	Line	4,377,103,717	cost
Northwestern memorial healthcare	line	56,748,700	cost
Northwestern memorial healthcare	line	53,718,518	cost
Northwestern memorial healthcare	line	299,988	cost
Northwestern memorial healthcare	line	67,564	cost
Northwestern healthcare Corporation	line	80,672	cost
Northwestern memorial healthcare	line	254,430,493	cost
Northwestern healthcare Corporation	Line	505,190	cost
UPIC	Line	5,254,375	cost
Dupage Health Services	Line	113,315	cost
Delcomm	Line	5,980,447	cost