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Form 990

## Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable	C Name of organization Northwest Community Hospital		D Employer identification number 36-2340313
<input type="checkbox"/> Address change	% MIKE MULAY		
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 800 WEST CENTRAL ROAD	Room/suite	E Telephone number (847) 618-1000
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON HEIGHTS, IL 60005		G Gross receipts \$ 549,749,280
<input type="checkbox"/> Application pending	F Name and address of principal officer STEPHEN O SCOGNA 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [www.nch.org](http://www.nch.org)K Form of organization  Corporation  Trust  Association  Other ►H(b) Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1953 M State of legal domicile IL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
NCH OPERATES AN ACUTE HOSPITAL IN ARLINGTON HEIGHTS, IL. THE HOSPITAL EXISTS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE AND TO MEET INDIVIDUALS' HEALTHCARE NEEDS

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,625
6 Total number of volunteers (estimate if necessary)	6	906
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,533,369
b Net unrelated business taxable income from Form 990-T, line 34	7b	-485,704

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,940,570	1,294,762
9 Program service revenue (Part VIII, line 2g)	434,046,573	443,727,183
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,027,850	665,763
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,448,066	4,815,616
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,463,059	450,503,324

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10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,027,850	665,763
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,448,066	4,815,616
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,463,059	450,503,324
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	191,136	225,872
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)	217,073,788	229,283,606
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	204,942,027	197,716,952
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	422,206,951	427,226,430
19 Revenue less expenses Subtract line 18 from line 12	24,256,108	23,276,894

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	585,363,334	605,286,289
21 Total liabilities (Part X, line 26)	406,770,741	414,281,307
22 Net assets or fund balances Subtract line 21 from line 20	178,592,593	191,004,982

## 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		2016-08-03
	JOHN L SKEANS CFO		Date
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name TAMARA TARAZI	Preparer's signature TAMARA TARAZI	Date	Check <input type="checkbox"/> if self-employed	PTIN P01266026
	Firm's name ► ERNST & YOUNG US LLP		Firm's EIN ►	Phone no (312) 879-2000	
	Firm's address ► 155 N Wacker Drive Chicago, IL 60606				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

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

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No**

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

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No**

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported****4a (Code) (Expenses \$ 22,640,310 including grants of \$ ) (Revenue \$ 26,406,508 )**

CARDIAC NORTHWEST COMMUNITY HOSPITAL'S (HOSPITAL) CARDIAC SERVICE LINE PROVIDED QUALITY, PATIENT CENTERED, COMPASSIONATE CARE, REGARDLESS OF ABILITY TO PAY, TO APPROXIMATELY 34,586 INPATIENTS AND OUTPATIENTS DURING FY 2015. THE TREATMENT WAS PROVIDED IN HOSPITAL'S STATE-OF-THE-ART DIGITAL CARDIAC CATH LAB SUITES, INCLUSIVE OF ITS HIGH TECH OPERATING ROOMS AND PRIVATE FAMILY CENTERED PATIENT CARE ROOMS ALL AT A COST OF NEARLY \$22,648,310. AN ON-CALL TEAM OF NURSES, RADIOLOGY TECHS, OR TECHS, CARDIOLOGISTS AND SURGEONS WERE READILY AVAILABLE 24 HOURS-A-DAY, 7 DAYS-A-WEEK, TO PROVIDE EMERGENT CARE TO THOSE WITH CARDIAC DISEASE. THE CARDIAC TEAM WORKS WITH THE EMERGENCY ROOM AND MULTIPLE NEIGHBORING COMMUNITY PARAMEDICS AND EMERGENCY PERSONNEL TO CONSISTENTLY EXCEED THE NATIONAL BENCHMARK OF DOOR TO BALLOON TIME (OR OPEN ARTERY) IN LESS THAN 90 MINUTES FOR PATIENTS PRESENTING IN HOSPITAL'S EMERGENCY ROOM HAVING AN ACUTE MI. NCH HAS BEEN RECOGNIZED AS AN ACCREDITED ECHO LAB BY THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF ECHOCARDIOGRAPHY LABORATORIES (ICAEL) SINCE 2000. NOT ONLY DOES NCH PROVIDE THE FULL SCOPE ON NON-INVASIVE CARDIAC DIAGNOSTIC TESTING AT MULTIPLE SITES IN THE COMMUNITY BUT IN 2014, NCH OPENED THE ATHERTON HEART FAILURE (HF) CLINIC. THE HF CLINIC PROVIDES A TRANSITIONAL CARE MODEL THAT IS BASED ON PATIENTS WITH HF BEING SEEN IN THE CLINIC BY ADVANCED CARE PRACTITIONERS AND CARDIOLOGISTS WITH 24 HOURS OF HOSPITAL DISCHARGE. THE MULTIDISCIPLINARY TEAM INCLUDING DIETICIANS, SOCIAL WORKERS, PHARMACISTS AND NURSES PROVIDE ONGOING CARE TO PATIENTS AND THEIR FAMILIES IN THE COMMUNITY SETTING ENSURING CARE IS DELIVERED IN THE APPROPRIATE SETTING AND REDUCING AVOIDABLE READMISSIONS TO THE ACUTE CARE SETTING. NCH HAS EXPERIENCED A SIGNIFICANT DECREASE IN HOSPITAL READMISSIONS FOR BOTH THE HEART FAILURE AND ACUTE MI PATIENT POPULATIONS. DIRECTLY RELATED TO STRATEGIES DURING THE HOSPITALIZATION AND IN THE POST ACUTE CARE SETTING, TELEHEALTH MEDICINE AND HOME HEALTH ARE INTEGRAL PARTS OF THE POST ACUTE CARE MODEL. NCH HAS IMPLEMENTED FOR CARDIAC PATIENTS. IN ADDITION, NCH HAS ONE OF THE LARGEST CARDIAC AND PULMONARY REHAB PROGRAMS IN THE STATE OF ILLINOIS THAT HAS FURTHER ASSISTED CARDIAC AND PULMONARY PATIENTS IN RETURNING AND MAINTAINING AN OPTIMAL STATE OF HEALTH FOLLOWING A CARDIAC EVENT. THE CARDIAC DEPARTMENT ALSO PROVIDES MULTIPLE SCREENING AND EDUCATION PROGRAMS. DURING 2015, HOSPITAL HOSTED A COMMUNITY EVENT WHERE BLOOD PRESSURE, CHOLESTEROL AND BMI SCREENINGS WERE USED TO CALCULATE AN INDIVIDUAL'S RISK OF DEVELOPING HEART DISEASE FOR A MINIMAL FEE. IN ADDITION, PHYSICIANS PROVIDED EDUCATION ON HEART HEALTH AND WELLNESS. OVER 300 PEOPLE PARTICIPATED IN THE EVENT.

**4b (Code) (Expenses \$ 27,448,549 including grants of \$ ) (Revenue \$ 40,018,191 )**

GASTROENTEROLOGY HOSPITAL'S GASTROENTEROLOGY (GI) CENTER PROVIDES QUALITY, PATIENT CENTERED, COMPASSIONATE CARE FOR PATIENTS, REGARDLESS OF ABILITY TO PAY, IN NEED OF DIAGNOSTIC AND THERAPEUTIC ENDOSCOPIC PROCEDURES. THE GI CENTER HAS BECOME A REGIONAL REFERRAL CENTER FOR PATIENTS IN NEED OF INTERVENTIONAL PROCEDURES INCLUDING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY AND ENDOSCOPIC ULTRASOUND. A STATE-OF-THE-ART INTERVENTIONAL SUITE OFFERS PATIENTS ACCESS TO SUPERIOR QUALITY CARE BY PROVIDING DIGITAL IMAGING. HOSPITAL'S INTERVENTIONAL TEAM IS LED BY AN EXPERT INTERVENTIONAL PHYSICIAN. THIS TEAM PROVIDES SAME-DAY CARE FOR PATIENTS IN AND BEYOND HOSPITAL'S SERVICE AREA WHO ARE IN NEED OF INTERVENTIONAL PROCEDURES. IN FY 2015, THE GI CENTER PERFORMED 17,451 PROCEDURES ON 14,252 PATIENTS.

**4c (Code) (Expenses \$ 14,320,732 including grants of \$ ) (Revenue \$ 11,994,881 )**

GENERAL SURGERY HOSPITAL'S GENERAL SURGERY SERVICE LINE PROVIDED QUALITY, PATIENT CENTERED, COMPASSIONATE CARE, REGARDLESS OF ABILITY TO PAY, TO 1,685 GENERAL SURGICAL PATIENTS (INPATIENT AND OUTPATIENT) IN THE MAIN OR DURING FY 2015. PROCEDURES WERE PERFORMED IN STATE-OF-THE-ART OPERATING ROOMS WHICH INCLUDE THREE DEDICATED MINIMALLY INVASIVE SURGERY SUITES. THE GENERAL SURGERY PROGRAM PROVIDES CARE FOR BOTH PEDIATRIC AND ADULT POPULATIONS. IN FY 2011, HOSPITAL PARTNERED WITH CHILDREN'S MEMORIAL HOSPITAL TO IMPLEMENT A NEONATAL SURGERY PROGRAM TO SUPPORT ITS NEW LEVEL 3 NICU. THE GENERAL SURGERY PROGRAM ALSO INCLUDES A COMPREHENSIVE DAVINCI ROBOTIC PROGRAM THAT SUPPORTS GYNECOLOGY, UROLOGY AND GENERAL SURGICAL PROCEDURES AND HAS SERVED AS A TRAINING EPICENTER FOR OB-GYN SURGEONS FROM ACROSS THE COUNTRY. NCH IS ALSO KNOWN AND RESPECTED AS A DEDICATED PANCREATIC SURGERY PROGRAM THAT PERFORMS THE MOST COMPLEX PROCEDURES. OTHER SERVICE LINES IN SURGICAL SERVICES INCLUDE CARDIOVASCULAR, VASCULAR, THORACIC, NEUROSURGICAL AND ORTHOPEDICS AND ENT. SURGICAL SERVICES ARE PROVIDED 24 HOURS-A-DAY, 7 DAYS-A-WEEK WITH A DEDICATED SURGICAL PREP AREA AND MULTIPHASE POST ANESTHESIA CARE UNIT (PACU) THAT IS ALSO AVAILABLE 24 HOURS-A-DAY, 7 DAYS-PER-WEEK. THE PROGRAM IS DESIGNATED AS A LEVEL 2 TRAUMA CENTER. A MULTIDISCIPLINARY TEAM HAS WORKED TO IMPROVE OUTCOMES IN THE SURGICAL CARE IMPROVEMENT PROJECT'S CORE MEASURES. AREAS OF CONCENTRATION INCLUDE ANTIBIOTICS ADMINISTERED WITHIN 60 MINUTES OF INCISION, APPROPRIATE ANTIBIOTICS ADMINISTERED, ANTIBIOTICS DISCONTINUED WITHIN 24 HOURS, APPROPRIATE HAIR REMOVAL, URINARY CATHETER REMOVED POST-OP DAY 1 OR 2, SURGERY TEMPERATURE MANAGEMENT, BETA BLOCKER PRIOR TO SURGERY AND VTE PROPHYLAXIS. THE MAJORITY OF HOSPITAL'S OUTCOME MEASURES WERE AT OR ABOVE BENCHMARK LEVELS. SURGICAL SERVICES ALSO PRIDES ITSELF ON ITS MULTIDISCIPLINARY PATIENT SAFETY TEAM THAT IS LEAD BY THE CHIEF OF ANESTHESIA AND IS RESPONSIBLE FOR ENSURING PATIENT SAFETY PRACTICES ARE IN PLACE IN ALL AREAS OF THE DEPARTMENT.

**4d Other program services (Describe in Schedule O )**

(Expenses \$ 261,041,614 including grants of \$ ) (Revenue \$ 365,307,603 )

**4e Total program service expenses ► 325,451,205**

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

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

9 Did the organization report an amount in Part X, line 21 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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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)

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
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	No	
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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	209	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . .	<b>2a</b>	3,625	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> 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? . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> 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? . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<b>14b</b>		

**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	14	
	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	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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	

### Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
	<input type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	MIKE MULAY	
	3060 W Salt Creek Lane	
	Arlington Heights, IL 60005 (847) 618-4601	

**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

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

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	6,197,271	564,422	877,803

**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 **►238**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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
Deloitte Consulting LLP, PO Box 844717 Dallas, TX 75284	project management	5,325,475
Sodexo Inc Affiliates, PO Box 536922 Atlanta, GA 30353	DIETARY AND BIOMED	3,669,573
Structured Communication Systems In, 12901 SE 97th Ave Ste 400 Clackamas, OR 97015	IT technical support	2,878,773
Care Logistics LLC, 2655 Northwinds Parkway Alpharetta, GA 30009	IT support services	2,519,102
ROI Companies, 25001 Emery Road Ste 250 Warrensville Heights, OH 44128	collection services	1,998,295
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►60</b>		

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,294,262		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	500		
	<b>g</b> Noncash contributions included in lines 1a-1f \$		0		
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		1,294,762		
<b>Program Service Revenue</b>	<b>2a</b> Net patient services	<b>Business Code</b> 622110	417,703,043	417,703,043	0
	<b>b</b> Lab services	621500	23,407,978	21,874,609	1,533,369
	<b>c</b> Meaningful Use Reimb	900099	1,720,622	1,720,622	0
	<b>d</b> Classes and training	611430	365,263	365,263	0
	<b>e</b> Nursing Services	623000	47,552	47,552	0
	<b>f</b> All other program service revenue		482,725		482,725
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		443,727,183		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,049,280		1,049,280
<b>4</b> Income from investment of tax-exempt bond proceeds		51		51	
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross rents	(I) Real 2,548,548				
<b>b</b> Less rental expenses	(II) Personal 1,228,817				
<b>c</b> Rental income or (loss)	1,319,731	0			
<b>d</b> Net rental income or (loss) . . . . .		1,319,731		1,319,731	
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities 96,657,637	(II) Other 657,795			
<b>b</b> Less cost or other basis and sales expenses	96,797,111	901,889			
<b>c</b> Gain or (loss)	-139,474	-244,094			
<b>d</b> Net gain or (loss) . . . . .		-383,568		-383,568	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b 332,374 318,139				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		14,235		14,235	
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a</b> CAFETERIA	900099	2,106,376	0	0	2,106,376
<b>b</b> DSC MANAGEMENT FEES	900099	713,791	0	0	713,791
<b>c</b> CASH DISCOUNTS	900099	550,369	0	0	550,369
<b>d</b> All other revenue . . . . .		111,114	0	0	111,114
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		3,481,650			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		450,503,324	441,711,089	1,533,369	5,964,104

**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 . . . . .	225,872	225,872		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0	0		
4 Benefits paid to or for members . . . . .	0	0		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,556,548	0	3,556,548	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7 Other salaries and wages . . . . .	177,193,776	126,103,954	51,089,822	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	11,932,511	6,761,631	5,170,880	0
9 Other employee benefits . . . . .	24,183,251	13,703,589	10,479,662	0
10 Payroll taxes . . . . .	12,417,520	7,036,465	5,381,055	0
11 Fees for services (non-employees)				
a Management . . . . .	0	0	0	0
b Legal . . . . .	1,169,634	0	1,169,634	0
c Accounting . . . . .	291,071	0	291,071	0
d Lobbying . . . . .	72,767	0	72,767	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees . . . . .	178,960	0	178,960	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	33,244,877	13,808,929	19,435,948	
12 Advertising and promotion . . . . .	2,182,336	0	2,182,336	0
13 Office expenses . . . . .	19,300,374	14,703,006	4,597,368	0
14 Information technology . . . . .	6,334,159	3,589,290	2,744,869	0
15 Royalties . . . . .	0	0	0	0
16 Occupancy . . . . .	9,624,256	8,908,845	715,411	0
17 Travel . . . . .	480,810	345,388	135,422	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19 Conferences, conventions, and meetings . . . . .	486,195	418,128	68,067	0
20 Interest . . . . .	9,101,598	9,101,598	0	0
21 Payments to affiliates . . . . .	0	0	0	0
22 Depreciation, depletion, and amortization . . . . .	33,369,290	25,616,330	7,752,960	0
23 Insurance . . . . .	-9,453,112	3,794,443	-13,247,555	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	45,720,057	45,720,057	0	0
b Pharmaceuticals	18,973,842	18,973,842	0	0
c BAD DEBT - PATIENT SVCS	8,259,761	8,259,761	0	0
d Illinois Provider Tax	16,782,682	16,782,682	0	0
e All other expenses	1,597,395	1,597,395		
25 Total functional expenses. Add lines 1 through 24e	427,226,430	325,451,205	101,775,225	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)	0			

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

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	0	<b>1</b> 0
2	Savings and temporary cash investments	12,711,831	<b>2</b> 2,423,185
3	Pledges and grants receivable, net	0	<b>3</b> 0
4	Accounts receivable, net	62,694,429	<b>4</b> 85,804,766
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	2,708	<b>5</b> 0
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	<b>6</b> 0
7	Notes and loans receivable, net	0	<b>7</b> 0
8	Inventories for sale or use	5,132,761	<b>8</b> 8,190,812
9	Prepaid expenses and deferred charges	6,099,267	<b>9</b> 3,335,882
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 730,271,166	
b	Less accumulated depreciation	<b>10b</b> 312,839,846	381,617,080 <b>10c</b> 417,431,320
11	Investments—publicly traded securities	87,586,567	<b>11</b> 70,096,536
12	Investments—other securities See Part IV, line 11	0	<b>12</b> 0
13	Investments—program-related See Part IV, line 11	19,348,689	<b>13</b> 12,912,660
14	Intangible assets	0	<b>14</b> 0
15	Other assets See Part IV, line 11	10,170,002	<b>15</b> 5,091,128
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	585,363,334	<b>16</b> 605,286,289
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	79,693,866	<b>17</b> 85,775,299
18	Grants payable	0	<b>18</b> 0
19	Deferred revenue	444,708	<b>19</b> 1,397,252
20	Tax-exempt bond liabilities	265,470,000	<b>20</b> 259,030,000
21	Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b> 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	<b>22</b> 0
23	Secured mortgages and notes payable to unrelated third parties	0	<b>23</b> 0
24	Unsecured notes and loans payable to unrelated third parties	0	<b>24</b> 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	61,162,167	<b>25</b> 68,078,756
26	<b>Total liabilities.</b> Add lines 17 through 25	406,770,741	<b>26</b> 414,281,307
<b>Net Assets or Fund Balances</b>			
27	Unrestricted net assets	178,592,593	<b>27</b> 191,004,982
28	Temporarily restricted net assets	0	<b>28</b> 0
29	Permanently restricted net assets	0	<b>29</b> 0
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
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	178,592,593	<b>33</b> 191,004,982
34	<b>Total liabilities and net assets/fund balances</b>	585,363,334	<b>34</b> 605,286,289

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	450,503,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	427,226,430
3	Revenue less expenses Subtract line 2 from line 1	3	23,276,894
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	178,592,593
5	Net unrealized gains (losses) on investments	5	596,150
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	-11,460,655
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	191,004,982

**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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

## Additional Data

**Software ID:**

**EIN:** 36-2340313

**Name:** Northwest Community Hospital

**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			
(1) Stephen O Scogna .....CEO, Pres & Secretary	10 0 .....30 0	X		X			830,315	0	188,313
(1) Kirk Clark MD .....Director	1 0 .....1 0	X					0	0	0
(2) James H Bishop .....Director	1 0 .....1 0	X					0	0	0
(3) Craig E Christell .....Director	1 0 .....1 0	X					0	0	0
(4) Dale J Garber .....Director	1 0 .....1 0	X					0	0	0
(5) Louis A Gatta .....Director	1 0 .....1 0	X					0	0	0
(6) Marla F Glabe .....VICE CHAIRPERSON	1 0 .....1 0	X		X			0	0	0
(7) Charles A Hempfling .....Director	1 0 .....1 0	X					0	0	0
(8) Diane G Hill .....Director	1 0 .....1 0	X					0	0	0
(9) MARSHA C LIU .....CFO & TREASURER (UNTIL 2/15)	10 0 .....30 0	X		X			376,107	0	85,138
(10) EQUINN REGAN MD .....DIRECTOR	1 0 .....1 0	X					0	0	0
(11) Mary R Sheahen .....Director	1 0 .....1 0	X					0	0	0
(12) Raymond Grady .....Director	1 0 .....1 0	X					0	0	0
(13) Cynthia M Valukas MD .....Director	1 0 .....1 0	X					0	0	0
(14) Thomas P MacCarthy .....Chairperson	10 0 .....1 0	X		X			0	0	0
(15) John L Skeans .....CFO & Treasurer (Beg 6/15)	10 0 .....30 0	X		X			0	0	0
(16) Ed Maher .....INTERIM CFO (3/15 - 7/15)	10 0 .....30 0			X			0	0	0
(17) MARK D LUSSON .....Exec VP - HR (until 5/14)	40 0 .....0 0			X			284,920	0	14,243
(18) Michael C Hartke .....EXECUTIVE VP/COO	40 0 .....1 0			X			514,324	0	93,337
(19) KIMBERLY NAGY .....Exec VP - Pt Serv & CNO	40 0 .....0 0			X			291,682	0	61,102
(20) Wendy L Rubas .....EXEC VP - CHIEF LEGAL COUNSEL	10 0 .....30 0			X			363,707	0	63,227
(21) Alan B Loren MD .....EXEC VP - CMO	40 0 .....0 0			X			375,701	564,422	41,536
(22) LOVENDER KUMAR RAJU MD .....ICC PHYSICIAN	40 0 .....0 0			X			323,254	0	58,246
(23) BRADFORD A BUXTON .....VP STRATEGY & BUSINESS DEV	40 0 .....0 0			X			340,072	0	59,986
(24) Lucy R Hammerberg MD .....CHIEF QUALITY OFFICER	40 0 .....0 0			X			332,463	0	33,812

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

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Name of the organization**  
Northwest Community Hospital**Employer identification number**

36-2340313

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 <b>Total support</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> 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")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

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

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

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

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►	

**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**

**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.

**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).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**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.

**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.

**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.

**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. . . .

**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.

**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).

**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?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**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**.

**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).

**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).

**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**.

**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**.

**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**.

**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.

**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).

**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?

**b** A family member of a person described in (a) above?

**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**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

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.

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

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

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?

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).

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.

	Yes	No
1		
2		
3		

**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**)

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.**

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.**

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.*

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.

	Yes	No
2a		
2b		
3a		
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**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 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  
 7 Other expenses (see instructions)  
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

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

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

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

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

**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

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

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

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

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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**

36-2340313

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

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

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

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

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

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

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

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	0
<b>d</b> Mailings to members, legislators, or the public?		No	0
<b>e</b> Publications, or published or broadcast statements?		No	0
<b>f</b> Grants to other organizations for lobbying purposes?		No	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
<b>i</b> Other activities?	Yes		72,767
<b>j</b> Total Add lines 1c through 1i			72,767
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (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
LOBBYING ACTIVITIES	PART 11-B, LINE 11 NORTHWEST COMMUNITY HOSPITAL PAYS DUES TO CERTAIN HOSPITAL ASSOCIATIONS WHICH USE A PORTION OF THESE DUES FOR LOBBYING

**Part IV** **Supplemental Information (continued)**

**Schedule C (Form 990 or 990EZ) 2014**

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Northwest Community Hospital**Employer identification number**

36-2340313

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  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
2a	
2b	
2c	
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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**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

**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

<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	<b>Yes</b>	<b>No</b>
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	<b>Yes</b>	

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		0	89,072		89,072
<b>b</b> Buildings . . . . .		0	303,921,767	124,984,733	178,937,035
<b>c</b> Leasehold improvements . . . . .		0	211,515,760	108,865,740	102,650,020
<b>d</b> Equipment . . . . .		0	190,417,886	68,403,347	122,014,539
<b>e</b> Other . . . . .			24,326,680	10,586,026	13,740,654
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					417,431,320

**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.

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
		</td

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

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

**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.

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	Schedule D, Part V, Line 4 ENDOWMENT FUNDS ARE CREATED ACCORDING TO HOSPITAL NEEDS AND DESIGNATION OR PREFERENCES OF THE DONOR(S) SUPPORTING THE ENDOWMENT FUND SCHOLARSHIP FUNDS, CONTINUED EDUCATION, OR FUNDS FOR PATIENT CARE IN A HOSPITAL DEPARTMENT DESIGNATED BY THE ENDOWMENT FUND ARE EXAMPLES OF FUND USES Substantially all restricted contributions benefiting Hospital are initially received by Foundation When a donor restriction is met, Foundation transfers the temporarily restricted gift to Healthcare or Hospital at which time the related net assets are released from restriction in the consolidated financial statements

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service► 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](http://www.irs.gov/form990).

2014

Open to Public  
InspectionName of the organization  
Northwest Community Hospital

Employer identification number

36-2340313

## Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities	<input type="checkbox"/> Applied uniformly to most hospital facilities	
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for <i>discounted</i> care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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 eligible 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)			11,535,277		11,535,277	2 700 %
b Medicaid (from Worksheet 3, column a)			47,456,345	20,085,148	27,371,197	6 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			58,991,622	20,085,148	38,906,474	9 110 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,515,891	124,506	1,391,385	0 330 %
f Health professions education (from Worksheet 5)			2,870,106	484,498	2,385,608	0 560 %
g Subsidized health services (from Worksheet 6)			491,093	243,727	247,366	0 060 %
h Research (from Worksheet 7)			63,911		63,911	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			578,232		578,232	0 140 %
j Total. Other Benefits			5,519,233	852,731	4,666,502	1 100 %
k Total. Add lines 7d and 7j			64,510,855	20,937,879	43,572,976	10 210 %

**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			3,435		3,435	0 %
3 Community support			10,427		10,427	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,149		3,149	0 %
7 Community health improvement advocacy						
8 Workforce development			16,865		16,865	0 %
9 Other						
<b>10 Total</b>			<b>33,876</b>		<b>33,876</b>	<b>0 %</b>

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

**Section A. Bad Debt Expense**

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

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** 8,259,761

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** 0

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** 150,043,709

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 181,816,143

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** -31,772,434

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?

1

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)

**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

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

NORTHWEST COMMUNITY HOSPITAL

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

1

	<b>Yes</b>	<b>No</b>
<b>Community Health Needs Assessment</b>		
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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12	5	Yes
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 . . . . .		
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	Yes
7 Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www nch org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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) <u>WWW NCH ORG</u>		
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)**

## NORTHWEST COMMUNITY HOSPITAL

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

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b>	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.nch.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.nch.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.nch.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information (continued)****NORTHWEST COMMUNITY HOSPITAL****Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b> 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? . . . . .	<b>23</b>	No
If "Yes," explain in Section C		
<b>24</b> 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? . . . . .	<b>24</b>	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? **11**

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

Form and Line Reference	Explanation
PART I, LINE 3C	CHARITY CARE POLICY THE HOSPITAL PROVIDES EMERGENT AND MEDICALLY NECESSARY SERVICES TO ALL PATIENTS WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY. THE WRITTEN CHARITY CARE POLICY IS WIDELY DISTRIBUTED AND COMMUNICATED TO THE COMMUNITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THE AMOUNT OF FREE CARE PROVIDED IS DETERMINED BY FINANCIAL NEED AND IS NOT LIMITED BY BUDGETED AMOUNTS. PATIENTS EARNING LESS THAN 300% OF THE FEDERAL POVERTY GUIDELINES RECEIVE FREE CARE AND THOSE BETWEEN 300% AND 600% OF THE GUIDELINES RECEIVE DISCOUNTED CARE ON A SLIDING SCALE. THE FINANCIAL ASSISTANCE PROGRAM LOOKS AT THE CURRENT INCOME AND THEN CALCULATES THE POTENTIAL BENEFIT CONSISTENT WITH THE ILLINOIS UNINSURED PATIENT DISCOUNT ACT. PATIENTS WITHOUT INSURANCE COVERAGE ARE ELIGIBLE FOR A 64% DISCOUNT IF THEIR INCOME IS BETWEEN 301% AND 600% OF THE FEDERAL POVERTY GUIDELINES. OF THE REMAINING BALANCE, THE PATIENT'S LIABILITY IS CAPPED AT 25% OF THE FAMILY'S ANNUAL INCOME.

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

Form and Line Reference	Explanation
PART I, LINE 7	THE FOLLOWING METHODOLOGIES WERE USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR LINE 7

Form and Line Reference	Explanation
PART I, LINES 7A - 7D	RATIO OF COST TO CHARGES WAS DETERMINED USING WORKSHEET 2 IN THE FORM 990, SCHEDULE H INSTRUCTIONS

Form and Line Reference	Explanation
PART I, LINES 7E - 7I	COSTS WERE DETERMINED USING THE DIRECT AND INDIRECT COSTS FOR SPECIFIC PROGRAMS OR SERVICES THESE COSTS WERE MAINTAINED / IDENTIFIED IN THE HOSPITALS "COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY SOFTWARE" (CBISA) THE INDIRECT PORTION OF THESE COSTS WAS CALCULATED UTILIZING THE INDIRECT COST RATIO FROM THE HOSPITALS LATEST AVAILABLE MEDICARE COST REPORT THIS "INDIRECT" RATIO WAS ENTERED INTO CBISA FOR THE CALCULATION OF INDIRECT COSTS

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES THE HOSPITAL PROVIDES A MOBILE DENTAL CLINIC PROGRAM STAFFED BY A HOSPITAL EMPLOYED FULL TIME DENTIST, DENTAL ASSISTANT AND PROGRAM MANAGER EVIDENCE BASED RESEARCH DEMONSTRATES THAT GUM DISEASE AND ORAL HEALTH PROBLEMS ARE LINKED TO OTHER SYSTEMIC MEDICAL PROBLEMS SUCH AS CARDIOVASCULAR DISEASE, STROKE, AND BACTERIAL PNEUMONIA, AS WELL AS INCREASED RISK OF DELIVERING PRE-TERM OR LOW BIRTH-WEIGHT BABIES THE HOSPITAL, WITH FINANCIAL SUPPORT FROM LOCAL TOWNSHIPS, PROVIDES PREVENTATIVE AND RESTORATIVE CARE TO UNINSURED AND UNDERINSURED MEMBERS OF THE COMMUNITY 4-5 DAYS PER WEEK IN A TRAVELING DENTAL CLINIC

Form and Line Reference	Explanation
PART II	<p>COMMUNITY BUILDING ACTIVITIES ECONOMIC DEVELOPMENT NCH'S VICE PRESIDENT REPRESENTS NCH AS A MEMBER AND ACTIVE PARTICIPANT OF THE ARLINGTON HEIGHTS ECONOMIC ALLIANCE THE PURPOSE OF THE ALLIANCE IS TO PROVIDE THE BUSINESS COMMUNITY A STRONG PARTNERSHIP WITH THE VILLAGE AND TO PROMOTE A HEALTHY BUSINESS CLIMATE THE ALLIANCE IS THE VILLAGE BOARD'S ECONOMIC ADVISORY COMMITTEE ON BUSINESS ISSUES COMMUNITY SUPPORT THE HOSPITAL HAS A DEDICATED INFECTION CONTROL TEAM THAT NOT ONLY ENSURES THE HOSPITAL IS SAFE BUT ALSO ASSISTS THE COMMUNITY IN TIMES OF EMERGENCY IN 2015 THE DEPARTMENT WAS ACTIVELY INVOLVED IN PREPARING THE COMMUNITY FOR A POTENTIAL EBOLA OUTBREAK THE DOLLARS REPORTED REPRESENT STAFF HOURS COALITION BUILDING NCH'S CONTROLLER AND NCH'S DIRECTOR OF COMMUNITY SERVICES REPRESENT NCH THROUGH PARTICIPATION IN THE PALATINE AND ARLINGTON HEIGHTS ROTARY CLUBS IN THE HOSPITAL'S PRIMARY SERVICE AREA ROTARY CLUB MEMBERS ARE PREDOMINATELY BUSINESS AND PROFESSIONAL LEADERS WHO COME TOGETHER TO SUPPORT ORGANIZATIONS THAT ADDRESS NEED AND DISPARITY IN THE COMMUNITY AREAS ADDRESSED INCLUDE HUNGER, HOMELESSNESS, MENTAL HEALTH ISSUES, CANCER, TROUBLED YOUTH, DEVELOPMENTALLY DISABLED, DOMESTIC VIOLENCE AND MANY MORE WORKFORCE DEVELOPMENT NCH HAS STAFF SERVING ON THE BOARD OF DIRECTORS OF THE ILLINOIS SOCIETY FOR ADVANCED PRACTICE NURSING (ISAPN) THIS ORGANIZATION IS A PROFESSIONAL ORGANIZATION DEDICATED TO PROMOTING AND ADVOCATING FOR ADVANCED PRACTICE NURSES ISAPN MEMBERS TAKE LEADERSHIP ROLES IN TODAY'S HEALTH CARE FIELDS, AND ARE KNOWLEDGEABLE ABOUT THE ISSUES THAT SURROUND THEIR PROFESSION ISAPN PROVIDES CONTINUING EDUCATION PROGRAMS, OFFERS OPPORTUNITIES TO COLLABORATE WITH OTHER PROFESSIONALS AND ORGANIZATIONS AND SUPPORTS LEGISLATION AS IT RELATES TO ADVANCED PRACTICE NURSES NCH HAS A PROGRAM TO ENCOURAGE HIGH SCHOOL STUDENTS TO EXPLORE CAREERS IN HEALTHCARE THE FIRST PROGRAM PROVIDES LOCAL HIGH SCHOOL STUDENTS THE OPPORTUNITY TO SPEND 14 WEEKS IN THE HOSPITAL SHADOWING 16 DIFFERENT DEPARTMENTS AS THE STUDENTS ROTATE THROUGH THE VARIOUS DEPARTMENTS THEY ARE EXPOSED TO AN ARRAY OF CLINICAL FIELDS, PROVIDING THEM WITH AN IN-DEPTH LOOK AT JUST SOME OF THE MANY CAREER TRACKS THEY COULD PURSUE NCH ALSO PROVIDES AN OPPORTUNITY FOR STUDENTS FROM HARPER COLLEGE'S ONE MILLION DEGREES PROGRAM TO VISIT THE HOSPITAL, HEAR PRESENTATIONS FROM DIFFERENT DEPARTMENTS AND ASK QUESTIONS AS A WAY TO EXPLORE DIFFERENT CAREERS IN HEALTHCARE</p>

Form and Line Reference	Explanation
PART III, LINES 2, 3 AND 4	<p>BAD DEBT EXPENSE NORTHWEST COMMUNITY HOSPITAL IS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF NORTHWEST COMMUNITY HEALTHCARE (NCH) AND SUBSIDIARIES THE TEXT OF THE FOOTNOTE REFERENCING ACCOUNTS RECEIVABLE IN THE FY 2015 AUDIT IS AS FOLLOWS "[NCH] ANALYSES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS QUARTERLY USING A HINDSIGHT CALCULATION THAT UTILIZES WRITE-OFF DATA FOR ALL PAYER CLASSES DURING THE PREVIOUS EIGHTEEN MONTH PERIOD TO ESTIMATE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT A POINT IN TIME THE RESERVE PERCENTAGES IN THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESERVE CHANGES EACH MONTH GIVEN CHANGES IN TRENDS FROM THESE ANALYSIS OR POLICY CHANGES" ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE WRITE-OFFS ARE SHOWN NET OF CONTRACTUALS AND DISCOUNTS THE HOSPITAL'S BAD DEBT EXPENSE AS REPORTED ON LINE 2 IS REPORTED AT THE REMAINING CHARGES FOR FY 2015, THE HOSPITAL RECORDED PROVISIONS FOR BAD DEBT EXPENSE OF \$8,259,761 IN 2013, THE HOSPITAL BEGAN USING A FINANCIAL TOOL TO DETERMINE "PRESUMPTIVE ELIGIBILITY" FOR CHARITY CARE WRITE-OFFS THIS TOOL UTILIZES VARIOUS CRITERIA TO HELP DETERMINE PATIENTS THAT WOULD BE ELIGIBLE FOR FINANCIAL ASSISTANCE EVEN IF THOSE PATIENTS HAVE NOT COMPLETED A FINANCIAL ASSISTANCE APPLICATION IT IS BELIEVED THAT ALL PATIENTS WHO WOULD QUALIFY FOR CHARITY HAVE BEEN IDENTIFIED AND THAT LITTLE TO NONE OF THE AMOUNTS WRITTEN OFF AS BAD DEBT COULD BE CLASSIFIED AS CHARITY AS A RESULT OF THE USE OF THIS NEW FINANCIAL TOOL</p>

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

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

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

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE FINANCIAL ASSISTANCE PROGRAM AT NORTHWEST COMMUNITY HOSPITAL IS COMMUNICATED WIDELY TO PATIENTS AND VISITORS IN ENGLISH AND SPANISH USING THE FOLLOWING METHODS 1 SIGNAGE IN ENGLISH AND SPANISH IS POSTED THROUGHOUT THE ORGANIZATION AT ALL ACCESS POINTS, INCLUDING THE EMERGENCY DEPARTMENT AND OUTPATIENT REGISTRATION AREAS THESE AREAS ALSO STOCK AND MAKE AVAILABLE A BROCHURE, PRINTED IN ENGLISH AND SPANISH, DESCRIBING THE HOSPITAL'S POLICY THE HOSPITAL PROVIDES A COMPREHENSIVE LANGUAGE ASSISTANCE PROGRAM WHICH CAN ASSIST THOSE WHO NEED ADDITIONAL INFORMATION ON FINANCIAL ASSISTANCE IN 2015 ASSISTANCE WAS PROVIDED 24 HOURS-PER-DAY, 7 DAYS-PER-WEEK THROUGH TELEPHONIC AND VIDEO REMOTE INTERPRETATION MEDICAL INTERPRETERS ALSO PROVIDED IN-PERSON LANGUAGE INTERPRETATION FOR 1,710 HOURS AND IN-PERSON SIGN LANGUAGE INTERPRETATION FOR 337 HOURS 2 IN 2015 THE INFORMATION BELOW WAS POSTED ON THE HOSPITAL WEBSITE "FINANCIAL ASSISTANCE" AND OTHER RELATED TERMS CAN ALSO BE SEARCHED FOR FROM ANY PAGE OF THE HOSPITAL WEBSITE TAKING USERS TO THE INFORMATION INCLUDING APPLICATIONS FOR FINANCIAL ASSISTANCE (AVAILABLE IN ENGLISH AND SPANISH), FINANCIAL ASSISTANCE POLICIES, WAYS TO REACH THE NCH FINANCIAL COUNSELOR BY EMAIL OR PHONE, AND MORE PATIENT FINANCIAL ASSISTANCE PAGE TO APPLY FOR PATIENT FINANCIAL ASSISTANCE AT NCH, PLEASE PRINT THE FINANCIAL ASSISTANCE APPLICATION (TAMBIEN DISPONIBLE EN ESPAOL) AND COMPLETE ALL NECESSARY FIELDS PLEASE BE SURE TO PROVIDE ALL REQUESTED DOCUMENTATION TO BE CONSIDERED FOR FINANCIAL ASSISTANCE NORTHWEST COMMUNITY HOSPITAL IS A CHARITABLE ORGANIZATION AND PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE THE DAY SURGERY CENTER IS A FOR-PROFIT ORGANIZATION AND ALSO PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE MAIN FEES AND BILL PAYMENT PAGE FOR FAMILIES WITHOUT INSURANCE WHO NEED HELP WITH MEDICAL BILLS, WE ACCEPT ILLINOIS PUBLIC AID IN ADDITION, YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE FOR MEDICAL BILLS THROUGH NORTHWEST COMMUNITY HOSPITAL NORTHWEST COMMUNITY HOSPITAL IS A CHARITABLE ORGANIZATION AND PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE THE DAY SURGERY CENTER IS A FOR-PROFIT ORGANIZATION AND ALSO PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE VIEW A SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY FINANCIAL ROLES &amp; RESPONSIBILITIES PAGE NORTHWEST COMMUNITY HOSPITAL IS A CHARITABLE ORGANIZATION AND PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE THE DAY SURGERY CENTER IS A FOR-PROFIT ORGANIZATION AND ALSO PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO ARE ELIGIBLE 3 EACH PATIENT INVOICE OR OTHER SUMMARY OF CHARGES TO A PATIENT SHALL INCLUDE WITH IT OR ON IT A STATEMENT REGARDING HOW A PATIENT MAY APPLY FOR CONSIDERATION UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY THE PATIENT IS PROVIDED CONTACT NUMBER FOR FINANCIAL ASSISTANCE AND OUR WEBPAGE TO DOWN LOAD AN APPLICATION 4 FINANCIAL COUNSELORS PROVIDE FINANCIAL ASSISTANCE INFORMATION TO PATIENTS DURING THEIR REGISTRATION AND WORK WITH PATIENTS IDENTIFIED AT REGISTRATION OR AFTER ADMISSION TO HELP THEM GET THE ASSISTANCE THEY NEED, ANSWER QUESTIONS, SET UP PAYMENT PLANS AND FACILITATE APPLICATIONS FOR GOVERNMENT PROGRAMS SUCH AS MEDICAID</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION NORTHWEST COMMUNITY HOSPITAL IS LOCATED IN ARLINGTON HEIGHTS, ILLINOIS, A SUBURB LOCATED APPROXIMATELY 25 MILES NORTHWEST OF CHICAGO. ITS PRIMARY SERVICE AREA CONSISTS OF ARLINGTON HEIGHTS AND THE SURROUNDING SUBURBS OF MT. PROSPECT, PALATINE, AND ROLLING MEADOWS. THE HOSPITAL'S SECONDARY SERVICE AREA IS COMPRISED OF BARRINGTON, BUFFALO GROVE, DES PLAINES, ELK GROVE VILLAGE, HOFFMAN ESTATES, LAKE ZURICH, PROSPECT HEIGHTS, SCHAUMBURG AND WHEELING. THE HOSPITAL'S TOTAL SERVICE AREA HAS INCREASED FROM 659,299 IN 2007 TO 676,828 IN 2015. THE HIGHEST UTILIZERS OF HEALTH CARE SERVICES ARE PATIENTS AGED 65 AND OVER, AND THIS AGE GROUP IS EXPECTED TO GROW 17.4% OVER THE NEXT SIX YEARS. THE HOSPITAL'S TOTAL SERVICE AREA IS PREDOMINATELY NON-HISPANIC WHITE (66%), FOLLOWED BY HISPANIC (15.5%) AND ASIAN (14.2%). THE NON-HISPANIC WHITE POPULATION IS PROJECTED TO REMAIN STABLE WITH ONLY 1.1% GROWTH PROJECTED OVER THE NEXT FIVE YEARS (THROUGH 2021). THE POPULATIONS THAT ARE PROJECTED TO HAVE THE LARGEST GROWTH ARE THE ASIAN (11.2%) AND HISPANIC (8.7%) POPULATIONS. THE HISTORICAL AND PROJECTED PER CAPITA INCOME LEVELS OF THE PRIMARY AND SECONDARY SERVICE AREAS HAVE EXCEEDED AND ARE PROJECTED TO CONTINUE TO EXCEED STATE OF ILLINOIS AND NATIONAL LEVELS. THERE ARE POCKETS OF UNDER RESOURCED INDIVIDUALS IN THE HOSPITAL'S SERVICE AREA. THE ENTIRE PRIMARY SERVICE AREA AND A SIGNIFICANT PORTION OF THE SECONDARY SERVICE AREA HAVE BEEN DESIGNATED AS A MEDICALLY-UNDERSERVED POPULATION. THE HOSPITAL SUPPORTS BOTH A FEDERALLY QUALIFIED HEALTH CENTER LOCATED ACROSS THE STREET FROM THE HOSPITAL, AND A COUNTY RUN PRIMARY CARE CLINIC, ALSO LOCATED IN THE HOSPITAL'S PRIMARY SERVICE AREA. IN ADDITION, THERE ARE FOUR OTHER HOSPITALS LOCATED IN THE HOSPITAL'S SERVICE AREA.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF ITS COMMUNITY IN MANY WAYS AS FOLLOWS (1) A MAJORITY OF THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF PERSONS WHO LIVE OR WORK IN THE HOSPITAL'S PRIMARY SERVICE AREA AND ARE NOT EMPLOYEES OR CONTRACTORS OF THE HOSPITAL (2) THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY (3) A STANDING COMMUNITY HEALTH AND OUTREACH COMMITTEE OF THE HOSPITAL BOARD REVIEWS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND ENSURES THE IMPLEMENTATION PLAN ADDRESS' IDENTIFIED NEEDS THE COMMITTEE PROVIDES OVERSIGHT IN MONITORING AND EVALUATING THE EFFECTIVENESS OF STRATEGIES AND INITIATIVES INCLUDED IN THE IMPLEMENTATION PLAN THE COMMITTEE MONITORS THE AMOUNT OF DOLLARS INVESTED IN COMMUNITY BENEFIT INCLUDING CHARITY CARE, COMMUNITY HEALTH EDUCATION, COMMUNITY MEDICAL/DENTAL CLINICS, AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES (4) THE HOSPITAL MAINTAINS ANY SURPLUS FUNDS IN THE HOSPITAL ITSELF OR AT NORTHWEST COMMUNITY HEALTHCARE (A 501(C)(3) SUPPORTING ORGANIZATION AND SOLE MEMBER OF THE HOSPITAL) FOR FUNDING CAPITAL IMPROVEMENTS IN TECHNOLOGY, FACILITIES OR PATIENT CARE EQUIPMENT, AND SUPPORTING HOSPITAL OPERATIONS OR COMMUNITY OUTREACH INITIATIVES (5) THE HOSPITAL HAS DEDICATED STAFF THAT SERVE AS MEMBERS, CHAIRPERSONS, OFFICERS, AND BOARD MEMBERS OF LOCAL AND NATIONAL ORGANIZATIONS DEVOTED TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS THESE ORGANIZATIONS INCLUDE AMERICAN CANCER SOCIETY, THE CHILDREN'S ADVOCACY CENTER LEADERSHIP COMMITTEE, CHICAGO DENTAL SOCIETY, METROPOLITAN CHICAGO HEALTHCARE COUNCIL BOARD OF DIRECTORS, NORTHERN FOX VALLEY ONCOLOGY NURSING SOCIETY, PARTNERS FOR OUR COMMUNITIES, AS WELL AS LOCAL ROTARY CLUBS (6) COLLABORATIVE PARTNERSHIPS ARE THE FOUNDATION TO MANY OF THE HOSPITAL'S COMMUNITY HEALTH INITIATIVES AIMED TO IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITY THESE PARTNERSHIPS INCLUDE A COLLABORATION WITH ACCESS COMMUNITY HEALTH NETWORK (A LOCAL FEDERALLY QUALIFIED HEALTH CENTER), AND COOK COUNTY HEALTH AND HOSPITAL SYSTEM TO BRING PRIMARY CARE SERVICES FOR THE UNINSURED AND UNDERINSURED TO THE COMMUNITY IN FY 2015, 35,439 PATIENT VISITS WERE PROVIDED AT THESE CLINICS AND THE HOSPITAL'S FINANCIAL AND IN-KIND SUPPORT WAS \$159,700 THE HOSPITAL ALSO PARTNERS WITH ELK GROVE, PALATINE, SCHAUMBURG, AND WHEELING TOWNSHIPS ON A MOBILE DENTAL CLINIC PROGRAM WHICH PROVIDED 2,560 PATIENT VISITS IN FY 2015 WITH THE HOSPITAL ABSORBING \$130,500 OF THE TOTAL COST NORTHWEST COMMUNITY HEALTHCARE, AN AFFILIATE OF THE HOSPITAL, ALSO PARTNERS WITH PARTNERS FOR OUR COMMUNITIES (POC), A LOCAL 501(C)(3) ORGANIZATION, TO OPERATE AND RUN THE COMMUNITY RESOURCE CENTER WHICH PROVIDES DIRECT SERVICES, REFERRALS, AND OTHER ASSISTANCE TO THE UNDER-RESOURCED THE HOSPITAL OWNS AND MAINTAINS THE BUILDING AND PROVIDES FREE OR LOW-COST RENT TO LOCAL NOT FOR PROFIT AGENCIES, INCLUDING THE CENTER-RESOURCES FOR TEACHING AND LEARNING (ECDEC PROGRAM), COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15, NORTHWEST COMPASS, PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL, PALATINE POLICE DEPARTMENT, HARPER COLLEGE, THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, PALATINE PUBLIC LIBRARY, PATH (PALATINE ASSISTING THROUGH HOPE), AS WELL AS THE COOK COUNTY HEALTH AND HOSPITAL PRIMARY CARE CLINIC DESCRIBED PREVIOUSLY SOME OF THE MANY PROGRAMS OFFERED AT THE RESOURCE CENTER INCLUDE GED AND CITIZENSHIP CLASSES, HEALTHCARE SERVICES, COMPUTER LITERACY, AFTER-SCHOOL YOUTH PROGRAM, BILINGUAL COUNSELING, PARENTING CLASSES, JOB PLACEMENT, CAREER EDUCATION AND RECREATION IN FY 2015, THE COMMUNITY RESOURCE CENTER HAD 21,100 CLIENT VISITS AND THE HOSPITAL'S COST TO OPERATE THE FACILITY WAS \$193,100 IN ADDITION TO THE COMMUNITY RESOURCE CENTER, THE HOSPITAL WORKS WITH POC ON MANY COLLABORATIVE HEALTH INITIATIVES INCLUDING THE PROMOTORAS DE SALUD PROGRAM WHICH PROVIDES HEALTH EDUCATION TO THE LATINO POPULATION THIS PROGRAM IDENTIFIES LATINA WOMEN WHO DEMONSTRATE THE POTENTIAL TO BECOME LEADERS IN THE COMMUNITY THESE WOMEN THEN RECEIVE LEADERSHIP TRAINING AND EDUCATION ON SPECIFIC HEALTH TOPICS AND LEAD SMALL GROUP PRESENTATIONS AND HEALTH DISCUSSIONS WITH MEMBERS OF THE COMMUNITY THE PROMOTORAS ALSO ROUND WITH SPANISH SPEAKING MOTHERS ON THE MOTHER BABY UNIT OF THE HOSPITAL OFFERING BEDSIDE AND POST-DISCHARGE BREASTFEEDING SUPPORT IN ADDITION, A PROMOTORA FOLLOWED AND SUPPORTED SPANISH SPEAKING DISCHARGED CONGESTIVE HEART FAILURE PATIENTS TO HELP THEM UNDERSTAND AND COMPLY WITH DISCHARGE INSTRUCTIONS WHICH CAN OFTEN BE DIFFICULT DUE TO ECONOMIC AND LANGUAGE BARRIERS IN FY 2015, 350 PEOPLE PARTICIPATED IN CLASSES LED BY THE PROMOTORA, BREASTFEEDING SUPPORT WAS PROVIDED 1,300 TIMES AND 4 CONGESTIVE HEART FAILURE PATIENTS RECEIVED ASSISTANCE AFTER DISCHARGE THE HOSPITAL AND POC ALSO COLLABORATIVELY PROVIDE THE SERVICES OF A BILINGUAL COMMUNITY HEALTH NURSE AND BILINGUAL BEHAVIORAL HEALTH NAVIGATOR WHO FOCUS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ON HELPING UNDER-RESOURCED MEMBERS OF THE COMMUNITY NAVIGATE HEALTHCARE RESOURCES, PROVIDE HEALTH EDUCATION, AND HELP PATIENTS OBTAIN LOW-COST PRESCRIPTIONS IN FY 2015 THE PART-TIME COMMUNITY NURSE HAD 1,902 CLIENT INTERACTIONS AND THE PART-TIME BEHAVIORAL HEALTH NAVIGATOR HAD 1,356 NCH ALSO DEDICATES RESOURCES TO ENHANCE ITS HEALTH AND WELLNESS OFFERINGS FOR OLDER ADULTS IN THE COMMUNITY A FULL TIME, DEDICATED SENIOR SERVICES LIAISON SCHEDULES AND OVERSEES LECTURES, PROGRAMS AND SCREENINGS AT LOCAL SENIOR CENTERS AND OTHER COMMUNITY LOCATIONS THAT SERVE OLDER ADULTS IN 2015, NCH HOSTED MORE THAN 350 FREE HEALTH AND WELLNESS PROGRAMS AND SUPPORT GROUPS AT THE ARLINGTON HEIGHTS SENIOR CENTER ALONE NURSES IN THE "ASK-THE-NURSE" PROGRAM AT THE SENIOR CENTER ARE AVAILABLE TWICE A WEEK TO ANSWER SENIORS' HEALTHCARE QUESTIONS AND CONCERNS, ESPECIALLY REGARDING MEDICATIONS, TREATMENT PLANS AND UPCOMING TESTS AND PROCEDURES THEY ALSO PROVIDE FREE BLOOD PRESSURE CHECKS AND OFFER HELP WITH CHRONIC DISEASE MANAGEMENT FOR DIABETES AND OTHER ILLNESSES NCH PROVIDED HEALTH EDUCATION AND SUPPORT TO ALMOST 2,000 INDIVIDUALS PHYSICIAN LECTURES, SCREENINGS, AND "ASK THE NURSE" WERE OFFERED WEEKLY, FREE OF CHARGE, AT THE ARLINGTON HEIGHTS SENIOR CENTER, COMPLIMENTING THE WALKERS CLUB AND PARKINSON'S PROGRAMS SENIORS FROM THE COMMUNITY RECEIVE CUTTING EDGE HEALTH INFORMATION FROM PHYSICIANS AND STAFF ON VARIOUS HEALTH TOPICS SUCH AS DIABETES, HEART DISEASE, SKIN CANCER, STROKE, MENTAL HEALTH AND MORE (7) THE HOSPITAL OPERATES AN EMERGENCY DEPARTMENT THAT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND SERVES ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY (8) THE HOSPITAL PARTICIPATES IN BOTH THE MEDICARE AND MEDICAID GOVERNMENT-SPONSORED HEALTHCARE PROGRAMS THE HOSPITAL CONTRACTS WITH MIRAMED ASSISTANCE PROGRAM TO PROVIDE ASSISTANCE TO PATIENTS, FREE OF CHARGE, THROUGHOUT THE MEDICAID APPLICATION PROCESS WHEN APPLYING FOR MEDICAL COVERAGE THROUGH THE ILLINOIS MEDICAID PROGRAM THE ASSISTANCE PROVIDED IS INCLUSIVE OF COMPLETING THE APPLICATION, GATHERING ALL OF THE APPROPRIATE ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED, WORKING WITH THE STATE ON THE PATIENT'S BEHALF AND, IN SOME CASES, WORKING THROUGH AN APPEAL PROCESS IN FY 2015, 635 INDIVIDUALS RECEIVED ASSISTANCE AT A COST OF \$120,000 (9) THE HOSPITAL PROVIDES SERVICES FREE OR AT A REDUCED RATE TO INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE TO ACCESS ENTITLEMENT PROGRAMS INDIVIDUALS ARE ELIGIBLE FOR FREE OR DISCOUNTED MEDICALLY NECESSARY HEALTHCARE SERVICES BASED ON ESTABLISHED CRITERIA AND THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS WIDELY DISTRIBUTED AND COMMUNICATED TO THE COMMUNITY (10) THE HOSPITAL IS AN INDEPENDENT COMMUNITY HOSPITAL, THAT PROVIDES ACUTE CARE AND IS RECOGNIZED FOR THE FOLLOWING OUTSTANDING SERVICES PRIMARY STROKE CENTER (DESIGNATED BY JOINT COMMISSION), GASTROENTEROLOGY CENTER (DIRECTED BY A NATIONALLY-RENNED GASTROENTEROLOGIST WITH THE ONLY GI TEACHING GALLERY IN ILLINOIS FOR INSTRUCTING CLINICIANS), LEVEL III NEONATAL INTENSIVE CARE UNIT, SPECIALIZED CANCER SERVICES (ACCREDITED BY THE COMMISSION ON CANCER), ILLINOIS CENTER FOR PANCREATIC AND HEPATO BILIARY DISEASE, TOP HOSPITAL BASED ON QUALITY AND SAFETY CRITERIA BY THE LEAPFROG GROUP, AND MAGNET AWARD FOR NURSING EXCELLENCE RECIPIENT (AWARDED BY THE AMERICAN NURSES CREDENTIALING CENTER) (11) ONE OF HOSPITAL'S MOST SIGNIFICANT CONTRIBUTIONS TO THE REGION IS THE NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES (EMS) SYSTEM LAUNCHED IN 1972, IT WAS THE FIRST EMS PROGRAM IN ILLINOIS AND THE FIRST IN THE NATION TO SERVE MULTIPLE COMMUNITIES TODAY THE HOSPITAL CONTINUES TO SERVE AS THE AREA'S EMS RESOURCE HOSPITAL, PROVIDING ADMINISTRATIVE, CLINICAL PRACTICE, QUALITY MANAGEMENT, AND FISCAL OVERSIGHT AND EDUCATION FOR EMERGENCY MEDICAL DISPATCHERS (EMD), EMERGENCY MEDICAL RESPONDERS (EMR), EMERGENCY MEDICAL TECHNICIANS (EMT), PARAMEDICS, AND EMERGENCY COMMUNICATIONS REGISTERED NURSES (ECRN) W</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM NORTHWEST COMMUNITY HOSPITAL (HOSPITAL) IS ONE OF SEVERAL AFFILIATES UNDER THE COMMON CONTROL OF NORTHWEST COMMUNITY HEALTHCARE (NCH) THE NORTHWEST COMMUNITY HOSPITAL FOUNDATION'S PRIMARY FUNCTION IS TO STIMULATE PHILANTHROPIC GIVING AND OBTAIN CHARITABLE GIFTS IN ORDER TO MEET THE CHANGING NEEDS OF THE COMMUNITY AS WELL AS FUND COMMUNITY BENEFIT INITIATIVES NORTHWEST COMMUNITY HEALTH PARTNERS (NWHP) IS A PARTNERSHIP BETWEEN NORTHWEST COMMUNITY HOSPITAL AND PHYSICIANS PRACTICING ON ITS MEDICAL STAFF AND EXISTS TO PROVIDE COMPREHENSIVE INTERGRATED, AND COORDINATED HEALTH CARE AT A PRICE THAT IS REASONABLE TO ITS CUSTOMERS AND FAIR TO ITS PARTICIPATING PROVIDERS THESE 4 ENTITIES ARE 501(C) (3) EXEMPT ORGANIZATIONS AND TOGETHER PROVIDE THE RESOURCES AND FUNDING TO DELIVER QUALITY HEALTHCARE SERVICES TO THE PEOPLE OF NORTHWEST SUBURBAN COMMUNITY OF CHICAGO NCH OWNS A MAJORITY INTEREST IN NORTHWEST COMMUNITY DAY SURGERY CENTER, II, LLC, WHICH PROVIDES OUTPATIENT SERVICES AT A LOWER COST IN ADDITION TO THE CHARITY CARE THAT THE HOSPITAL PROVIDED THE DAY SURGERY CENTER PROVIDED AN ADDITIONAL \$608,877 IN CHARITY CARE (AT COST) IN FY14 NORTHWEST COMMUNITY HEALTH SERVICES, INC , A MULTI-SPECIALTY MEDICAL GROUP, IS ANOTHER AFFILIATE OF NCH HEALTH SERVICES OWNS AND OPERATES THE NCH MEDICAL GROUP, A MULTI-SPECIALTY PHYSICIAN PRACTICE WITH OFFICES IN ARLINGTON HEIGHTS, BUFFALO GROVE, PALATINE AND MT PROSPECT, ILLINOIS HEALTH SERVICES ALSO OPERATES "FAST CARE", A CLINIC THAT IS LOCATED CENTRALLY IN A LOCAL GROCERY STORE THAT PROVIDES AFFORDABLE PRIMARY HEALTHCARE SERVICES DURING CONVENIENT HOURS</p>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>IN 2012, NORTHWEST COMMUNITY HOSPITAL (THE "HOSPITAL") PARTICIPATED IN A REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OFFERED BY THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC) IN PARTNERSHIP WITH PROFESSIONAL RESEARCH CONSULTANTS (PRC) THE CHNA GATHERED INPUT FROM REPRESENTATIVES OF THE COMMUNITY BY CONDUCTING 30-MINUTE TELEPHONE HEALTH SURVEYS IN ENGLISH AND SPANISH 3,710 SURVEYS WERE CONDUCTED IN THE REGION WHICH CONSISTED OF COOK, DUPAGE AND LAKE COUNTIES, WITH 325 IN THE HOSPITAL'S IMMEDIATE SERVICE AREA CAREFUL CONSIDERATION WAS TAKEN TO ENSURE THAT THE DEMOGRAPHICS OF THOSE PARTICIPATING IN THE SURVEY MIRRORED THE DEMOGRAPHICS OF THE COMMUNITY THE SURVEY INSTRUMENT USED FOR THE STUDY IS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES THE FINAL SURVEY INSTRUMENT WAS DEVELOPED BY PRC, WITH INPUT FROM THE HOSPITAL AND THE OTHER COMMUNITY SPONSORS ISSUES ADDRESSED INCLUDED SELF-REPORTED HEALTH STATUS, PHYSICAL HEALTH STATUS, MENTAL HEALTH STATUS, DEATH AND DISABILITY, INFECTION AND CHRONIC DISEASE, BIRTHS, CHILDREN'S HEALTH STATUS, MODIFIABLE HEALTH RISKS, ACCESS TO HEALTHCARE, HEALTH EDUCATION AND OUTREACH, AND HEALTH INFORMATION SOURCES TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THE CHNA PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY MCHC, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERN OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 17 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY WHICH INCLUDED RESPONSES FROM TWO COMMUNITY/BUSINESS LEADERS, SIX HEALTH PROVIDERS, TWO PHYSICIANS, ONE PUBLIC HEALTH EXPERT, AND SIX SOCIAL SERVICE AGENCY REPRESENTATIVES THE ORGANIZATIONS REPRESENTED INCLUDE NORTHWEST COMPASS, PALATINE OPPORTUNITY CENTER, PALATINE TOWNSHIP, VILLA GE OF ARLINGTON HEIGHTS, WHEELING TOWNSHIP GENERAL ASSISTANCE OFFICE AND NORTHWEST COMMUNITY HEALTHCARE THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME POPULATIONS, MINORITY POPULATIONS (INCLUDING AFRICAN-AMERICANS, ASIANS, EASTERN EUROPEANS, HISPANICS, INDIAN, JAPANESE, POLISH, AND RUSSIAN) OR OTHER MEDICALLY UNDERSERVED POPULATIONS (INCLUDING THE DISABLED, THE ELDERLY, THE HOMELESS, MEDICAID/MEDICARE BENEFICIARIES, THE MENTALLY ILL, PREGNANT TEENS, SUBSTANCE ABUSERS, UNDOCUMENTED INDIVIDUALS, UNINSURED/UNDERINSURED RESIDENTS, VETERANS, YOUNG ADULTS, AND WOMEN) IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THE CHNA REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA COLLECTED PART V, SECTION B, LINE 6B THE HOSPITAL PARTNERS WITH MANY NOT-FOR-PROFIT AGENCIES, MUNICIPALITIES, AND OTHERS TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE HOSPITAL COLLABORATES WITH A COUNTY HEALTH CLINIC AND A FEDERALLY QUALIFIED HEALTH CENTER TO ADDRESS THE NEED OF IMPROVING ACCESS TO PRIMARY AND BEHAVIORAL HEALTHCARE FOR UNINSURED AND UNDERINSURED INDIVIDUALS, ACCESS TO ORAL HEALTH CARE IS ADDRESSED THROUGH A COLLABORATIVE MOBILE DENTAL CLINIC PROGRAM THAT IS OPERATED BY THE HOSPITAL WITH SUPPORT FROM FOUR LOCAL TOWNSHIPS, UNIVERSITY OF CHICAGO DENTAL SCHOOL, AS WELL AS PROFESSIONAL VOLUNTEERS IN ADDITION, THE HOSPITAL WORKS WITH LOCAL SCHOOL DISTRICTS, HEALTHCARE ORGANIZATIONS, SOCIAL SERVICE ORGANIZATIONS AND COMMUNITY ORGANIZATIONS TO ADDRESS DIABETES, NUTRITION, CANCER AND OTHER HEALTHCARE NEEDS A COMPLETE LIST OF PARTNERS IS INCLUDED IN THE HOSPITAL'S IMPLEMENTATION PLAN WHICH IS POSTED ON THE HOSPITAL'S WEBSITE (<a href="http://WWW.NCH.ORG">WWW.NCH.ORG</a>) PART V, SECTION B, LINE 7D IN ADDITION TO POSTING THE CHNA ON THE HOSPITAL'S WEBSITE (<a href="http://WWW.NCH.ORG">WWW.NCH.ORG</a>) AND HAVING COPIES AVAILABLE UPON REQUEST, THE HOSPITAL MAILED MORE THAN 200 COPIES TO KEY GOVERNMENT AND MUNICIPAL LEADERS, SOCIAL SERVICE AGENCIES AND COMMUNITY MEMBERS ALSO, THE HOSPITAL SENT SEVERAL PRESS RELEASES TO LOCAL NEWSPAPERS TO INFORM THE COMMUNITY THAT THE REPORT</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	T WAS AVAILABLE

**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
PART V, SECTION B, LINE 11	THE MOST PREVALENT NEEDS IDENTIFIED IN THE CHNA WERE ACCESS TO CARE (PRIMARY, ORAL AND BEHAVIORAL HEALTHCARE), OBESITY/ DIABETES AND CANCER THE HOSPITAL PARTNERS WITH MANY NOT FOR PROFIT AGENCIES, MUNICIPALITIES, AND OTHERS TO ADDRESS THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA EXAMPLES OF HOW THE HOSPITAL IS ADDRESSING THESE NEEDS INCLUDE THE HOSPITAL COLLABORATES WITH A COUNTY HEALTH CLINIC AND A FEDERALLY QUALIFIED HEALTH CENTER TO ADDRESS THE NEED OF IMPROVING ACCESS TO PRIMARY HEALTHCARE FOR UNINSURED AND UNINSURED INDIVIDUALS THE HOSPITAL ALSO FUNDS A CHARITABLE PRESCRIPTION AND COMMUNITY NURSING PROGRAM ACCESS TO ORAL HEALTH CARE IS ADDRESSED THROUGH A COLLABORATIVE MOBILE DENTAL CLINIC PROGRAM THAT IS OPERATED BY THE HOSPITAL WITH SUPPORT FROM FOUR LOCAL TOWNSHIPS, UNIVERSITY OF CHICAGO DENTAL SCHOOL, HARPER COLLEGE, AS WELL AS PROFESSIONAL VOLUNTEERS THE HOSPITAL OPERATES A MENTAL HEALTH UNIT AND FUNDS A BEHAVIORAL HEALTH NAVIGATOR WHO ASSISTS UNINSURED AND UNDERINSURED INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE ISSUE ACCESS SERVICES AND OTHER RESOURCES THE HOSPITAL FUNDS A COMMUNITY HEALTH WORKER PROGRAM, PROMOTORAS DE SALUD, TO PROVIDE EDUCATION AND SUPPORT TO SPANISH SPEAKERS IN THE COMMUNITY ON NUTRITION, EXERCISE AND DIABETES THE HOSPITAL ALSO WORKS WITH A LOCAL SCHOOL DISTRICT TO FUND A SUMMER NUTRITION PROGRAM AND SUPPORTS A COMMUNITY GARDEN EFFORTS TO ADDRESS CANCER INCLUDE PROVIDING INDIVIDUAL AND GROUP TOBACCO CESSION AND COUNSELING, FACILITATING MULTIPLE CANCER SUPPORT GROUPS, UTILIZING CANCER NURSE NAVIGATORS AND PARTICIPATING IN CANCER RESEARCH PROJECTS IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, THE HOSPITAL DETERMINED IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE THERE ARE TWO COMMUNITY HEALTH NEEDS THAT THE HOSPITAL IS UNABLE TO ADDRESS, CHRONIC DISEASES (ARTHRITIS, RHEUMATISM, OSTEOPOROSIS, AND KIDNEY) AND ADULT SUBSTANCE ABUSE THE HOSPITAL BELIEVES THAT THE EFFORTS TO IMPROVE ACCESS TO PRIMARY HEALTH SERVICES WILL HAVE A POSITIVE IMPACT ON EARLY DETECTION AND THAT A SEPARATE SET OF DISEASE SPECIFIC INITIATIVES IS NOT NECESSARY FOR THOSE DIAGNOSED WITH THESE DISEASES, NCH PROVIDES TREATMENT IN ITS SCOPE OF SERVICE REGARDLESS OF A PATIENT'S ABILITY TO PAY THE HOSPITAL DOES NOT PROVIDE ADULT SUBSTANCE ABUSE SERVICES BUT REFERS THESE PATIENTS TO OTHER RESOURCES IN THE COMMUNITY FOR A COMPLETE LIST OF INITIATIVES AND COLLABORATIVE PARTNERS VISIT THE HOSPITAL'S WEBSITE (WWW NCH ORG)

**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
PART V, SECTION B, LINE 13H	PRESUMED ELIGIBLE PATIENTS RECEIVE 100% FINANCIAL ASSISTANCE FOR THE ACCOUNT BALANCE A PATIENT IS PRESUMED ELIGIBLE IF THE PATIENT HAS ONE OF THE FOLLOWING A PATIENT MUST PROVIDE DOCUMENTATION LISTING ELIGIBILITY OR QUALIFICATION, OR PRINT SCREEN OF WEB PAGE LISTINGS ELIGIBILITY - PARTICIPATION IN STATE FUNDED PRESCRIPTION PROGRAMS, - PARTICIPATION IN WOMEN'S, INFANT'S, AND CHILDREN'S PROGRAMS (WIC), - FOOD STAMP ELIGIBILITY (LINK CARD), - ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAM THAT IS UNFUNDED, - LOW INCOME/SUBSIDIZED HOUSING ARE PROVIDED AS A VALID ADDRESS, - PATIENT IS DECEASED WITH NO KNOWN ESTATE, - AFFILIATION WITH HOMELESS ASSISTANCE ORGANIZATION (I E JOURNEYS TO HOPE), - ENROLLED IN SNAP, ILLINOIS FREE BREAKFAST/LUNCH, LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, OR A COMMUNITY-BASED MEDICAL ASSISTANCE PROGRAM WITH LOW-INCOME CRITERIA, - RECEIVING GRANT ASSISTANCE FOR MEDICAL SERVICES, - RECENT PERSONAL BANKRUPTCY, INCARCERATION, RELIGIOUS ORDER AFFILIATION AND VOW OF POVERTY OR ENROLLMENT IN TANF OR IHDA'S RENTAL HOUSING SUPPORT PROGRAM, - A PATIENT WHO HAS BEEN UNRESPONSIVE TO EFFORTS TO APPLY FOR FINANCIAL ASSISTANCE BUT HAS BEEN ASSESSED UNDER THE POST-CARE PROCESS AND MEETS THE CRITERIA, - PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND HAS NO ONE TO ACT ON HIS/HER BEHALF, - PATIENT IS ELIGIBLE FOR SUBSIDIZED SCHOOL LUNCH PROGRAMS, OR - MEDICAID ELIGIBILITY THAT DOES NOT APPLY TO THIS SERVICE (I E DHS SOCIAL SERVICES, MOMS AND BABIES) - RELIGIOUS ORDER AFFILIATION AND A VOW OF POVERTY

**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
PART V, SECTION B, LINE 22D	AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS WERE CALCULATED USING THE AVERAGE DISCOUNT FOR ALL MANAGED CARE CONTRACTS (EXCLUDING BLUE CROSS PLANS, AND BEECH STREET, MULTIPLAN, AND PREFERRED ACCESS NETWORK PLANS)

**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
PART V, SECTION B, LINES 23-24	INDIVIDUALS ARE QUALIFIED FOR FINANCIAL ASSISTANCE UTILIZING FEDERAL POVERTY GUIDELINES, FAMILY INCOME LEVELS AND FAMILY SIZE MOST INDIVIDUALS WHO QUALIFY UNDER OUR FINANCIAL ASSISTANCE POLICY WOULD BE BILLED AN AMOUNT SIGNIFICANTLY LOWER THAN THE AMOUNT THAT WOULD BE BILLED FOR AN INDIVIDUAL WITH INSURANCE COVERAGE HOWEVER, IN RARE INSTANCES IT IS POSSIBLE THAT THE AMOUNT BILLED TO SUCH AN INDIVIDUAL COULD BE HIGHER THAN THAT BILLED FOR INDIVIDUALS WITH INSURANCE COVERAGE HOWEVER, ONCE IT IS KNOWN THAT THE PERSON IS FAP ELIGIBLE, THE AMOUNT WOULD BE REDUCED

**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?

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Name and address	Type of Facility (describe)
NCH MENTAL HEALTH & YOUTH CENTER 901 W KIRCHOFF ROAD ARLINGTON HEIGHTS, IL 60005	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH IMMEDIATE CARE & IMAGING CENTER 199 W RAND ROAD MOUNT PROSPECT, IL 60056	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH IMMEDIATE CARE & IMAGING CENTER 519 SROSELLE ROAD SCHAUMBURG, IL 60193	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NORTHWEST COMMUNITY HOSPITAL & IMAGING 1450 BUSCH PARKWAY BUFFALO GROVE, IL 60089	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH IMMEDIATE CARE & IMAGING CENTER 15 S MCHENRY ROAD BUFFALO GROVE, IL 60089	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH CARDIAC & PHYSICAL MEDICINE REHAB 900 W CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH HOME HEALTH 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH IMMEDIATE CARE CENTER 1201 S RAND ROAD LAKE ZURICH, IL 60047	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH OUTPATIENT CENTER 3300 KIRCHOFF ROAD ROLLING MEADOWS, IL 60008	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH PHYSICAL MEDICINE & REHAB 1590 N ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60005	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES
NCH OCCUPATIONAL WELLNESS & REHAB 455 S ROSELLE ROAD SCHAUMBURG, IL 60193	IN & OUT MENTAL HEALTH YOUTH SUBSTANCE ABUSE TREATMENT SERVICES

**Schedule I  
(Form 990)****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](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Northwest Community HospitalEmployer identification number  
36-2340313**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to 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
(1) AMERICAN CANCER SOCIETY 1114 N ARLNGTN HTS RD ARLNGTN HTS, IL 60004	13-1788491	501(c)(3)	18,464	0			RELAY FOR LIFE
(2) AMERICAN HEART ASSOCIATION 208 S LASALLE STE 1500 CHICAGO, IL 60604	13-5613797	501(c)(3)	20,000	0			METRO CHICAGO HEART WALK
(3) BRIDGE YOUTH & FAMILY SERVICES 2240 WOGDEN AVENUE CHICAGO, IL 60612	23-7093615	501(c)(3)	7,500	0			VISTA CLINIC SUPPORT
(4) HEKTOEN INSTITUTE LLC 1577 FLORENCE AVE EVANSTON, IL 60201	36-6006541	501(c)(3)	100,000	0			MISSION TRIPS
(5) SPECIAL LEISURE SERVICES FOUNDATION 3000 W CENTRAL RD ROLLING MEADOWS, IL 60008	36-3145710	501(c)(3)	15,000	0			ANNUAL SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 5

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

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

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

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor 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](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Name of the organization  
Northwest Community Hospital

Employer identification number

36-2340313

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only 501(c)(3), 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?**b** Any related organization?

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

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

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

For each individual whose compensation must be reported 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
COMPENSATION DETERMINATION PROCESS FOR TOP MANAGEMENT OFFICIALS	Form 990, Schedule J, Line 3 THE COMPENSATION AND GOVERNANCE COMMITTEE OF THE PARENT CORPORATION (HEALTHCARE) ANNUALLY REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD REGARDING THE COMPENSATION OF THE PRESIDENTS, OTHER VICE PRESIDENTS AND OTHER KEY MANAGEMENT OFFICERS AS DETERMINED BY THE BOARD. AN INDEPENDENT REASONABLENESS OPINION IS OBTAINED ANNUALLY REGARDING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AND THAT OF OTHER EXECUTIVES AS DETERMINED BY THE COMMITTEE
SEVERANCE PAYMENTS	Form 990, Schedule J, Line 4a IN 2014, THE FOLLOWING INDIVIDUALS RECEIVED SEVERENCE PAYMENTS AS PART OF THEIR COMPENSATION ARRANGEMENT MARK D LUSSON \$282,710 DALE E BEATTY \$335,005 ERIC BENINK \$193,853 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FORM 990, SCHEDULE J, LINE 4B IN 2014, THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN WITH A TWO-YEAR VESTING PERIOD THE AMOUNTS BELOW WERE ACCRUED, BUT NOT PAID IN CALENDAR YEAR 2014 AND ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (C) NO AMOUNTS WERE PAID FROM THE PLAN IN 2014 BRUCE K CROWTHER \$130,681 STEPHEN O SCOGNA \$47,500 MICHAEL C HARTKE \$30,000 ERIC BENINK, MD \$42,000
NON-FIXED COMP PAYMENTS	Form 990, Schedule J, Line 7 The CEO and Vice Presidents of the hospital are eligible for an annual incentive compensation payment that is aligned with the strategic, financial and operational goals of the organization. Threshold measures, which constitute the minimum requirements, must be achieved in order to have an incentive payout. Award opportunity levels vary as a percent of base salary. Actual amounts awarded are based on a combination of defined targets (15-25% of base pay) and discretionary amounts (10% of base pay). Maximum payable is 150% of the target. Amounts to be paid are subject to approval of the Compensation Committee of Northwest Community Healthcare, the sole member of the hospital.

**Additional Data****Software ID:**  
**Software Version:****EIN:** 36-2340313**Name:** Northwest Community Hospital**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name 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				
Stephen O Scogna, CEO, Pres & Secretary	(i) 671,877 (ii) 0	0	158,438 0	159,384 0	28,929 0	1,018,628 0	40,014 0
MARK D LUSSON, Exec VP - HR (until 5/14)	(i) 2,210 (ii) 0	0	282,710 0	0 0	14,243 0	299,163 0	0 0
DALE E BEATTY, Exec VP - CNO (until 1/13)	(i) -6,081 (ii) 0	0	335,005 0	0 0	0 0	328,924 0	0 0
Michael C Hartke, EXECUTIVE VP/COO	(i) 401,225 (ii) 0	0	113,099 0	67,096 0	26,241 0	607,661 0	24,448 0
MARSHA C LIU, CFO & TREASURER (UNTIL 2/15)	(i) 343,934 (ii) 0	0	32,173 0	59,869 0	25,269 0	461,245 0	0 0
ERIC BENINK MD, CHIEF MED OFFICER (UNTIL 7/14)	(i) 257,822 (ii) 0	0	258,378 0	14,017 0	0 0	530,217 0	42,007 0
KIMBERLY NAGY, Exec VP - Pt Serv & CNO	(i) 269,962 (ii) 0	5,076 0	16,644 0	45,414 0	15,688 0	352,784 0	0 0
LOVENDER KUMAR RAJU MD, ICC PHYSICIAN	(i) 321,781 (ii) 0	1,473 0	0 0	35,313 0	22,933 0	381,500 0	0 0
Bruce K Crowther, PRES/CEO/SEC (until 4/13)	(i) 569,682 (ii) 0	0	146,476 0	23,150 0	24,169 0	763,477 0	144,868 0
Wendy L Rubas, EXEC VP - CHIEF LEGAL COUNSEL	(i) 282,963 (ii) 0	61,664 0	19,080 0	39,322 0	23,905 0	426,934 0	0 0
Alan B Loren MD, EXEC VP - CMO	(i) 94,102 529,482	266,754 34,139	14,845 801	11,054 16,581	3,378 10,523	390,133 591,526	0 0
BRADFORD A BUXTON, VP STRATEGY & BUSINESS DEV	(i) 315,016 (ii) 0	0	25,056 0	36,073 0	23,913 0	400,058 0	0 0
Lucy R Hammerberg MD, CHIEF QUALITY OFFICER	(i) 332,463 (ii) 0	0	0 0	32,907 0	905 0	366,275 0	0 0
Glen J Malan, VP INFO TECH & CIO	(i) 270,426 (ii) 0	317 0	33,238 0	33,642 0	25,908 0	363,531 0	0 0
Lacy A Knight MD, CHIEF MEDICAL INFORMATICS OFCR	(i) 260,123 (ii) 0	20,000 0	19,340 0	34,064 0	23,913 0	357,440 0	0 0

**Schedule K  
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionName of the organization  
Northwest Community HospitalEmployer identification number  
36-2340313**Part I Bond Issues**

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

**Part II Proceeds**

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

**Part III Private Business Use**

		A		B		C		D	
		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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X				

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?				X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?				X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 %		0 %		0 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Does the bond issue meet the private security or payment test?				X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X					

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Northwest Community Hospital

Employer identification number

36-2340313

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						To	From	Yes	No	Yes	No

Total

► \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SARAH BISHOP	SEE PART V	54,484	SALARY		No
(2) SEE PART V					

**Part V Supplemental Information**

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

Return Reference	Explanation
RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION	SCHEDULE L, PART IV SARAH BISHOP IS THE DAUGHTER OF JAMES H BISHOP (DIRECTOR) A director owned more than 5% ownership in Suburban ENT Unrelated to the directors tenure on the board, this practice rented office space totaling \$189,000

**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](http://www.irs.gov/form990).****2014****Open to Public  
Inspection**

Name of the organization

Northwest Community Hospital

**Employer identification number**

36-2340313

Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D INCLUDES THE REVENUE AND EXPENSES FROM ALL OTHER PROGRAM SERVICES NOT DESCRIBED ON FORM 990, PART III, LINES 4A-4C

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

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

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

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

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

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

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

Return Reference	Explanation
RECONCILIATION OF NET ASSETS - OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, QUESTION 9 PENSION RELATED CHANGES (11,090,583) RESTRICTED FUNDS 508,268 TRANSFER TO NORTHWEST COMMUNITY HEALTHCARE (1,300,000) ===== TOTAL (11,882,315)

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ► Attach to Form 990.  
 ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
Northwest Community HospitalEmployer identification number  
36-2340313**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NCH SERVICE COMPANY LLC 3060 SALT CREEK LANE ARLINGTON HTS, IL 60005 26-3791362	PATIENT CARE	IL	0	0	NA
(2) NORTHWEST COMMUNITY PHYSICIANS ASSN LLC 3060 SALT CREEK LANE ARLINGTON HTS, IL 60005 51-0457240	PATIENT CARE	IL	0	0	NCPA LLC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes
(1) NORTHWEST COMMUNITY HEALTHCARE 675 WEST KIRCHOFF ROAD ARLINGTON HEIGHTS, IL 60005 36-3125209	SUPPORT ORG	IL	501(c)(3)	3	NCH	
(2) NORTHWEST COMMUNITY HOSPITAL FOUNDATION 3060 SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 36-3125193	FUNDRAISING	IL	501(c)(3)	7	NCH	No

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

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

**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) CENTRAL INSURANCE COMPANY LTD  800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 98-1109518	INSURANCE	IL	HEALTHCARE SVCS	C Corp					No
(2) NCH PHYSICIANS COOPERATIVE  68 WEST BAY ROAD KY1- 1102 GRAND CAYMAN, CAYMAN ISLANDS CJ 20-1830299	GROUP PURCHASING	CJ	HEALTHCARE	C Corp	0	0	100 000 %		No
(3) NORTHWEST COMMUNITY CAPCO INC  800 West Central Road Arlington Heights, IL 60005 36-4027717	MANAGED CARE	IL	HEALTHCARE	C Corp	0	24,519	100 000 %		No
(4) NORTHWEST COMMUNITY HEALTH SERVICES INC  800 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 36-3312906	HEALTHCARE SERVIC	IL	HOSPITAL	C Corp					No

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

**Part VII Supplemental Information**

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

Return Reference	Explanation
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Schedule R (Form 990) 2014