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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
Presence Chicago Hospitals Network
% JAMES H KELLEY
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 SOUTH WACKER DRIVE

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

D Employer identification number
36-2235165

E Telephone number
(630) 914-2791

G Gross receipts $ 199,534,714

F Name and address of principal officer
MICHAEL ENGLEHART
200 SOUTH WACKER DRIVE
CHICAGO,IL 60606

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www presencehealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	480,893
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	230,225

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,208,271	729,175
9	Program service revenue (Part VIII, line 2g)	158,304,215	168,187,617
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,666,592	16,544,074
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,634,931	14,073,848
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,814,009	199,534,714
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	100,363,138	121,609,267
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	109,848,318	142,296,141
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	210,211,456	263,905,408
19	Revenue less expenses Subtract line 18 from line 12	68,602,553	-64,370,694

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,400,765,208	1,901,077,970
21	Total liabilities (Part X, line 26)	1,576,851,532	1,807,418,516
22	Net assets or fund balances Subtract line 21 from line 20	-176,086,324	93,659,454

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 — 2016-11-14 Date

JAMES H KELLEY TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JACOB J ZEHNDER	JACOB J ZEHNDER			P01564049

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

Firm's address ▶ 155 N Wacker Drive, Chicago, IL 60606 — Phone no (312) 879-2000

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

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

SEE SCHEDULE O

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 $ 192,761,902 including grants of $) (Revenue $ 155,534,267)

PRESENCE CHICAGO HOSPITALS NETWORK PROVIDES CENTRALIZED CORPORATE MANAGEMENT SERVICES TO PRESENCE HEALTH AND RECEIVES MANAGEMENT FEE INCOME FOR THE SERVICES IT PROVIDES TO ALL ORGANIZATIONS IN THE SYSTEM BY CENTRALIZING THESE SERVICES, PRESENCE HEALTH IS ABLE TO PREVENT DUPLICATION AND BETTER UTILIZE SCARCE RESOURCES FOR EXAMPLE, CERTAIN ACCOUNTING, HUMAN RESOURCES, AND INFORMATION TECHNOLOGY ARE SERVICES PROVIDED CENTRALLY THROUGH PRESENCE CHICAGO HOSPITALS NETWORK IT MANAGES THE PRESENCE HEALTH CARE WEBSITE (WWW PRESENCEHEALTH ORG) WHICH OFFERS INFORMATION ON MATTERS SUCH AS PRESSENCE HEALTH'S FINANCIAL ASSISTANCE PROGRAM, AND EDUCATIONAL PROGRAM PRESENCE CHICAGO HOSPITALS NETWORK OFFERS OTHER SERVICES SUCH AS PRESENCE HEALTH INFO LINE, A WIDELY UTILIZED PRESENCE HEALTH CARE TELEPHONE SERVICE/CONTACT CENTER THAT PROVIDES NURSE ADVICE, HEALTH INFORMATION, AND HEALTH CARE CLASS REGISTRATION TO CALLERS

4b (Code) (Expenses $ 16,777,975 including grants of $) (Revenue $ 26,246,305)

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES PRESENCE RESURRECTION RETIREMENT COMMUNITY, PRESENCE CASA SAN CARLO RETIREMENT COMMUNITY, AND PRESENCE BETHLEHEM RETIREMENT COMMUNITY PRESENCE RESURRECTION RETIREMENT COMMUNITY OFFERS 471 SPACIOUS, WELL-MAINTAINED INDEPENDENT LIVING APARTMENTS AND LICENSED ASSISTED LIVING APARTMENTS WITH A FOCUS ON THE COMFORT AND WELL BEING OF RESIDENTS WITH RESPECT FOR THE INDIVIDUAL AND VALUE FOR LIFE

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 209,539,877

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		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*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	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	17		
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				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JAMES H KELLEY 200 S WACKER DRIVE CHICAGO, IL 60606 (312) 308-3289

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

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

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

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

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

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

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

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

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,091,664	1,730,133	3,340,810

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 ▶ 209

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRICEWATERHOUSE COOPERS LLP, 153 W OHIO STE 200 CHICAGO, IL 60654	CONSULTING SERVICES	19,846,867
AHEAD LLC, 4999 EAGLE WAY CHICAGO, IL 606781049	IT SERVICES	11,641,538
BEAR CONSTRUCTION, 1501 ROHLWING ROAD ROLLING MEADOWS, IL 600081336	CONSTRUCTION SERVICE	8,510,732
GE HEALTHCARE, PO BOX 641936 PITTSBURGH, PA 15264	BIO-MED SERVICES	5,072,949
UNUM GROUP, PO BOX 406955 ATLANTA, GA 303846955	DISABILITY BNFTS ADM	3,783,707

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 145

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	0			
	d	Related organizations . . . 1d	584,119			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	145,056			
	g	Noncash contributions included in lines 1a-1f $	0			
	h	**Total.** Add lines 1a-1f . . . . . ▶	729,175			
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEE REVENUE	561000	140,327,926	140,327,926	0	0
	b	RETIREMENT COMMUNITY RENT	623000	24,280,427	24,280,427	0	0
	c	INTERCOMPANY RENT	561000	3,579,264	3,579,264	0	0
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		168,187,617			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		21,228,890			21,228,890
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal					
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss) 0 / 0					
	d	Net rental income or (loss) . . . . . ▶		0			
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory		-4,684,816			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		-4,684,816			
	d	Net gain or (loss) . . . . . ▶		-4,684,816			-4,684,816
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	IT FEES	900099	133,152	0	133,152	0
	b	ANSWERING SERVICE	517000	185,168	163,614	21,554	0
	c	ACCESS TO PURCHASING CONT	541519	326,187	0	326,187	0
	d	All other revenue		13,429,341	13,429,341		0
	e	**Total.** Add lines 11a–11d . . . . . ▶		14,073,848			
	12	**Total revenue.** See Instructions . . . . . ▶		199,534,714	181,780,572	480,893	16,544,074

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	0	0		
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	8,551,435	796,047	7,755,388	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	92,619,113	90,382,667	2,236,446	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,954,725	2,954,725	0	0
9 Other employee benefits	11,180,082	10,379,175	800,907	0
10 Payroll taxes	6,303,912	5,707,114	596,798	0
11 Fees for services (non-employees)				
a Management	2,764,337	0	2,764,337	0
b Legal	2,435,101	0	2,435,101	0
c Accounting	1,127,190	0	1,127,190	0
d Lobbying	294,127	0	294,127	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	864,389		864,389	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,042,489	39,363,304	19,679,185	0
12 Advertising and promotion	3,291,373	71,918	3,219,455	0
13 Office expenses	5,334,030	3,408,637	1,925,393	0
14 Information technology	42,310,027	42,310,027	0	0
15 Royalties	0	0	0	0
16 Occupancy	6,235,567	4,244,493	1,991,074	0
17 Travel	985,607	858,584	127,023	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	9,870	74	9,796	0
20 Interest	540,339	540,339	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	9,933,958	4,754,845	5,179,113	0
23 Insurance	719,006	622,506	96,500	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 DUES AND SUBSCRIPTIONS	2,607,652	140,257	2,467,395	0
b SUPPLIES	2,176,059	2,176,059	0	0
c REPAIRS AND MAINTENANCE	414,404	303,060	111,344	0
d TAXES AND ASSESSMENTS	319,060	319,060	0	0
e All other expenses	891,556	206,986	684,570	
25 **Total functional expenses.** Add lines 1 through 24e	263,905,408	209,539,877	54,365,531	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 . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	116,748,407
	2	Savings and temporary cash investments		12,699,587	2	11,442,375
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,813,236	4	177,020,481
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	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	6	0
	7	Notes and loans receivable, net		10,702,851	7	10,702,851
	8	Inventories for sale or use		91,031	8	25,113,313
	9	Prepaid expenses and deferred charges		12,466,851	9	18,671,143
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,601,690,035			
	b	Less accumulated depreciation	10b 862,912,953	380,524,912	10c	738,777,082
	11	Investments—publicly traded securities		930,994,684	11	750,944,866
	12	Investments—other securities See Part IV, line 11		769,242	12	637,372
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		46,702,814	15	51,020,080
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,400,765,208	16	1,901,077,970
Liabilities	17	Accounts payable and accrued expenses		89,231,165	17	229,135,097
	18	Grants payable		0	18	15,907
	19	Deferred revenue		14,715,446	19	1,649,934
	20	Tax-exempt bond liabilities		421,763,686	20	393,489,190
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		82,588,736	23	80,302,736
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		968,552,499	25	1,102,825,652
	26	**Total liabilities.** Add lines 17 through 25		1,576,851,532	26	1,807,418,516
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-172,399,222	27	93,180,046
	28	Temporarily restricted net assets		-3,687,102	28	479,408
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-176,086,324	33	93,659,454
	34	Total liabilities and net assets/fund balances		1,400,765,208	34	1,901,077,970

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	199,534,714
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,905,408
3	Revenue less expenses Subtract line 2 from line 1	3	-64,370,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-176,086,324
5	Net unrealized gains (losses) on investments	5	-18,782,523
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	352,898,995
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,659,454

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA BRUCE PRESIDENT/CEO/EX-OFFICIO	40 0 8 0	X		X				1,668,089	0	20,881
HAVEN COCKERHAM DIRECTOR	1 0 3 0	X						0	0	0
BRUCE HAMORY MD DIRECTOR	1 0 3 0	X						0	0	0
MARK HANSON DIRECTOR	1 0 3 0	X						0	0	0
THOMAS HUBERTY MD DIRECTOR	1 0 3 0	X						0	0	0
SISTER PATRICIA ANN KOSCHALKE DIRECTOR	1 0 3 0	X						0	0	0
SISTER CLARA FRANCES KUSEK CR DIRECTOR	1 0 3 0	X						0	0	0
MARSHA LADENBURGER DIRECTOR	1 0 3 0	X						0	0	0
LAURIE LAFONTAINE DIRECTOR	1 0 3 0	X						0	0	0
SISTER TERRY MALTBY RSM DIRECTOR	1 0 3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN MCDONOUGH DIRECTOR	10 30	X						0	0	0
VICTOR ORLER DIRECTOR	10 30	X						0	0	0
KENT RUSSELL DIRECTOR	10 30	X						0	0	0
JOSE SANTIAGO MD DIRECTOR (Until 09/15)	10 30	X						0	0	0
THOMAS D SETTLES VICE CHAIR/DIRECTOR	10 40	X		X				0	0	0
SISTER MARY SHINNICK OSF DIRECTOR	10 30	X						0	0	0
SISTER EVELYN VARBONCOEURSSCM DIRECTOR	10 30	X						0	0	0
GUY WIEBKING CHAIR/DIRECTOR	10 30	X		X				0	0	0
JAMES WINIKATES DIRECTOR	10 30	X						0	0	0
MICHAEL ENGLEHART PRESIDENT/CEO	40 0 70			X				540,805	0	39,897

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEANNIE C FREY SECRETARY	40 0 24 0			X				577,236	0	125,759
ANTHONY J FILER TREASURER	1 0 62 0			X				0	1,401,909	1,209,330
PATRICK QUINN ASSISTANT TREASURER	1 0 61 0			X				0	328,224	71,480
JULIE ROKNICH ASSISTANT SECRETARY	40 0 21 0			X				217,095	0	30,640
AMY D STEVENS PHP PRESIDENT	40 0 0 0				X			513,905	0	639,390
PAULA J CAMPBELL SYSTEM FINANCE OFFICER	40 0 0 0				X			447,193	0	98,582
DAVID E LUNDAL SVP INFO TECHNOLOGY	40 0 0 0				X			431,921	0	99,519
DAVID R FIELD PHP FINANCE OFFICER	40 0 0 0				X			395,420	0	23,588
THOMAS KOELBL SYSTEM VP HUMAN RESOURCES	40 0 0 0				X			359,961	0	74,894
RICHARD J SALZER SYS VP SUPPLY CHAIN	40 0 0 0				X			328,110	0	65,131

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW A BROWN CHAIR AND EXEC DIR MEDICAL ED	40 0 0 0				X			316,845	0	35,399
RICHARD J LAVACCHI SYS VP SUPPORT SERVICES	40 0 0 0				X			315,943	0	57,919
SAM BAGCHI SYS CH MEDICAL & QUAL OFF	40 0 0 0				X			279,594	0	35,093
TABRINA L DAVIS SYST VP PR & CORP COMMS	40 0 0 0				X			271,067	0	14,345
LUCILLE A SUTTER VICE PRESIDENT STRATEGY	40 0 0 0				X			253,000	0	26,636
ROBYN PARKER PHP NETWORK DEVEL OFFICER	40 0 0 0				X			245,829	0	1,750
DENISE M BROWN SYS DIR HUMAN RESOURCES	40 0 0 0					X		438,248	0	289,770
PAUL T SKIEM CONVERSION	40 0 0 0					X		409,775	0	16,470
JULIE M BELL SYST DIR ORG LRN AND TRANS	40 0 0 0					X		282,544	0	244,296
WENDELL D PROVOST HR Officer - PLC	40 0 0 0					X		275,405	0	30,385

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL E McCONNELL SVP INSURANCE & CLAIMS	40 0 0 0					X		263,674	0	42,388
JAMES P WILLIAMS SVP SYSTEM PROGRAM MGMT	40 0 0 0					X		260,005	0	47,268

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 24

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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total24					0	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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
Part IV, Section A, Question 1	SUPPORTED ORGANIZATIONS NOT LISTED IN THE CORPORATIONS GOVERNING DOCUMENTS ALL OF THE CORPORATIONS SUPPORTED ORGANIZATIONS LISTED IN THIS SCHEDULE A, PART I, LINE 11G ARE LISTED IN THE CORPORATIONS GOVERNING DOCUMENTS, EXCEPT FOR THOSE NOTED OTHERWISE IN COLUMN (IV) WITH RESPECT TO THESE SUPPORTED ORGANIZATIONS WHICH ARE NOTED IN COLUMN (IV) BUT NOT LISTED IN THE CORPORATIONS GOVERNING DOCUMENTS, THE CORPORATION HAS A HISTORIC RELATIONSHIP THAT IT HAS CONTINUED THROUGHOUT THE EXISTENCE OF THESE SUPPORTED ORGANIZATIONS BY SERVING AS THE DIRECT OR ULTIMATE SOLE CORPORATE MEMBER
Part IV, Section A, Question 2	SUPPORTED ORGANIZATIONS WITHOUT IRS DETERMINATION OF STATUS UNDER SECTIONS 509(A)(1) OR 509(A)(2) ALL OF THE CORPORATIONS SUPPORTED ORGANIZATIONS ARE EXEMPT UNDER SECTIONS 509(A)(1) OR 509(A)(2) AS EVIDENCED BY RECEIPT OF AN INDEPENDENT DETERMINATION LETTER OF EXEMPTION, OR ARE BY VIRTUE OF INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY AND BEING THEREBY COVERED BY THE GROUP RULING OF EXEMPTION ISSUED BY THE IRS TO THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS
Part IV, Section A, Question 5a	THE CORPORATION ADDED RESURRECTION UNIVERSITY (FEIN 36-2182170) AS A SUPPORTED ORGANIZATION RESURRECTION UNIVERSITY WAS PREVIOUSLY DESIGNATED BY NAME AS A SUPPORTED ORGANIZATION IN THE CORPORATIONS ARTICLES OF INCORPORATION, AND WAS ADDED AS SUCH ON THIS FORM 990 TO ACCURATELY REFLECT RESURRECTION UNIVERSITY AS A SUPPORTED ORGANIZATION FOR REPORTING PURPOSES THE CORPORATION REMOVED ST FRANCIS HOSPITAL AUXILIARY (FEIN 36-6143349) AS A SUPPORTED ORGANIZATION, AS IT DOES NOT PROVIDE GOVERNANCE OR FINANCIAL SUPPORT TO THIS ENTITY
PART IV, SECTION A, QUESTION 6	THE CORPORATION HAS PROVIDED MANAGEMENT AND ADMINISTRATIVE SERVICES TO A LIMITED NUMBER OF CERTAIN OUTSIDE ENTITIES FOR COST IN ACCORDANCE WITH ITS MISSION, SUCH AS MANAGEMENT SERVICES OF NOT-FOR-PROFIT HEALTHCARE PROVIDERS SUCH AS HOSPITALS, AND TO CERTAIN FOR-PROFIT AFFILIATES IN EXCHANGE FOR MANAGEMENT FEE ALLOCATIONS
PART IV, SECTION D, QUESTION 2	RELATIONSHIP WITH SUPPORTED ORGANIZATIONS THE CORPORATION SHARES SOME BOARD OVERLAP WITH SOME OF ITS SUPPORTED ORGANIZATIONS THE CORPORATION ALSO HAS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH ITS SUPPORTED ORGANIZATIONS, AS IT SERVES AS THE DIRECT OR INDIRECT SOLE CORPORATE MEMBER OF ALL OF ITS SUPPORTED ORGANIZATIONS THE CORPORATION FURTHER SHARES A COMMON TREASURER, SECRETARY, ASSISTANT TREASURER, AND ASSISTANT SECRETARY WITH ALL OF ITS SUPPORTED ORGANIZATIONS OTHER THAN RESURRECTION UNIVERSITY, WHICH SHARES ONLY A COMMON SECRETARY
PART IV, SECTION D, QUESTION 3	SIGNIFICANT VOICE IN THE OPERATIONS OF SUPPORTING ORGANIZATION THE CORPORATION SERVES AS THE DIRECT OR INDIRECT SOLE CORPORATE MEMBER OF ALL ITS SUPPORTED ORGANIZATIONS, WHICH FURTHERS THE ACCOUNTABILITY WITHIN THE INTEGRATED HEALTH SYSTEM AS A WHOLE ALL OF THE CORPORATIONS SUPPORTED ORGANIZATIONS HAVE A SIGNIFICANT VOICE IN THE CORPORATIONS OPERATIONS, THROUGH THEIR SHARED COMMON OFFICERS AND MANAGEMENT REPORTING STRUCTURES
PART IV, SECTION E, QUESTION 2A & 2B	ACTIVITIES TEST SUBSTANTIALLY ALL OF THE CORPORATIONS ACTIVITIES DURING THE TAX YEAR DIRECTLY FURTHERED THE EXEMPT PURPOSES OF RESURRECTION UNIVERSITY THROUGH THE PROMOTION OF HEALTH CONSISTENT WITH THE CATHOLIC RELIGIOUS AND ETHICAL DIRECTIVES RESURRECTION UNIVERSITY IS LOCATED AT THE PRESENCE SAINT ELIZABETH HOSPITAL AND RECEIVES CORPORATE AND BACK OFFICE SUPPORT FROM THE CORPORATION AND ITS AFFILIATES, AS WELL AS TRAINING OPPORTUNITIES AT PRESENCE HEALTH HOSPITALS FOR RESIDENT NURSES ALL OF THESE ACTIVITIES ARE NECESSARY FOR THE OPERATION OF RESURRECTION UNIVERSITY AND, BUT FOR THE CORPORATIONS INVOLVEMENT, WOULD BE CONDUCTED BY RESURRECTION UNIVERSITY DIRECTLY
PART IV, SECTION E, QUESTION 3A	AUTHORITY TO APPOINT A MAJORITY OF THE OFFICERS AND DIRECTORS OF SUPPORTED ORGANIZATIONS AS THE DIRECT OR INDIRECT SOLE CORPORATE MEMBER OF ITS SUPPORTED ORGANIZATIONS, THE CORPORATION HAS THE AUTHORITY TO APPOINT ALL MEMBERS OF THEIR RESPECTIVE BOARDS OF DIRECTORS, WITH THE EXCEPTION OF RESURRECTION UNIVERSITY DISCUSSED ABOVE
PART IV, SECTION E, QUESTION 3B	DIRECTION OVER POLICIES, PROGRAMS, AND ACTIVITIES OF SUPPORTED ORGANIZATIONS ALL INVESTMENT DECISIONS FOR THE MAJORITY OF THE CORPORATIONS SUPPORTED ORGANIZATIONS ARE MADE BY OR ON BEHALF OF THE CORPORATION PURSUANT TO INVESTMENT GUIDELINES APPROVED FROM TIME TO TIME WITH THE CORPORATIONS SOLE MEMBER IN ITS CAPACITY AS THE DIRECT OR INDIRECT SOLE MEMBER OF ITS SUPPORTED ORGANIZATIONS, THE CORPORATION ALSO HAS CERTAIN RESERVE POWERS, SUCH AS THE EXCLUSIVE RIGHT TO APPROVE THE RESPECTIVE SUPPORTED ORGANIZATIONS CAPITAL AND OPERATING BUDGETS, UNBUDGETED EXPENDITURES, NEW DEBT OR OTHER ENCUMBRANCES, EXECUTION OF DEEDS, UNBUDGETED SALES, PURCHASES, EXCHANGES, LEASE TRANSFERS, LITIGATION OR LEGAL SETTLEMENTS, BENEFITS PACKAGES, OR OTHER DISPOSITION OR OTHER SIGNIFICANT TRANSACTION INVOLVING THE NON-REAL ESTATE ASSETS, MATERIAL CHANGES IN THE KIND OF SERVICES RENDERED, STRATEGIC PLANS, MANAGEMENT CONTRACTS, LEVELS OF INSURANCE COVERAGE, EMPLOYEE BENEFITS, INFORMATION TECHNOLOGY, FINANCIAL MANAGEMENT AND LEGAL SERVICES, JOINT VENTURE ARRANGEMENTS, CONTRIBUTIONS AND DONATIONS, ACQUISITION OR DEVELOPMENT OF UNRELATED TRADES OR BUSINESSES, INDEPENDENT AUDITOR SELECTION, PLANS OF MERGER, CONSOLIDATION, OR DISSOLUTION, AND AMENDMENTS TO OR REPEAL OF THE SUPPORTED ORGANIZATIONS ARTICLES OF INCORPORATION AND BYLAWS

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990, Sch A, Part I, Line 11g - 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		
(A) MEDICARE VALUE PARTNERS	363495969		Yes		0	0
(A) PRESENCE HOLY FAMILY MEDICAL CENTER	362439318		Yes		0	7,901,466
(B) MOUNT LORETTO NURSING HOME INC	141363014			No	0	0
(C) PRESENCE HEALTH PARTNERS SERVICES	362644178		Yes		0	0
(D) PRESENCE CARE HOME	460483587		Yes		0	9,396
(E) PRESENCE HOME CARE	460483581		Yes		0	465,653
(F) PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK	364195126		Yes		0	48,271,945
(G) LAVERNA TERRACE HOUSING CORPORATION	363438977		Yes		0	0
(H) PRESENCE LIFE CONNECTIONS	371127787		Yes		0	2,664,383
(I) PRESENCE BEHAVIORAL HEALTH	362709982		Yes		0	790,107
(J) PRESENCE AMBULATORY SERVICES	364286236		Yes		0	2,087,619
(K) PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	363330929		Yes		0	123,784
(L) PRESENCE HOME CARE SERVICES	362893936		Yes		0	1,008,921
(M) PRESENCE RESURRECTION MEDICAL CENTER	363330926		Yes		0	25,034,140
(N) RESURRECTION NURSING HOME INC	141348691			No	0	0

Form 990, Sch A, Part I, Line 11g - 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		
(P) PRESENCE SENIOR SERVICES - CHICAGOLAND	237061646		Yes		0	4,067,470
(A) PRESENCE HEALTHCARE SERVICES	363330928		Yes		0	8,887,546
(B) PRESENCE SAINT FRANCIS HOSPITAL	362167800		Yes		0	16,779,569
(C) PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER	362171079		Yes		0	29,262,987
(D) PRESENCE SAINT JOSEPH HOSPITAL CHICAGO	363200170		Yes		0	20,840,524
(E) ARTHUR MERKLE - CLARA KNIPPRATH NURSING HOME	362841358		Yes		0	0
(F) RAINBOW HOSPICE AND PALLIATIVE CARE	363296367		Yes		0	0
(G) PRESENCE NAZARETHVILLE	362801392		Yes		0	298,946
(H) RESURRECTION UNIVERSITY	362182170		Yes		0	254,143

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
Presence Chicago Hospitals Network	36-2235165

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		294,127
j	Total Add lines 1c through 1i			294,127
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART IIB, LINE 1I	PRESENCE CHICAGO HOSPITALS NETWORK, AS THE PARENT ORGANIZATION PAID ALL ASSOCIATION DUES FOR MEMBERSHIP IN THE AMERICAN HOSPITAL ASSOCIATION, THE ILLINOIS HOSPITAL ASSOCIATION, THE CATHOLIC HEALTH ASSOCIATION, AND THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL, THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE IN THE GENERAL ASSEMBLY AND CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS AND ACCREDITATION A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO THESE LOBBYING ACTIVITIES PRESENCE CHICAGO HOSPITALS NETWORK ALSO ENGAGES CERTAIN FIRMS TO LOBBY ON ITS BEHALF REGARDING ISSUES AND POLICIES THAT AFFECT HEALTHCARE SUCH AS QUALITY, AFFORDABILITY, AND PATIENT ACCESS PRESENCE CHICAGO HOSPITALS NETWORK MAINTAINS AN ADVOCACY SECTION ON ITS WEBSITE (PRESENCEHEALTH ORG) THAT INCLUDES POSITION PAPERS ON KEY ISSUES AS WELL AS ALERTS FOR PEOPLE TO CONTACT LEGISLATORS ON PARTICULAR PIECES OF LEGISLATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	417,952	390,210	355,388	344,301	313,647
b	Contributions	152,656	153,078	157,376	169,957	113,083
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs	91,201	125,336	122,554	158,870	82,429
f	Administrative expenses					
g	End of year balance	479,407	417,952	390,210	355,388	344,301

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 ▶ 100 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		25,520,188		25,520,188
b Buildings		777,004,870	549,107,819	227,897,051
c Leasehold improvements		23,120,164	384,923	22,735,241
d Equipment		736,258,691	294,508,930	441,749,761
e Other		39,786,122	18,911,281	20,874,841
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				738,777,082

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	636,186,110
MALPRACTICE	153,355,690
PENSION LIABILITY	121,958,077
BLUE CROSS TAKEBACK	85,806,817
OTHER LONG TERM LIABILITIES	27,980,951
MEDICARE PIP	24,914,397
PLC SECURITY DEPOSITS	23,987,283
OTHER LIABILITIES	28,636,327
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,102,825,652

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' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D SUPPLEMENTAL INFORMATION	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND THE ENDOWMENT FUNDS ARE TEMPORARILY RESTRICTED FOR THE USE OF CHAPELS WITHIN THE ORGANIZATION PART X - ASC 740-10 PRESENCE HEALTH RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES AS OF DECEMBER 31, 2015 AND 2014, PRESENCE HEALTH DOES NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DUE TO AFFILIATES	636,186,110
MALPRACTICE	153,355,690
PENSION LIABILITY	121,958,077
BLUE CROSS TAKEBACK	85,806,817
OTHER LONG TERM LIABILITIES	27,980,951
MEDICARE PIP	24,914,397
PLC SECURITY DEPOSITS	23,987,283
OTHER LIABILITIES	28,636,327

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		192,856,036
(2)					
(3)					
(4)					
(5)					
3a Sub-total					192,856,036
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					192,856,036

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Part V **Supplemental Information**

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 on 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
DETERMINATION OF COMPENSATION OF ORGANIZATION'S CEO/EXECUTIVE DIRECTOR	SCHEDULE J, PART I, LINE 3 COMPENSATION FOR THE CORPORATION'S CEO AND OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF THE CORPORATION AND THE COPORATION'S SOLE MEMBER, PRESENCE HEALTH NETWORK SUCH POLICIES AND PROCEDURES ARE APPLIED BY THE HUMAN RESOURCES COMMITTEE OF PRESENCE HEALTH NETWORK, WHICH CONSISTS WHOLLY OF INDEPENDENT DIRECTORS PRESENCE HEALTH NETWORK USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES THE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION, ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE, AND REGULARLY REPORTING ITS ACTIVITIES TO THE BOARD SEVERANCE PAYMENTS SCHEDULE J, PART I, LINE 4A PRESENCE HAS THREE SEVERANCE PLANS DEPENDING UPON LEVEL THESE PLANS ALLOW INDIVIDUALS WHOSE JOBS HAVE BEEN ELIMINATED AND WHO HAVE NOT BEEN ABLE TO FIND A SIMILAR POSITION WITHIN THE SYSTEM TIME TO TRANSITION THE NUMBER OF WEEKS OF WAGE CONTINUATION ARE BASED UPON LENGTH OF SERVICE THE PLANS ARE NOT FUNDED THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2015 DENISE M BROWN $68,505 JULIE M BELL $27,101 PAUL T SKIEM $366,787 THE CORPORATION ALSO ACCRUED DEFERRED SEVERANCE FOR THE FOLLOWING INDIVIDUALS, WHICH WILL VEST IN A LATER YEAR AMY D STEVENS $593,357 ANTHONY J FILER $1,169,835 DENISE M BROWN $261,009 JULIE M BELL $237,120 PAUL T SKIEM $16,470 PAYMENTS FROM A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN SCHEDULE J, PART I, QUESTION 4B IN ORDER TO ENHANCE THE ABILITY OF PRESENCE HEALTH TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL BY PROVIDING ELIGIBLE EXECUTIVES WITH ADDITIONAL RETIREMENT BENEFITS ON A DEFERRED BASIS, PRESENCE HEALTH NETWORK MAINTAINS AN UNFUNDED SUPPLEMENTAL RETIREMENT PLAN (THE "PLAN") FOR A SELECT GROUP OF MANAGEMENT, WHICH IS INTENDED TO COMPLY WITH SECTION 457(F), AND SECTION 409A OF THE INTERNAL REVENUE CODE THE PLAN, PRESENCE HEALTH NETWORK CREDITS TO SUCH ELIGIBLE EXECUTIVE'S RETIREMENT ACCOUNT AN AMOUNT BASED ON A PERCENTAGE OF SALARY EARNINGS AND/OR LOSSES ON INVESTMENTS ARE CREDITED AT A RATE EQUAL TO THE RATE OF RETURN OVER THE SAME PERIOD ON INVESTMENT OPTIONS SELECTED BY THE ELIGIBLE EXECUTIVE ELIGIBLE EXECUTIVES ARE ENTITLED TO RECEIVE BENEFITS ON THE EARLIEST OF (I) JANUARY 1 OF THE THIRD CALENDAR YEAR BEGINNING AFTER THE YEAR IN WHICH SUCH CONTRIBUTION IS CREDITED, (II) ATTAINING AGE 62, OR (III) ATTAINING THE AGE OF 60 IF THE ELIGIBLE EXECUTIVE HAS COMPLETED TEN (10) YEARS OF SERVICE THE FOLLOWING LISTED INDIVIDUALS BECAME VESTED IN SUPPLEMENTAL RETIREMENT BENEFITS UNDER THE SERP, AND THEREFORE HAD BENEFITS INCLUDED IN THEIR TAXABLE INCOME WENDELL D PROVOST $19,262 PATRICK QUINN $21,921 SANDRA BRUCE $265,646 ANTHONY J FILER $558,075 ALSO IN RESPONSE TO QUESTION 4B, THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S SECTION 457(F) PLAN AND EARNED UNVESTED BENEFITS DURING 2014 WHICH ARE REPORTED IN COLUMN (C) JAMES P WILLIAMS $14,741 MICHAEL E McCONNELL $21,536 RICHARD J LAVACCHI $21,674 SAM BAGCHI $23,614 PATRICK QUINN $24,076 RICHARD J SALZER $29,462 MICHAEL ENGLEHART $36,674 AMY D STEVENS $43,469 THOMAS KOELBL $52,560 DAVID E LUNDAL $64,000 PAULA J CAMPBELL $85,002 JEANNIE C FREY $86,489

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
1SANDRA BRUCE PRESIDENT/CEO/EX-OFFICIO	(I)	1,055,767	329,629	282,693	5,300	15,581	1,688,970	0
	(II)	0	0	0	0	0	0	0
1MICHAEL ENGLEHART PRESIDENT/CEO	(I)	284,074	250,000	6,731	36,674	3,223	580,702	0
	(II)	0	0	0	0	0	0	0
2JEANNIE C FREYSECRETARY	(I)	446,640	105,384	25,212	102,389	23,370	702,995	0
	(II)	0	0	0	0	0	0	0
3ANTHONY J FILER TREASURER	(I)	0	0	0	0	0	0	0
	(II)	658,477	161,537	581,895	1,185,735	23,595	2,611,239	377,532
4PATRICK QUINN ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	234,711	62,409	31,104	49,265	22,215	399,704	18,512
5JULIE ROKNICH ASSISTANT SECRETARY	(I)	189,526	27,407	162	9,850	20,790	247,735	0
	(II)	0	0	0	0	0	0	0
6AMY D STEVENS PHP PRESIDENT	(I)	323,777	130,862	59,266	636,826	2,564	1,153,295	0
	(II)	0	0	0	0	0	0	0
7PAULA J CAMPBELL SYSTEM FINANCE OFFICER	(I)	440,342	0	6,851	91,901	6,681	545,775	0
	(II)	0	0	0	0	0	0	0
8DAVID E LUNDAL SVP INFO TECHNOLOGY	(I)	385,577	39,723	6,621	75,622	23,897	531,440	0
	(II)	0	0	0	0	0	0	0
9DAVID R FIELD PHP FINANCE OFFICER	(I)	393,625	0	1,795	9,123	14,465	419,008	0
	(II)	0	0	0	0	0	0	0
10THOMAS KOELBL SYSTEM VP HUMAN RESOURCES	(I)	334,092	0	25,869	62,537	12,357	434,855	0
	(II)	0	0	0	0	0	0	0
11RICHARD J SALZER SYS VP SUPPLY CHAIN	(I)	266,349	57,575	4,186	42,712	22,419	393,241	0
	(II)	0	0	0	0	0	0	0
12MATTHEW A BROWN CHAIR AND EXEC DIR MEDICAL ED	(I)	313,849	2,174	822	13,219	22,180	352,244	0
	(II)	0	0	0	0	0	0	0
13RICHARD J LAVACCHI SYS VP SUPPORT SERVICES	(I)	191,713	98,474	25,756	40,224	17,695	373,862	0
	(II)	0	0	0	0	0	0	0
14SAM BAGCHI SYS CH MEDICAL & QUAL OFF	(I)	227,739	40,000	11,855	23,614	11,479	314,687	0
	(II)	0	0	0	0	0	0	0
15TABRINA L DAVIS SYST VP PR & CORP COMMS	(I)	222,885	45,322	2,860	13,145	1,200	285,412	0
	(II)	0	0	0	0	0	0	0
16LUCILLE A SUTTER VICE PRESIDENT STRATEGY	(I)	214,885	35,041	3,074	12,683	13,953	279,636	0
	(II)	0	0	0	0	0	0	0
17ROBYN PARKER PHP NETWORK DEVEL OFFICER	(I)	208,973	30,167	6,689	0	1,750	247,579	0
	(II)	0	0	0	0	0	0	0
18DENISE M BROWN SYS DIR HUMAN RESOURCES	(I)	192,370	125,099	120,779	279,559	10,211	728,018	0
	(II)	0	0	0	0	0	0	0
19PAUL T SKIEM CONVERSION	(I)	0	42,988	366,787	16,470	0	426,245	296,304
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JULIE M BELL SYST DIR ORG LRN AND TRANS	(I)	200,868	36,218	45,458	237,120	7,176	526,840	0
	(II)	0	0	0	0	0	0	0
1 WENDELL D PROVOST HR Officer - PLC	(I)	191,169	61,652	22,584	15,444	14,941	305,790	14,505
	(II)	0	0	0	0	0	0	0
2 MICHAEL E McCONNELL SVP INSURANCE & CLAIMS	(I)	217,464	39,907	6,303	34,483	7,905	306,062	0
	(II)	0	0	0	0	0	0	0
3 JAMES P WILLIAMS SVP SYSTEM PROGRAM MGMT	(I)	221,120	34,290	4,595	23,463	23,805	307,273	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Presence Chicago Hospitals Network

Employer identification number

36-2235165

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	000000000	09-17-2013	179,140,000	2013AE		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FJF7	06-05-2008	216,815,404	REFUND 08/27/1999 BOND 99AB (08) D		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FN96	12-22-2009	103,622,597	REFUND 06/05/2008 BOND 09	X			X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200PE37	05-26-2005	243,800,000	REFUND 08/27/1999 BOND 99AB (05)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,145,000	161,230,000	50,380,000	137,420,000
2	Amount of bonds legally defeased	0	0	1,510,000	0
3	Total proceeds of issue	179,140,000	216,815,404	103,622,597	243,800,000
4	Gross proceeds in reserve funds	0	0	2,686,622	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	1,232,394	2,070,783	0
8	Credit enhancement from proceeds	0	197,368	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	179,140,000	1,865,642	0	0
11	Other spent proceeds	0	213,520,000	98,865,192	243,800,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2008	2009	2005

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 770 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 760 %						
6	Total of lines 4 and 5		1 530 %						
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		15 589 %		11 633 %				
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X		X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART III - LINE 8A	DURING 2015, THERE WERE ADDITIONAL PORTIONS OF EVERY BOND SERIES THAT WERE REMEDIATED FOR THE 2009 SERIES (COLUMN C), A DEFEASANCE ESCROW WAS ESTABLISHED TO ACCOMMODATE THIS REMEDIATION OTHER REMEDIATIONS WERE EFFECTED WITH REDEMPTIONS IN ADDITION TO THE REMEDIATED BONDS, THERE HAVE BEEN SALES OR DISPOSITIONS OF BOND-FINANCED ASSETS ONCE ASSETS ARE FULLY DEPRECIATED, IN THE NORMAL COURSE OF BUSINESS

Return Reference	Explanation
PART IV - LINE 2C - BOND B	THE COMPUTATION DATE FOR THIS BOND WAS OCTOBER 29, 2013

Return Reference	Explanation
PART IV - LINE 2C - BOND C	THE COMPUTATION DATE FOR THIS BOND WAS DECEMBER 17, 2014

Return Reference	Explanation
PART V	ALTHOUGH THE ORGANIZATION HAS SEVERAL GENERAL POLICIES WITHIN THE CODE OF CONDUCT TO APPROPRIATELY REMEDIATE A VARIETY OF ISSUES, AS OF DECEMBER 31, 2015, WE DO NOT HAVE PROCEDURES ADDRESSING THESE SPECIFIC TAX ISSUES WE CURRENTLY (OCT 2016) HAVE A POLICY DRAFT THAT WILL BE ADOPTED SHORTLY

Return Reference	Explanation
PART III - LINE 8B	DURING 2015, THE TOTAL BONDS REMEDIATED IN ALL SERIES WERE 13,880,000 1,510,000 WAS DEFEASED AND 12,370,000 WAS REDEEMED FOR PURPOSES OF THIS CALCULATION TOTAL REMEDIATION OF THE SERIES 1999AB REISSUED (08) AND NOT REISSUED (05) ARE COMBINED IN COLUMN A

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Return Reference	Explanation
FORM 990, BOX C	DOING BUSINESS AS/ASSUMED NAMES PRESENCE CHICAGO HOSPITALS NETWORK ALSO OPERATES UNDER THE FOLLOWING ASSUMED NAMES - CANA HEALTH - NEW BEGINNINGS PRENATAL PROGRAM - PROGRAMA PRENATAL NEUVA PROGRAM - PRESENCE RESURRECTION RETIREMENT COMMUNITY - PRESENCE ANSWERING SERVICE

Return Reference	Explanation
FORM 990, PART I, LINE 1	MISSION STATEMENT/SIGNIFICANT ACTIVITY INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST, WE PRESENCE HEALTH, A CATHOLIC HEALTH SYSTEM, PROVIDE COMPASSIONATE, HOLISTIC CARE WITH A SPIRIT OF HEALING AND HOPE IN THE COMMUNITIES WE SERVE FORM 990, PART I, LINES 20 - 22 INCREASE IN ASSETS/LIABILITIES EFFECTIVE DECEMBER 31, 2015 THE FOLLOWING FIVE PRESENCE HEALTH HOSPITALS IN THE CHICAGO METRO AREA MERGED INTO PRESENCE CHICAGO HOSPITALS NETWORK (THE "CORPORATION") PRESENCE RESURRECTION MEDICAL CENTER, PRESENCE HOLY FAMILY MEDICAL CENTER, PRESENCE SAINT FRANCIS HOSPITAL, PRESENCE SAINT JOSEPH HOSPITAL - CHICAGO, AND PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER THE CORPORATION'S YEAR END BALANCE SHEET REFLECTS THE COMBINED BALANCE SHEETS OF ALL HOSPITALS

Return Reference	Explanation
FORM 990, PART III, QUESTION 1	MISSION STATEMENT INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST, PRESENCE CHICAGO HOSPITALS NETWORK PROVIDES ADMINISTRATIVE MANAGEMENT AND OTHER SUPPORT TO AFFILIATE CATHOLIC-SPONSORED HOSPITALS, NURSING HOMES, AND OTHER HEALTH CARE PROVIDERS, TO ENABLE THEM TO PROVIDE COMPASSIONATE, HOLISTIC CARE WITH A SPIRIT OF HEALING AND HOPE IN THE COMMUNITIES THEY SERVE.

Return Reference	Explanation
FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2	COMPENSATION AND FORM W-3 TRANSMITTAL OF WAGES AND TAX STATEMENT PRESENCE CHICAGO HOSPITALS NETWORK (THE "CORPORATION") REPORTS 0 EMPLOYEES ON FORM 990, PART I, QUESTION 5 AND FORM 990, PART V, QUESTION 2A AS IT IS NOT REQUIRED TO FILE FORM W-3, TRANSMITTAL OF WAGES AND TAX STATEMENT THE CORPORATIONS COMPENSATION IS PAID BY PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC"), WHICH ISSUES THE FORMS W-2 AND W-3, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PCTC

Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	FORM 1096 TRANSMITTAL OF U S INFORMATION RETURNS PRESENCE CHICAGO HOSPITALS NETWORK (THE "CORPORATION") REPORTS 0 ON FORM 990, PART V, QUESTION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, TRANSMITTAL OF U S INFORMATION RETURNS ALL OF THE CORPORATIONS ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE PAID BY PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC"), WHICH ISSUES ALL FORMS 1099, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PCTC

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	MEMBERS OR SHAREHOLDERS THE CORPORATION HAS ONE MEMBER, PRESENCE HEALTH NETWORK, WHICH SHARES AN IDENTICAL BOARD OF DIRECTORS WITH THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	PERSONS WITH AUTHORITY TO ELECT MEMBERS OF THE GOVERNING BODY THE BOARD OF DIRECTORS OF THE CORPORATION CONSIST OF THOSE INDIVIDUALS WHO THEN SERVE AS THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATIONS SOLE MEMBER, PRESENCE HEALTH NETWORK (PHN) THE MEMBERS OF THE PHNS BOARD OF DIRECTORS ARE APPOINTED BY PHNS CORPORATE MEMBER, A BODY CURRENTLY CONSISTING OF TEN CATHOLIC RELIGIOUS WOMEN, EACH OF WHOM IS A MEMBER OF ONE OF THE FIVE SPONSORING MEMBER CONGREGATIONS OF PHN AND ITS AFFILIATES

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THE FOLLOWING POWERS OVER THE CORPORATION AND ITS AFFILIATES ARE RESERVED TO AND SHALL BE EXERCISED EXCLUSIVELY BY PRESENCE HEALTH NETWORK (THE "MEMBER") A) AMEND OR REPEAL THE BYLAWS OF THE CORPORATION, B) APPOINT AND REMOVE ALL OFFICERS OF THE CORPORATION, OTHER THAN THE PRESIDENT (WHO SITS EX OFFICIO), AND ALL DIRECTORS OF THE CORPORATION, C) APPROVE CAPITAL AND OPERATING BUDGETS, AND LONG-TERM CAPITAL EQUIPMENT PLANS FOR THE CORPORATION, D) APPROVE UNBUDGETED EXPENDITURES IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME, E) APPROVE ANY BORROWING OR SIGNIFICANT INCURRENCE OF DEBT BY THE CORPORATION, OR ANY SALE, PURCHASE, ALIENATION, EXCHANGE, SIGNIFICANT LEASES (OTHER THAN IN THE ORDINARY COURSE) OR ENCUMBRANCES OF THE CORPORATIONS REAL PROPERTY, EXCEPT THOSE MADE PURSUANT TO APPROVED BUDGETS, F) APPROVE EXECUTION OF ANY DEEDS, MORTGAGES, BONDS, OR MAJOR EQUIPMENT LEASES, EXCEPT THOSE ENTERED INTO PURSUANT TO APPROVED BUDGETS, G) APPROVE ANY OTHER SIGNIFICANT AND UNBUDGETED SALE, PURCHASE, EXCHANGE, SIGNIFICANT LEASE (OTHER THAN IN THE ORDINARY COURSE) TRANSFER, ENCUMBRANCE OR OTHER DISPOSITION OR OTHER SIGNIFICANT TRANSACTION INVOLVING THE NON-REAL-ESTATE ASSETS OF THE CORPORATION, H) APPROVE MATERIAL CHANGES IN THE KIND OF SERVICES RENDERED, SUCH AS THE ADDITION OR DISCONTINUATION OF ANY MAJOR SERVICE LINE (E G , OBSTETRICS) OR CHANGE IN THE FUNDAMENTAL NATURE OF SERVICES PROVIDED BY THE CORPORATION (E G , CHANGE FROM GENERAL TO LONG TERM ACUTE CARE), I) APPROVE STRATEGIC PLANS FOR THE CORPORATION THAT FURTHER SYSTEM MISSION AND VALUES, AND SUPPORT THE ABILITY OF THE CORPORATION AND ITS AFFILIATES TO PROVIDE HIGH-QUALITY CARE AND SERVICES, J) APPROVE ANY CONTRACT FOR THE MANAGEMENT OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION, K) APPROVE ANY SELECTION OR MODIFICATION OF THE BUSINESS NAME OR LOGO OF THE CORPORATION OR ANY PROGRAM OR DIVISION OF THE CORPORATION, OR THE USE OF ANY CORPORATE OR BUSINESS NAME OF THE CORPORATION BY AN ENTITY OTHER THAN THE MEMBER OR AN AFFILIATE, L) PROVIDE INSURANCE COVERAGE, STANDARDIZED EMPLOYEE PAYROLL STANDARDS AND BENEFITS, INFORMATION SYSTEMS AND TECHNOLOGY, FINANCIAL MANAGEMENT SERVICES, LEGAL, MARKETING, RISK MANAGEMENT AND OTHER ADMINISTRATIVE SERVICES NECESSARY TO SUPPORT THE CORPORATIONS OPERATIONS, M) APPROVE THE ESTABLISHMENT, TERMINATION, SALE OR SIGNIFICANT JOINT VENTURE RELATIONSHIP BY THE CORPORATION, N) APPROVE THE ACQUISITION OR DEVELOPMENT OF ANY BUSINESS OR ACTIVITY UNRELATED TO THE PROVISION OF HEALTH CARE SERVICES, O) APPROVE ANY MATERIAL AGREEMENT OR TRANSACTION WITH ANOTHER AFFILIATE, P) DIRECT AND APPROVE ANY CONTRIBUTIONS, DONATIONS OR OTHER ASSET TRANSFERS WITHOUT CONSIDERATION TO THE MEMBER OR ANY AFFILIATE, IN FURTHERANCE OF SYSTEM MISSION, GOALS AND VALUES, Q) APPROVE ACCEPTANCE OF A CONTRIBUTION THAT IMPOSES A MATERIAL OBLIGATION ON THE CORPORATION, IF APPROVED BY THE CORPORATIONS AFFILIATE, THE RESURRECTION DEVELOPMENT FOUNDATION, AS CONSISTENT WITH THE CORPORATIONS AND SYSTEMS MISSION AND GOALS, R) DEFINE THE CRITERIA FOR THE SELECTION OF BANKS AND OTHER FINANCIAL DEPOSITORIES TO BE USED BY THE CORPORATION, AND AUTHORIZE THE PROCESS BY WHICH SIGNATORIES ON ALL BANK AND SIMILAR ACCOUNTS OF THE CORPORATION ARE APPROVED S) SELECT INDEPENDENT AUDITORS FOR THE CORPORATION, IN CONNECTION WITH THE CONSOLIDATED AUDIT OF ALL SYSTEM ENTITIES T) APPROVE OR CHANGE THE CORPORATIONS REGISTERED AGENT OR REGISTERED OFFICE, AS APPROPRIATE FROM TIME TO TIME U) APPROVE ANY VOLUNTARY CHANGE TO THE CORPORATIONS STATUS OF AN ORGANIZATION EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED FROM TIME TO TIME V) EXERCISE ALL POWERS OF THE MEMBERS AND OWNERS OF ALL ENTITIES THAT COMPRISE THE PRESENCE RHC GROUP EXCEPT TO THE EXTENT OTHERWISE DELEGATED BY THE MEMBER

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	FORM 990 REVIEW PROCESS THE DRAFT FORM 990 IS PREPARED BY THE CORPORATIONS ACCOUNTING FIRM WITH ASSISTANCE FROM THE SYSTEM FINANCE DEPARTMENT THE RETURN IS THEN REVIEWED BY MANAGEMENT, INCLUDING SENIOR LEADERS FROM LEGAL, COMPLIANCE, HUMAN RESOURCES AND THE SYSTEM CEO FOR ACCURACY AND COMPLETENESS AS NECESSARY, MANAGEMENT CONSULTS WITH EXTERNAL LEGAL AND OTHER EXPERTS TO ASSURE ACCURACY THE FINAL FORM 990 IS PROVIDED TO THE CORPORATION'S BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF PRESENCE HEALTH NETWORK AND ALL OF ITS AFFILIATED MINISTRIES (COLLECTIVELY "PRESENCE HEALTH") WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY DIRECTOR, TRUSTEE, OFFICER, CORPORATE MEMBER APPOINTEE, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS, SENIOR LEADERS, AND OTHERS IN A RECENT POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER PRESENCE HEALTH ("INTERESTED PERSONS"), AND CLARIFY THE STANDARDS OF CONDUCT, DUTIES AND OBLIGATIONS OF INTERESTED PERSONS IN THE CONTEXT OF POTENTIAL CONFLICTS OF INTEREST BY PROVIDING A METHOD FOR DISCLOSING AND RESOLVING SUCH POTENTIAL CONFLICTS NO PRESENCE HEALTH ENTITY WILL ENGAGE IN ANY CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING A CONFLICT OF INTEREST UNLESS DISINTERESTED MEMBERS OF THE APPLICABLE BOARD OF DIRECTORS OR OTHER GOVERNING BODY DETERMINE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUARDS TO PROTECT THE CHARITABLE MISSION OF PRESENCE HEALTH HAVE BEEN IMPLEMENTED TO FACILITATE THIS POLICY, ALL INTERESTED PERSONS HAVE A CONTINUING OBLIGATION TO PROMPTLY DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE ALL DISCLOSURES MUST BE PROVIDED TO THE SYSTEM COMPLIANCE OFFICER AND GENERAL COUNSEL IN A WRITTEN DESCRIPTION OF THE MATERIAL FACTS DISCLOSURE SHALL BE ON A CONFLICTS OF INTEREST QUESTIONNAIRE OR SIMILAR FORMAT AS DESCRIBED IN THE CONFLICTS OF INTEREST POLICY ALL INTERESTED PERSONS SHALL ALSO COMPLETE A QUESTIONNAIRE BASED ON THE ASSUMPTION OF THE BOARD (OR OTHER RELEVANT) POSITION, AND THEREAFTER ON AT LEAST AN ANNUAL BASIS OR WHEN AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT ARISES AT ANY TIME THAT AN ACTUAL, APPARENT OR A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED TO THE CORPORATIONS BOARD OF DIRECTORS, WHETHER THROUGH THE VOLUNTARY SUBMISSION OF A DISCLOSURE STATEMENT BY AN INTERESTED PERSON, OR BY A DISCLOSURE BY A PERSON OTHER THAN THE SUBJECT INTERESTED PERSON, THE CORPORATIONS BOARD OR APPLICABLE COMMITTEE SHALL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, ONLY DISINTERESTED DIRECTORS/COMMITTEE MEMBERS VOTE TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF A CONFLICT IS FOUND TO EXIST THE INTERESTED PERSON WILL GENERALLY BE REQUIRED TO RECUSE HIM OR HERSELF DURING ANY MEETING IN WHICH THE BOARD OF DIRECTORS OR APPLICABLE COMMITTEE CONDUCTS THE EVALUATION OF THE SUBJECT TRANSACTION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY TO ENSURE THAT THE PRESENCE HEALTH OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS EXEMPT STATUS, TRANSACTIONS INVOLVING INTERESTED PERSONS ARE ONLY APPROVED IF, AFTER EXERCISING REASONABLE DUE DILIGENCE, THE BOARD DETERMINES THEY ARE FAIR AND REASONABLE, TAKING INTO ACCOUNT FACTORS SUCH AS WHETHER PRESENCE HEALTH COULD OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT HOWEVER, LENDING MONEY OR GUARANTYING AN OBLIGATION OF A DIRECTOR, OFFICER, OR EMPLOYEE OF PRESENCE HEALTH (EXCLUSIVE OF CUSTOMARY INSURANCE COVERAGE FOR ACTS DONE IN CONNECTION WITH SUCH INDIVIDUALS SERVICE TO OR EMPLOYMENT BY PRESENCE HEALTH) IS STRICTLY PROHIBITED

Return Reference	Explanation
FORM 990 PART VI, QUESTIONS 15A AND 15B, AND PART V, QUESTION 2A	COMPENSATION AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES COMPENSATION FOR THE CORPORATIONS CEO AND OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF PRESENCE HEALTH NETWORK, THE SYSTEM PARENT CORPORATION WHICH SHARES A MIRROR BOARD WITH PRESENCE CARE TRANSFORMATION CORPORATION (PCTC) AND PRESENCE CHICAGO HOSPITALS NETWORK (PCHN) SUCH POLICIES AND PROCEDURES ARE APPLIED BY THE HUMAN RESOURCES COMMITTEE OF THE SYSTEM PARENT CORPORATION, WHICH CONSISTS WHOLLY OF INDEPENDENT DIRECTORS THE SYSTEM PARENT CORPORATION USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES THE SYSTEM PARENTS HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION AND APPROVES ALL COMPONENTS OF EXECUTIVE TOTAL COMPENSATION, ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE, AND REGULARLY REPORTING ITS ACTIVITIES TO THE SYSTEM PARENTS BOARD THE CORPORATION ANSWERS "NO" TO FORM 990, PART VI, QUESTION 15A AND 15B PER THE FORM 990 INSTRUCTIONS AS ALL COMPENSATION IS PAID BY A RELATED ORGANIZATION, PRESENCE CARE TRANSFORMATION CORPORATION, THE SYSTEMS STATUTORY EMPLOYER

Return Reference	Explanation
FORM 990, PART VI, LINE 19	DOCUMENT AVAILABILITY THE CORPORATIONS ARTICLES OF INCORPORATION ARE ON FILE WITH THE STATE OF ILLINOIS THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE CORPORATION, TOGETHER WITH ITS AFFILIATES, ARE AVAILABLE FROM THE NATIONAL DISSEMINATION AGENT AS REQUIRED BY PRESENCE HEALTH SYSTEMS BOND DOCUMENTS CONFLICTS OF INTEREST POLICIES ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER A SUMMARY OF THE CURRENT POLICY IS ANNUALLY INCLUDED IN SCHEDULE O OF THE CORPORATIONS FORM 990

Return Reference	Explanation
FORM 990, PART VII, SECTIONS A & B	STATUTORY EMPLOYER PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC") (FEIN 36-3366652) ACTS AS THE AGENT FOR THE CORPORATION CASH IS SWEPT FROM THE CORPORATION ON A DAILY BASIS TO PCTC AND PCTC ISSUES ALL PAYROLL AND ACCOUNTS PAYABLE CHECKS ON BEHALF OF AND AS AGENT FOR THE CORPORATION AND THE APPROPRIATE ACCOUNTING ENTRIES ARE RECORDED

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS TRANSFER TO PRESENCE RESURRECTION MEDICAL CENTER $(147,988,446) TRANSFER FROM PRESENCE HOLY FAMILY MEDICAL CENTER 28,646,021 TRANSFER FROM PRESENCE ST FRANCIS HOSPITAL 47,633,601 TRANSFER FROM PRESENCE ST JOSEPH HOSPITAL CHICAGO 89,489,849 TRANSFER FROM PRESENCE STS MARY AND ELIZABETH MEDICAL CENTER 103,797,552 TRANSFER TO PRESENCE HEALTH PARTNERS SERVICES (14,592,012) TRANSFER OF PHARMACIES FROM PHS 795,003 TRANSFER TO PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES (31,000,000) OTHER TRANSFERS FROM AFFILIATES 276,117,427 ---------- TOTAL $352,898,995 FORM 990, PART XII, LINE 2B AUDITED FINANCIAL STATEMENTS AN INDEPENDENT ACCOUNTANT ANNUALLY AUDITS THE CONSOLIDATED FINANCIAL STATEMENTS OF PRESENCE HEALTH NETWORK AND ITS AFFILIATES THE AUDIT OPINION IS ISSUED ON THE CONSOLIDATED FINANCIAL STATEMENTS AND EACH AFFILIATE IS NOT SEPARATELY AUDITED

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION AGENCY FEES TOTAL FEES 9483696

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PATIENT FINANCIAL SERVICES TOTAL FEES 6741017

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INFORMATION TECHNOLOGY TOTAL FEES 6489404

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION HUMAN RESOURCES TOTAL FEES 4054564

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DECISION SUPPORT TOTAL FEES 4034679

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATION TOTAL FEES 3866945

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION FINANCE TOTAL FEES 3740182

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ERP IMPLEMENTATION TOTAL FEES 3664925

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ICD10 IMPLEMENTATION TOTAL FEES 3270493

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 7474823

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 4214871

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY FOR AFFILIATES TOTAL FEES 1762154

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PRINTING FOR AFFILIATES TOTAL FEES 244736

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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) Presence Health Mgmt Services Org LLC 2380 East Dempster Ave Ste 236 Des Plaines, IL 60016 46-3100255	Health Mgmt	IL	6,846,131	5,799,168	PCHN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Bel Harlem Surg Ctr 3101 North Harlem Chicago, IL 60634 41-2237162	Medical Service	IL	na									
(2) RH Sleep Ctr - NW 665 West North Ave 500 Lombard, IL 60148 26-1519627	Medical Service	IL	na									
(3) RH Sleep Ctr - Evan 665 West North Ave 500 Lombard, IL 60148 26-1519556	Medical Service	IL	na									
(4) RH Sleep Ctr - LP 665 West North Ave 500 Lombard, IL 60148 26-1519667	Medical Service	IL	na									
(5) RH Sleep Ctr - RF 665 West North Ave 500 Lombard, IL 60148 26-2189763	Medical Service	IL	na									
(6) Alverno Clinic Lab 2434 Interstate Plaza Drive Hammond, IN 46324 20-3240648	Medical Service	IN	na									
(7) Prof Clinic Lab LLC 113 E 4th St Michigan City, IN 46360 30-0711211	Medical Service	IN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Reimbursements for Shared Services	PRESENCE CARE TRANSFORMATION CORPORATION (FKA PRESENCE PRV HEALTH) (FEIN 36-3366652) PAYS ALL OF THE COMPENSATION AND ACCOUNTS PAYABLE FOR ALL ENTITIES UNDER THE PRESENCE HEALTH SYSTEM AS THE DESIGNATED PAYMENT AGENT FOR SUCH ENTITIES CASH IS DEPOSITED INTO AN ACCOUNT BY PRESENCE HEALTH ENTITIES AND SWEPT ON A MONTHLY BASIS TO REIMBURSE PRESENCE CARE TRANSFORMATION CORPORATION FOR THESE EXPENSES AT COST THE AMOUNTS REPORTED ON PART V OF SCHEDULE R REFLECT THE TOTAL CASH TRANSFERS TO/FROM PRESENCE CARE TRANSFORMATION CORPORATION

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Presence Health Network 200 South Wacker Drive Chicago, IL 60606 36-1649520	Parent Corp	IL	501(C)(3)	11c III FI	na		No
Medicare Value Partners 100 North River Road Des Plaines, IL 60016 36-3495969	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Presence Holy Family Medical Center 100 North River Road Des Plaines, IL 60016 36-2439318	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Mount Loretto Nursing Home Inc 302 Swart Hill Road Amsterdam, NY 12010 14-1363014	Health Care	NY	501(C)(3)	3	RM New York	Yes	
Presence Health Partners Services 2380 E Dempster Ave Ste 236 Des Plaines, IL 60016 36-2644178	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Presence Care Home 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483587	Health Care	IL	501(C)(3)	9	PLC	Yes	
Presence Care Transformation Corp 1000 Remington Blvd Ste 100 Bolingbrook, IL 60440 36-3366652	Mgmt Support	IL	501(C)(3)	11c III FI	PHN	Yes	
Presence Home Care 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483581	Health Care	IL	501(C)(3)	9	PLC	Yes	
Presence Central and Suburban Hosp 1000 Remington Blvd Ste 100 Bolingbrook, IL 60440 36-4195126	Health Care	IL	501(C)(3)	3	PCTC	Yes	
Laverna Terrace Housing Corporation 18927 Hickory Creek Drive 300 Mokena, IL 60448 36-3438977	Senior Living	IL	501(C)(3)	9	PCTC	Yes	
Provena Self-Insurance Trust 1000 Remington Blvd Suite 100 Bolingbrook, IL 60440 36-2987310	Insurance	IL	501(C)(3)	11c III FI	na		No
Presence Life Connections 18927 Hickory Creek Drive 300 Mokena, IL 60448 37-1127787	Health Care	IL	501(C)(3)	9	PCTC	Yes	
Presence Behavioral Health 1820 South 25th Avenue Broadview, IL 60155 36-2709982	Health Care	IL	501(C)(3)	3	PHS	Yes	
Presence Ambulatory Services 100 North River Road Des Plaines, IL 60016 36-4286236	Health Care	IL	501(C)(3)	9	PCHN	Yes	
Presence Health Fdn Board of Trustees 200 South Wacker Drive Chicago, IL 60606 36-3330929	Fundraising	IL	501(C)(3)	7	PCHN	Yes	
Presence Home Care Services 5747 West Dempster Morton Grove, IL 60053 36-2893936	Home Care	IL	501(C)(3)	3	PCHN	Yes	
Presence Resurrection Medical Center 7435 West Talcott Avenue Chicago, IL 60631 36-3330926	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Resurrection Nursing Home Inc 90 North Main Street Castleton, NY 12033 14-1348691	Health Care	NY	501(C)(3)	3	RM New York	Yes	
Presence Senior Srvcs - Chicagoland 100 North River Road Des Plaines, IL 60016 23-7061646	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Presence Healthcare Services 100 North River Road Des Plaines, IL 60016 36-3330928	Health Care	IL	501(C)(3)	3	PCHN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Presence Saint Francis Hospital 355 Ridge Avenue Evanston, IL 60202 36-2167800	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Presence St Mary and Elizabeth Med Cntr 2233 West Division Street Chicago, IL 60622 36-2171079	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Presence Saint Joseph Hospital Chicago 2900 North Lake Shore Drive Chicago, IL 60657 36-3200170	Health Care	IL	501(C)(3)	3	PCHN	Yes	
Presence Nazarethville 300 North River Road Des Plaines, IL 60016 36-2801392	Health Care	IL	501(C)(3)	9	PSSC	Yes	
Arthur Merkle - Clara Knipprath Nursing 1190 E 2900 N Road Clifton, IL 60927 36-2841358	Health Care	IL	501(C)(3)	9	PLC	Yes	
Rainbow Hospice and Palliative Care 1550 Bishop Court Mount Prospect, IL 60056 36-3296367	Health Care	IL	501(C)(3)	9	PHCS	Yes	
Resurrection University 1431 N Claremont Chicago, IL 60622 36-2182170	Education	IL	501(C)(3)	2	PCHN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
Bel Harlem Surg Ctr 3101 North Harlem Chicago, IL 60634 41-2237162	Medical Service	IL	na									
RH Sleep Ctr - NW 665 West North Ave 500 Lombard, IL 60148 26-1519627	Medical Service	IL	na									
RH Sleep Ctr - Evan 665 West North Ave 500 Lombard, IL 60148 26-1519556	Medical Service	IL	na									
RH Sleep Ctr - LP 665 West North Ave 500 Lombard, IL 60148 26-1519667	Medical Service	IL	na									
RH Sleep Ctr - RF 665 West North Ave 500 Lombard, IL 60148 26-2189763	Medical Service	IL	na									
Alverno Clinic Lab 2434 Interstate Plaza Drive Hammond, IN 46324 20-3240648	Medical Service	IN	na									
Prof Clinic Lab LLC 113 E 4th St Michigan City, IN 46360 30-0711211	Medical Service	IN	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) L Gilbraith Insurance SPC LTD 68 W Bay Road PO Box 1109 Grand Cayman CJ	Insurance	CJ	PCHN	Foreign Company	2,064	167,505	66 670 %	Yes	
(1) Provena Health Assurance SPC 23 Lime Tree Bay Ave PO Box 1051 Grand Cayman CJ 98-0420054	Insurance	CJ	PCTC	Foreign Company				Yes	
(2) Presence Properties Inc 100 North River Road Des Plaines, IL 60016 36-3520630	Medical	IL	PV	C Corp				Yes	
(3) Presence Service Corporation 2380 E Dempster Street Des Plaines, IL 60016 36-4314354	Medical	IL	PCSHN	C Corp				Yes	
(4) Presence Ventures Inc 100 North River Road Des Plaines, IL 60016 37-1168085	Medical	IL	PCTC	C Corp				Yes	
(5) Resurrection Medical Center Auxiliary 7435 West Talcott Avenue Chicago, IL 60631 36-6109825	Fundraising	IL	PR Med Ctr	C Corp				Yes	
(6) Resurrection Ministries of New York 90 North Main Street Castleton, NY 12033 14-1720818	Parent Corp	NY	PCHN	C Corp	0	0	100 000 %	Yes	
(7) Presence Health Care Preferred 100 North River Road Des Plaines, IL 60016 36-3974620	MGD Care Contract	IL	PCHN	C Corp	0	0	100 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	c	412,552	CASH
(1)	PRESENCE CARE TRANSFORMATION CORPORATION fka	p	131,221,044	COST
(2)	PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWO	I	48,271,945	COST
(3)	PRESENCE SERVICE CORPORATION	I	1,218,145	COST
(4)	PRESENCE CARE HOME	I	9,396	COST
(5)	PRESENCE HOME CARE	I	465,653	COST
(6)	PRESENCE LIFE CONNECTIONS	I	2,664,383	COST
(7)	PRESENCE VENTURES INC	I	15,013	COST
(8)	PRESENCE RESURRECTION MEDICAL CENTER	I	25,034,140	COST
(9)	PRESENCE HOLY FAMILY MEDICAL CENTER	I	7,901,466	COST
(10)	PRESENCE SAINT FRANCIS HOSPITAL	I	16,779,569	COST
(11)	PRESENCE SAINTS MARY & ELIZABETH MEDICAL CENT	I	29,262,987	COST
(12)	PRESENCE SAINT JOSEPH HOSPITAL CHICAGO	I	20,840,524	COST
(13)	PRESENCE HEALTHCARE SERVICES	I	8,887,546	COST
(14)	PRESENCE SENIOR SERVICES - CHICAGOLAND fka PR	I	4,067,470	COST
(15)	PRESENCE NAZARETHVILLE	I	298,946	COST
(16)	PRESENCE AMBULATORY SERVICES	I	2,087,619	COST
(17)	PRESENCE HOME CARE SERVICES	I	1,008,921	COST
(18)	PRESENCE BEHAVIORAL HEALTH	I	790,107	COST
(19)	PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	I	123,784	COST
(20)	RESURRECTION UNIVERSITY	I	254,143	COST