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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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
SEE SCHEDULE O
Number and street (or P O box if mail is not delivered to street address) 200 SOUTH WACKER DRIVE
Room/suite
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 $ 1,100,293,771

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

Activities & Governance

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	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	821
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,186,495
b	Net unrelated business taxable income from Form 990-T, line 34	7b	296,079

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	729,175	3,385,094
9	Program service revenue (Part VIII, line 2g)	168,187,617	1,076,348,628
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,544,074	-215,088
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,073,848	20,559,819
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,534,714	1,100,078,453

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	16,374
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)	121,609,267	447,752,936
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)	142,296,141	641,685,491
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	263,905,408	1,089,454,801
19	Revenue less expenses Subtract line 18 from line 12	-64,370,694	10,623,652

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,901,077,970	694,898,221
21	Total liabilities (Part X, line 26)	1,807,418,516	415,424,261
22	Net assets or fund balances Subtract line 21 from line 20	93,659,454	279,473,960

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 — Date: 2017-11-13

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 $ 948,428,054 including grants of $) (Revenue $ 1,053,098,689)
See Additional Data

4b (Code) (Expenses $ 16,976,700 including grants of $) (Revenue $ 26,721,973)
See Additional Data

4c (Code) (Expenses $ 3,021,345 including grants of $) (Revenue $ 3,171,890)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 11,149,265 including grants of $) (Revenue $ 3,801,918)

4e **Total program service expenses ▶** 979,575,364

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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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**		No
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 5		
	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 3		
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 SOUTH 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) ▶								5,085,979	7,979,442	2,294,063

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 ▶ 392

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STREAMWOOD MGMT SERVICES, 5730 WEST ROOSEVELT RD FOREST PARK, IL 60644	MANAGEMENT SERVICES	5,650,788
GE HEALTHCARE, PO BOX 641936 PITTSBURGH, PA 15264	BIO-MED SERVICES	4,235,903
US BANK CORPORATE TRUST, PO BOX 70870 ST PAUL, MN 55170	CLINICAL AGENCY	3,427,498
CONTINENTAL ANESTHESIA LTD, 1301 W 22ND ST STE 601 OAK BROOK, IL 60523	ANESTHESIA SERVICES	2,249,171
CARDIAC SURGERY ASSOCIATES SC, 2650 WARRENVILLE ROAD SUITE 280 DOWNERS GROVE, IL 60515	CARDIAC SERVICES	1,952,540

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 ▶ 126

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	3,098,595			
e Government grants (contributions)	1e	286,499			
f All other contributions, gifts, grants, and similar amounts not included above	1f	0			
g Noncash contributions included in lines 1a-1f $ 0					
h **Total.** Add lines 1a-1f		3,385,094			
Program Service Revenue	Business Code				
2a NET PATIENT REVENUE	621990	1,036,758,284	1,036,758,284	0	0
b MEANINGFUL USE & BC BONUS	900099	8,429,990	8,429,990	0	0
c RETIREMENT COMMUNITY RENT	623000	24,800,216	24,800,216	0	0
d INTERCOMPANY RENT	900004	1,106,645	1,106,645	0	0
e PHARMACY	446110	5,253,493	3,171,890	2,081,603	0
f All other program service revenue					
g **Total.** Add lines 2a–2f		1,076,348,628			
3 Investment income (including dividends, interest, and other similar amounts)		230			230
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents	1,288,291				
b Less rental expenses					
c Rental income or (loss)	1,288,291	0			
d Net rental income or (loss)			1,288,291		1,288,291
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses		215,318			
c Gain or (loss)		-215,318			
d Net gain or (loss)			-215,318		-215,318
Other Revenue 8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue	Business Code				
11a CAFETERIA & FOOD SERVICES	722514	4,640,690	0	0	4,640,690
b CHILD CARE REVENUE	624410	2,892,581	848,151	2,044,430	0
c PARKING REVENUE	812930	1,145,355	1,088,152	57,203	0
d All other revenue		10,592,902	10,589,643	3,259	
e **Total.** Add lines 11a–11d		19,271,528			
12 **Total revenue.** See Instructions		1,100,078,453	1,086,792,971	4,186,495	5,713,893

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,374	16,374		
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, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,397,700	2,397,700	0	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	362,352,619	362,352,619	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,470,966	14,470,966	0	0
9 Other employee benefits	42,060,509	42,060,509	0	0
10 Payroll taxes	26,471,142	26,471,142	0	0
11 Fees for services (non-employees)				
a Management	109,597,532	0	109,597,532	0
b Legal	281,905	0	281,905	0
c Accounting	0	0	0	0
d Lobbying	1,600	1,600	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	139,256,864	139,256,864	0	0
12 Advertising and promotion	907,305	907,305	0	0
13 Office expenses	4,442,526	4,442,526	0	0
14 Information technology	1,967,566	1,967,566	0	0
15 Royalties . .	0	0	0	0
16 Occupancy	28,441,199	28,441,199	0	0
17 Travel	727,975	727,975	0	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	116,115	116,115	0	0
20 Interest	20,049,058	20,049,058	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	60,211,564	60,211,564	0	0
23 Insurance . . .	30,859,190	30,859,190	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES & PHARMACY	140,372,443	140,372,443	0	0
b TAXES AND ASSESSMENTS	55,890,896	55,890,896	0	0
c BAD DEBT EXPENSE	26,612,055	26,612,055	0	0
d NON-PATIENT SUPPLIES	11,667,804	11,667,804	0	0
e All other expenses	10,281,894	10,281,894		
25 **Total functional expenses.** Add lines 1 through 24e	1,089,454,801	979,575,364	109,879,437	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	116,748,407	1	0
	2	Savings and temporary cash investments	11,442,375	2	262,185
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	177,020,481	4	164,749,089
	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	0
	8	Inventories for sale or use	25,113,313	8	24,619,945
	9	Prepaid expenses and deferred charges	18,671,143	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,135,471,761			
	b	Less accumulated depreciation — 10b: 646,646,037	738,777,082	10c	488,825,724
	11	Investments—publicly traded securities	750,944,866	11	0
	12	Investments—other securities See Part IV, line 11	637,372	12	0
	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	51,020,080	15	16,441,278
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,901,077,970	16	694,898,221
Liabilities	17	Accounts payable and accrued expenses	229,135,097	17	8,856,362
	18	Grants payable	15,907	18	18,217
	19	Deferred revenue	1,649,934	19	1,233,400
	20	Tax-exempt bond liabilities	393,489,190	20	14,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	80,302,736	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,102,825,652	25	391,316,282
	26	**Total liabilities.** Add lines 17 through 25	1,807,418,516	26	415,424,261
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	93,180,046	27	279,473,960
	28	Temporarily restricted net assets	479,408	28	0
	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	93,659,454	33	279,473,960
	34	Total liabilities and net assets/fund balances	1,901,077,970	34	694,898,221

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	1,100,078,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,089,454,801
3	Revenue less expenses Subtract line 2 from line 1	3	10,623,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,659,454
5	Net unrealized gains (losses) on investments	5	0
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	175,190,854
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	279,473,960

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 (2016)

Form 990, Part III, Line 4a:

FOR MORE THAN 100 YEARS, THE SISTERS OF THE HOLY FAMILY OF NAZARETH AND THE SISTERS OF THE RESURRECTION HAVE PROVIDED COMPASSIONATE CARE TO THOSE IN NEED--PARTICULARLY POOR, MARGINALIZED AND IMMIGRANT POPULATIONS THIS IS THE FOUNDATION OF THE SISTERS SACRED HEALTH MINISTRY, WHICH IS EMBODIED IN THE SYSTEM OF HEALTH CARE CORPORATIONS COLLECTIVELY KNOWN AS PRESENCE HEALTH CARE PRESENCE SAINT FRANCIS HOSPITAL (PSFH), FOUNDED IN 1901, IS A 367-BED, FULL SERVICE MEDICAL FACILITY IN ADDITION TO THE HOSPITAL AND PHYSICIAN OFFICE CENTER ON THE MAIN CAMPUS, PRESENCE SAINT FRANCIS HOSPITAL OPERATES COMPREHENSIVE DIAGNOSTIC AND TREATMENT SERVICES IN VIRTUALLY EVERY HEALTH SPECIALTY INCLUDING CARDIOLOGY, ONCOLOGY, NEPHROLOGY, UROLOGY, AND ORTHOPEDICS DEDICATED TO MEDICAL EDUCATION, THE HOSPITAL OFFERS OUTSTANDING RESIDENCIES IN INTERNAL MEDICINE, RADIOLOGY, TRANSITIONAL YEAR, AND OBSTETRICS/GYNEOCOLOGY FOR THE CALENDAR YEAR ENDED DECEMBER 2016, PSFH PROVIDED PATIENT CARE OF 31,871 PATIENT DAYS AND HAD 7,859 ACUTE DISCHARGES EMERGENCY ROOM VISITS TOTALED 35,510, SURGERIES TOTALED 4,954, AND OUTPATIENT REGISTRATIONS TOTALED 104,206 PSFH IS THE ONLY LEVEL 1 TRAUMA CENTER BETWEEN EVANSTON AND THE WISCONSIN STATE LINE, DESPITE THE EXTRAORDINARY EXPENSE OF MORE THAN $1 MILLION PER YEAR FOR SPECIALIZED PHYSICIANS, NURSES, TRAINING AND EQUIPMENT TO MAINTAIN THIS SPECIAL STATE DESIGNATION PRESENCE SAINT FRANCIS HOSPITAL'S PARAMEDIC TRAINING PROGRAM HAS GRADUATED 1,565 EMS PROFESSIONALS SINCE ITS INCEPTION IN 1973 AND PROVIDES MONTHLY CONTINUING EDUCATION FOR MORE THAN 700 PARAMEDICS VARIOUS OTHER COMMUNITY BENEFITS ARE PROVIDED INCLUDING FREE BLOOD PRESSURE, MELANOMA AND DIABETES SCREENINGS, HEALTH FAIRS SUCH AS HEALTHFEST, AND THE SUMMER SAFETY FAIR, SUPPORT GROUPS FOR SLEEP DISORDERS, BREAST CANCER, BARIATRICS AND DIABETES, EDUCATIONAL CLASSES ON NUTRITION, CHILDBIRTH AND CPR CERTIFICATION, AND COMMUNITY PARTNERSHIPS THROUGH LIFESOURCE BLOOD DRIVES, CAR SEAT SAFETY INSPECTIONS, OPERATION STARS AND STRIPES AND MEALS ON WHEELS PRESENCE RESURRECTION MEDICAL CENTER (PRMC) IS AN AWARD-WINNING, 360-BED ACADEMIC TEACHING HOSPITAL LOCATED ON THE NORTHWEST SIDE OF CHICAGO AS A FULL SERVICE MEDICAL CENTER OFFERING COMPREHENSIVE HEALTH SERVICES, THEY ARE DEDICATED TO PROVIDING QUALITY, COMPASSIONATE CARE TO ALL THEY SERVE RECENTLY, PRMC OPENED A NEW FIVE-STORY PATIENT CARE ADDITION WITH 120 PRIVATE ROOMS GUIDED BY THE LATEST RESEARCH, EVERY ASPECT OF THE NEW ADDITION PROMOTES HEALING PRMC OFFERS A BROAD RANGE OF SERVICES - FROM A LEVEL II EMERGENCY DEPARTMENT AND THE FAMILY BIRTHPLACE TO TREATMENT FOR CANCER AND HEART DISEASE THE MEDICAL STAFF OF NEARLY 500 DOCTORS, INCLUDING PRIMARY CARE PHYSICIANS AND SPECIALISTS IN 55 AREAS OF EXPERTISE, HAS A PROVEN TRACK RECORD OF EXCELLENCE MANY ARE LEADERS IN THEIR FIELD, CONDUCTING CLINICAL RESEARCH AND TEACHING THE NEXT GENERATION OF CARE PROVIDERS THE HOSPITAL PROVIDED PATIENT CARE THAT INCLUDED 55,781 ACUTE PATIENT DAYS AND ACUTE DISCHARGES OF 11,565 THERE WERE 11,745 REHAB PATIENT DAYS AND TOTAL REHAB DISCHARGES OF 915 THERE WERE 41,550 EMERGENCY ROOM VISITS, 2,895 INPATIENT SURGERIES, 4,519 OUTPATIENT SURGERIES and 163,652 OUTPATIENT REGISTRATIONS PRESENCE HOLY FAMILY MEDICAL CENTER OPERATES A FAITH-BASED LONG-TERM ACUTE CARE HOSPITAL (LTACH) IN ILLINOIS, AND THE ONLY SUCH HOSPITAL IN THE NORTHWEST CHICAGOLAND AREA PHFMC SPECIALIZES IN PROVIDING CARE FOR PATIENTS WHO ARE CRITICALLY ILL WITH COMPLEX CONDITIONS AND MUST BE HOSPITALIZED FOR AN EXTENDED PERIOD BETWEEN JANUARY 2016 AND DECEMBER 2016, PHFMC PROVIDED PATIENT CARE OF 29,248 INPATIENT DAYS OUTPATIENT SERVICES INCLUDE SAME DAY SURGERY, CARDIOLOGY, AND IMAGING BETWEEN JANUARY 1, 2016 AND DECEMBER 31, 2016, PHFMC PROVIDED PATIENT CARE FOR 18,918 OUTPATIENT REGISTRATIONS AND 1,165 SURGERIES KEYS TO RECOVERY OFFERS A VARIETY OF SUBSTANCE ABUSE TREATMENT PROGRAMS BETWEEN JANUARY 2016 AND DECEMBER 2016, PHFMC PROVIDED PATIENT CARE OF 2,007 INPATIENT MEDICAL DETOX DAYS, 4,312 RESIDENTIAL PARTIAL HOSPITALIZATION DAYS, AND 3,021 TREATMENT DAYS FOR OUTPATIENT FOR THE CALENDAR ENDED DECEMBER 2016, PRESENCE SAINT JOSEPH HOSPITALCHICAGOLAND PROVIDED PATIENT CARE OF 63,275 PATIENT DAYS DISCHARGES TOTALED 11,919 THERE WERE 2,137 REHAB PATIENT DAYS AND 183 REHAB DISCHARGES THERE WERE 8,080 PSYCH PATIENT DAYS AND 1,367 PSYCH DISCHARGES THERE WERE 21,179 EMERGENCY ROOM VISITS, 101,581 OUTPATIENT REGISTRATIONS, AND 6,920 SURGERIES PRESENCE SAINT JOSEPH HOSPITAL CHICAGO, FOUNDED IN 1868 BY THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, IS A FULL SERVICE HEALTH CARE FACILITY SERVING CHICAGO'S NORTH SIDE WITH OVER 130 YEARS OF SERVICE, PRESENCE SAINT JOSEPH HOSPITAL CHICAGO HAS A HIGHLY TRAINED TEAM OF EXPERTS WITH SPECIALTIES INCLUDING CANCER CARE AND DIAGNOSTIC IMAGING SERVICES WITH OPEN AND CLOSED MRI PRESENCE SAINTS MARY AND ELIZABETH (PSMEMC) RANKS NUMBER 26 OUT OF 118 CHICAGO METRO AREA HOSPITALS IN U S NEWS & WORLD REPORT'S 2014-15 "BEST HOSPITALS" RANKINGS PSMEMC EARNED DISTINCTIONS AS HIGH-PERFORMING IN THREE SPECIALTIES NEPHROLOGY, NEUROLOGY AND NEUROSURGERY AND UROLOGY THE MEDICAL CENTER HAS AN OUTSTANDING HEALTH-CARE TEAM OF PRIMARY CARE DOCTORS, SPECIALISTS, NURSES AND STAFF WHO PROVIDE CARE THEIR TEAM IS HIGHLY SKILLED, COMPASSIONATE, MULTILINGUAL AND ATTENTIVE TO PATIENT AND FAMILY NEEDS ON STAFF, THEY HAVE MORE THAN 500 PHYSICIANS IN 40 SPECIALTIES AS AN ACCREDITED CHEST PAIN CENTER, THEY HAVE ACHIEVED A HIGHER LEVEL OF EXPERTISE IN TREATING PATIENTS WITH CHEST PAIN AND OTHER HEART-ATTACK SYMPTOMS PSMEMC IS ALSO A CERTIFIED PRIMARY STROKE CENTER, WHICH MEANS THEY CAN RAPIDLY DIAGNOSE AND TREAT STROKES THE HOSPITAL PRESENCE SAINTS MARY AND ELIZBETH MEDICAL CENTER PROVIDED PATIENT CARE THAT INCLUDED 49,452 ACUTE PATIENT DAYS AND ACUTE DISCHARGES OF 12,037 THERE WERE 2,759 REHAB PATIENT DAYS AND TOTAL REHAB DISCHARGES OF 265 PSYCH PATIENT DAYS WERE 44,225 RESULTING IN DISCHARGES OF 5,904 EXTENDED CARE PATIENT DAYS WERE 8,514 RESULTING IN EXTENDED CARE DISCHARGES OF 418 THERE WERE 63,323 EMERGENCY ROOM VISITS, 2,610 INPATIENT SURGERIES AND 4,867 OUTPATIENT SURGERIES, AND 193,610 OUTPATIENT REGISTRATIONS

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES OUTPATIENT PHARMACIES THESE PHARMACIES ARE PRIMARILY FOR THE CONVENIENCE OF PATIENTS

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			
ANIL GOPINATH MD DIRECTOR (TERM 5/2016)	1 0 40 0	X						0	331,994	36,090
GARY LIPINSKI MD DIRECTOR	1 0 40 0	X						0	408,840	22,206
SAM BAGCHI MD DIRECTOR, PRESIDENT / CEO	1 0 41 0	X		X				0	650,989	150,847
MARK HANSON DIRECTOR	1 0 1 0	X						0	0	0
THOMAS HUBERTY MD DIRECTOR, CHAIR	1 0 2 0	X		X				0	0	0
THOMAS RUSSE DIRECTOR, VICE CHAIR	1 0 1 0	X		X				0	0	0
ANTHONY FILER TREASURER (TERM 1/16)	1 0 55 0			X				0	804,167	7,726
JAMES H KELLEY TREASURER	1 0 55 0			X				0	439,434	93,832
JEANNIE C FREY SECRETARY SYS CH LEGL OFFC	1 0 55 0			X				0	573,469	126,323
JULIE ROKNICH ASSISTANT SECRETARY	1 0 54 0			X				0	189,987	29,914

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			
PATRICIA EDDY ASSISTANT TREASURER	1 0 54 0			X				0	164,402	29,313
PATRICK QUINN ASSISTANT TREASURER	1 0 54 0			X				0	270,559	55,888
PAULA J CAMPBELL ASSISTANT TREASURER -TERM 8/16	1 0 54 0			X				0	293,454	5,179
STEPHEN WALTER TREASURER (TERM 5/16)	1 0 54 0			X				0	85,675	0
ANN ERRICHETTI President	1 0 42 0			X				0	631,440	27,105
ROBERTA LUSKIN-HAWK MD CEO/CHAIR/DIRECTOR EX-OFFC	40 0 1 0				X			544,163	0	619,974
MARTIN H JUDD RGN PRESIDENT & CEO-MCC	40 0 2 0				X			518,977	0	97,989
ROBERT MICHAEL DAHL RGN PRESIDENT & CEO-NWC	40 0 0 0				X			310,123	0	65,355
YOLANDE D WILSON-STUBBS PRESIDENT- HFMC LTACH	40 0 0 0				X			218,205	0	22,917
LOWELL JOHNSON CEO/CHAIR/DIRECTOR EX-OFFICIO	40 0 0 0				X			674,000	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			
DAVID BORDO MD REGIONAL CHF MED OFFNWC	40 0 1 0					X		398,873	0	41,577
DHRUVIL J PANDYA PHYSICIAN	40 0 0 0					X		1,027,847	0	30,578
SHERMAN HSIEN-CHANG CHEN PHYSICIAN	40 0 0 0					X		548,858	0	28,594
KIZITO C OJIAKO INTENSIVIST	40 0 0 0					X		434,358	0	38,671
MARC A DORFMAN CHAIR AND EXEC DIR MEDICAL ED	40 0 0 0					X		410,575	0	43,121
AMY D STEVENS FMR PHP PRESIDENT (TERM 12/15)	0 0 0 0						X	0	486,782	261
DAVID E LUNDAL FMR SVP INF TECH OPS-Trm 12/15	0 0 40 0						X	0	394,537	568,464
DAVID R FIELD FMR PHP FIN OFFC(Term 12/15)	0 0 40 0						X	0	293,514	2,191
MATTHEW A BROWN CHR/EXEC DIR MED-TRM 12/15	0 0 40 0						X	0	315,834	35,486
RICHARD J LAVACCHI SYS VP SUPP SVCS-TRM 12/15	0 0 40 0						X	0	219,602	55,311

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			
RICHARD J SALZER FMR SYS VP SPLY CHN-TRM 12/15	0 0 40 0						X	0	411,914	10,598
ROBYN PARKER PHP NWK DEV OFFC-TRM 12/15	0 0 40 0						X	0	240,845	13,507
SANDRA BRUCE FMR PRES/CEO/EX-OFFC-TRM 12/15	0 0 0 0						X	0	289,815	5,300
THOMAS KOELBL SYS VP HUMAN RES-TRM 12/15	0 0 41 0						X	0	482,189	29,746

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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

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 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)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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		
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		
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		
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 12a or 12b in Part I, answer (b) and (c) below*	4a		
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		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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 I of Schedule L (Form 990 or 990-EZ)*	8		
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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		

Part IV Supporting Organizations (continued)

			Yes	No
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		
b	A family member of a person described in (a) above?	11b		
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
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		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A PART I	CHANGE IN PUBLIC CHARITY STATUS DUE TO THE MERGING OF PRESENCE RESURRECTION MEDICAL CENTER , PRESENCE HOLY FAMILY MEDICAL CENTER, PRESENCE SAINT FRANCIS HOSPITAL, PRESENCE SAINT JOS EPH HOSPITAL CHICAGO, PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTERS INTO PRESENCE CHI CAGO HOSPITALS NETWORK, THE PUBLIC CHARITY STATUS WAS CHANGED TO HOSPITAL DESCRIBED IN SEC TION 170(B)(1)(A)(III) TO MORE ACCURATELY REFLECT THE STATUS OF THE ORGANIZATION

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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

2016

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		1,600
j	Total Add lines 1c through 1i			1,600
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B LINE 1I	OTHER ACTIVITIES NATIONAL ASSOCIATION OF LONG TERM CARE HOSPITALS 9 22% OF MEMBERSHIP DUES ARE SPENT ON LOBBYING ACTIVITIES

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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

2016

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	479,407	417,952	390,210	355,388	344,301
b Contributions	112,191	152,656	153,078	157,376	169,957
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	85,928	91,201	125,336	122,554	158,870
f Administrative expenses					
g End of year balance	505,670	479,407	417,952	390,210	355,388

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

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		30,749,590		30,749,590
b Buildings		631,212,715	348,759,340	282,453,375
c Leasehold improvements		22,544,347	1,315,871	21,228,476
d Equipment		427,479,487	284,406,038	143,073,449
e Other		23,485,622	12,164,788	11,320,834
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				488,825,724

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	0
BLUE CROSS SETTLEMENTS	79,324,635
PLC SECURITY DEPOSITS & ENTRANCE FEES	19,712,841
MEDICARE SETTLEMENTS	9,685,990
MEDICAID SETTLEMENTS	2,500,699
DUE TO AFFILIATES	261,261,208
OTHER LONG TERM LIABILITIES	18,830,909
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	391,316,282

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2235165

Name: Presence Chicago Hospitals Network

Supplemental Information

Return Reference	Explanation
Intended use of endowment funds	SCHEDULE D, PART V, LINE 4 TEMPORARILY RESTRICTED FUNDS WERE TRANSFERRED TO PRESENCE CARE TRANSFORMATION CORPORATION to be administered at the corporate services level for the bene fit of the system's chapels within each hospital FIN 48(ASC 740) Footnote SCHEDULE D, PAR T X, LINE 2 FIN 48 (ASC 740) FOOTNOTE - PRESENCE HEALTH AND AFFILIATES RECOGNIZE THE TAX B ENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSI TION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL ME RITS OF THE POSITION AS OF DECEMBER 31, 2016 AND 2015 PRESENCE HEALTH AND ITS AFFILIATES DO NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,827,630	0	16,827,630	1 580 %
b Medicaid (from Worksheet 3, column a)		114,164	241,685,337	258,001,288	-16,315,951	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		114,164	258,512,967	258,001,288	511,679	1 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	128	55,842	938,786	34,627	904,159	0 090 %
f Health professions education (from Worksheet 5)	45	8,185	75,807,073	17,777,764	58,029,309	5 460 %
g Subsidized health services (from Worksheet 6)	4	765	3,057,203	1,865,862	1,191,341	0 110 %
h Research (from Worksheet 7)	2	170	75,407	0	75,407	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	33	4,098	249,229	0	249,229	0 020 %
j **Total.** Other Benefits	212	69,060	80,127,698	19,678,253	60,449,445	5 690 %
k **Total.** Add lines 7d and 7j	212	183,224	338,640,665	277,679,541	60,961,124	7 270 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1		1,495	0	1,495	0 %
2	Economic development	2		14,783	0	14,783	0 %
3	Community support	7	572	11,948	0	11,948	0 %
4	Environmental improvements	1		91	0	91	0 %
5	Leadership development and training for community members			0	0	0	0 %
6	Coalition building	15	218	17,717	0	17,717	0 %
7	Community health improvement advocacy	3		10,457	0	10,457	0 %
8	Workforce development	8	602	58,331	2,914	55,417	
9	Other			0	0	0	0 %
10	Total	37	1,392	114,822	2,914	111,908	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	26,317,587		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	418,737,246
6	Enter Medicare allowable costs of care relating to payments on line 5	6	415,434,021
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,303,225
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

				Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

6

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) presencehealth org/community			
b ☐ Other website (list url) _____			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) presencehealth org/community			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) presencehealth org/financial-assista			
c	☑ A plain language summary of the FAP was widely available on a website (list url) presencehealth org/financial			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **1**

	Name and address	Type of Facility (describe)
1	LABOURE CLINIC 2913 N COMMONWEALTH CHICAGO, IL 60657	MEDICAL CARE CLINIC
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	PART I, LINE 3C IN ADDITION TO THE FEDERAL POVERTY GUIDELINES (FPG), WITH FPG FAMILY INCOM E LIMIT FOR ELIGIBLITY OF FREE CARE OF 200% AND FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FO R DISCOUNTED CARE OF 600% THE FOLLOWING ELIGIBLITY CRITERIA ARE EXPLAINED IN THE FINANCIAL ASSISTANCE POLICY PRESUMPTIVE ELIGIBILITY CRITERIA ANY PATIENT MEETING ANY OF THE CRITER IA SET FORTH BELOW WILL BE CONSIDERED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WITH OUT FURTHER DOCUMENTATION REQUIREMENTS IN SUCH SITUATIONS, THE PATIENT IS DEEMED TO HAVE A FAMILY INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL, AND THEREFORE ELIGIBLE FOR A 100% REDUCTION FROM MEDICALLY NECESSARY HOSPITAL CHARGES (I E FULL CHARITY WRITE OFF) P ATIENTS WILL RECEIVE A MINIMUM OF ONE (1) STATEMENT TO PROVIDE A SUMMARY OF SERVICES AND A CCOUNT INFORMATION PRESUMPTIVE ELIGIBILITY FOR 100% FINANCIAL ASSISTANCE WILL BE MADE FOR PATIENTS MEETING ANY OF THE FOLLOWING CRITERIA A PATIENT IS HOMELESS (WITH SUCH STATUS VERIFIED AFTER REVIEW OF AVAILABLE FACTS) B PATIENT IS DECEASED WITH NO ESTATE C PATIE NT IS MENTALLY OR PHYSICALLY INCAPACITATED AND HAS NO ONE TO ACT ON HIS/HER BEHALF D PAT IENT IS CURRENTLY ELIGIBLE FOR MEDICAID, BUT WAS NOT ON A PRIOR DATE OF SERVICE OR FOR NON -COVERED SERVICES E PATIENT IS ENROLLED OR COVERED BY THE WOMEN, INFANTS AND CHILDREN NU TRITION PROGRAM (WIC) F PATIENT IS ENROLLED OR COVERED BY THE SUPPLEMENTAL NUTRITION ASS ISTANCE PROGRAM (SNAP) OR FOOD STAMP ELIGIBILITY (LINK) G PATIENT IS ENROLLED OR COVERED BY THE ILLINOIS FREE LUNCH AND BREAKFAST PROGRAM (ELIGIBLE FOR FREE AND REDUCED PRICE SCH OOL MEALS) H PATIENT IS ENROLLED OR COVERED BY THE LOW INCOME HOME ENERGY ASSISTANCE PRO GRAM (LIHEAP) I PATIENT OR FAMILY IS A QUALIFIED PARTICIPANT IN AN ORGANIZED COMMUNITY-B ASED PROGRAM FOR PROVIDING ACCESS TO MEDICAL CARE THAT ACCESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS CRITERIA J PATIENT RECEIVES OR QUALIFIES FOR FREE CARE FROM A CO MMUNITY CLINIC AFFILIATED WITH THE HOSPITAL OR KNOWN TO HAVE ELIGIBILITY STANDARDS SUBSTAN TIALLY EQUIVALENT TO THAT OF THE HOSPITAL UNDER THIS POLICY, AND THE COMMUNITY CLINIC REFE RS THE PATIENT TO THE HOSPITAL FOR TREATMENT OR FOR A PROCEDURE K PATIENT IS A RECIPIENT OF GRANT ASSISTANCE FOR MEDICAL SERVICES L PATIENT PARTICIPATES IN STATE-FUNDED PRESCRI PTION PROGRAMS M PATIENT OR PATIENTS FAMILY IS ENROLLED IN ILLINOIS HOUSING DEVELOPMENT AUTHORITYS RENTAL HOUSING SUPPORT PROGRAM N PATIENT OR PATIENTS FAMILY HAS BEEN DETERMIN ED BY AN INDEPENDENT THIRD-PARTY REPORTING AGENCY TO HAVE FAMILY INCOME OF 200% OR LESS TH AN THE FEDERAL POVERTY LEVEL O PATIENT OR PATIENTS FAMILYS INABILITY TO PAY ANY PORTION OF PATIENT-LIABILITY AMOUNT HAS BEEN VERIFIED BY AN INDEPENDENT THIRD-PARTY AGENCY APPLIC ATION OF CATASTROPHIC DISCOUNT THE CATASTROPHIC DISCOUNT WILL BE AVAILABLE TO PATIENTS WH O HAVE MEDICAL EXPENSES OVER A 12-MONTH PERIOD FOR MEDICALLY NECESSARY SERVICES FROM A PRE SENCE HEALTH HOSPITAL THAT EXCEED 15% OF THE PATIENTS FAMILYS ANNUAL GROSS INCOME, EVEN AF TER PAYMENT BY THIRD-PARTY PAYERS ANY PATIENT RESPONSIBILITY IN EXCESS OF 15% WILL BE WRI TTEN OFF TO CHARITY SERVICES THAT ARE NOT MEDICALLY NECESSARY WILL NOT BE ELIGIBLE FOR TH IS DISCOUNT UNINSURED SELF-PAY DISCOUNT 1 THERE IS NO APPLICATION PROCESS FOR THE PATIEN T TO RECEIVE THE UNINSURED SELF-PAY DISCOUNT THE DISCOUNT IS APPLIED BASED ON THE ACCOUNT S SELF-PAY/UNINSURED STATUS 2 PATIENTS RECEIVING PRE-NEGOTIATED DISCOUNTS (PACKAGE PRICI NG) FOR HOSPITAL SERVICES WILL NOT BE ELIGIBLE FOR THE UNINSURED SELF-PAY DISCOUNT 3 IF A PATIENT IS SUBSEQUENTLY APPROVED FOR FINANCIAL ASSISTANCE, THE UNINSURED SELF-PAY DISCOU NT WILL BE REVERSED SO THAT THE FULL AMOUNT CAN BE RECOGNIZED AS A CHARITY DISCOUNT FINAN CIAL ASSISTANCE FOR CERTAIN CRIME VICTIMS INDIVIDUALS WHO ARE DEEMED ELIGIBLE BY THE STAT E OF ILLINOIS TO RECEIVE ASSISTANCE UNDER THE VIOLENT CRIME VICTIMS COMPENSATION ACT OR TH E SEXUAL ASSAULT VICTIMS COMPENSATION ACT SHALL FIRST BE EVALUATED FOR ELIGIBILITY FOR FIN ANCIAL ASSISTANCE BASED ON THE FINANCIAL ASSISTANCE GUIDELINES AND THE ELIGIBILITY CRITERI A APPLICATIONS FOR REIMBURSEMENT UNDER SUCH CRIME VICTIMS FUNDS WILL BE MADE ONLY TO THE EXTENT OF ANY REMAINING PATIENT LIABILITY AFTER THE FINANCIAL ASSISTANCE ELIGIBILITY DETER MINATION IS MADE FINANCIAL ASSISTANCE FOR INSURED PATIENTS FINANCIAL ASSISTANCE IN THE F ORM OF 100% DISCOUNTS (FREE CARE) ARE AVAILABLE FOR PATIENT-LIABILITY AMOUNTS REMAINING AF TER INSURANCE PAYMENTS, FOR INSURED PATIENTS WHO ARE ILLINOIS RESIDENTS WITH FAMILY GROSS INCOME LESS THAN OR UP TO 200% OF THE FEDERAL POVERTY GUIDELINES FOR INSURED PATIENTS WIT H FAMILY GROSS INCOME BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES, THE EXPECTE D PATIENT PAYMENT WILL BE THE LESSER OF PATIENTS OUT OF POCKET (OOP) LIABILITY REDUCED BY 100% OF THE HOSPITALS MEDICARE COST-TO-CHARGE RATIO OR THE AMOUNT THE PATIENT WOULD HAVE B EEN RESPONSIBLE FOR HAD THEY BEEN UNINSURED THE A

Form and Line Reference	Explanation
PART I FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	MOUNT OF FINANCIAL ASSISTANCE WILL BE DETERMINED ONCE ALL THIRD-PARTY PAYMENT AMOUNTS HAVE BEEN IDENTIFIED IN ADDITION, INSURED PATIENTS WITH HIGH HOSPITAL BILLS MAY RECEIVE A CAT ASTROPHIC DISCOUNT FINANCIAL ASSISTANCE FOR STUDENTS FINANCIAL ASSISTANCE FOR VERIFIED F ULL-TIME ENROLLED STUDENTS WITH INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL WILL B E ELIGIBLE FOR A 100% REDUCTION FROM CHARGES (I E , FULL CHARITY WRITE-OFF)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 6A	PRESENCE HEALTH NETWORK, THE PARENT OF PRESENCE CHICAGO HOSPITALS NETWORK PUBLISHED A COMMUNITY BENEFIT REPORT WITH 2016 DATA, WHICH DETAILS THE COMBINED CHARITABLE IMPACT OUR MINISTRIES HAVE WITHIN THE COMMUNITIES WE SERVE AS WELL AS THE IMPACT OF EACH INDIVIDUAL MINISTRY EACH MINISTRY CREATES MINISTRY-SPECIFIC IMPLEMENTATION STRATEGIES FOLLOWING THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS WHICH OUTLINE THE GOALS AND OBJECTIVES THEY HAVE ESTABLISHED TO ADDRESS THE PRIORITIZED NEEDS OF THEIR COMMUNITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 6B	THE 2016 PRESENCE HEALTH COMMUNITY BENEFIT REPORT WAS MADE PUBLICLY AVAILABLE THROUGH A VARIETY OF WAYS TO SHARE THE INFORMATION WITH THE COMMUNITY AT LARGE - PRINT VERSION OF REPORT THE REPORT WAS MAILED FROM THE SYSTEM OFFICE AND EACH HOSPITAL TO COMMUNITY PARTNERS, ELECTED OFFICIALS, AND LOCAL LEADERS - WEBSITE A ROBUST COMMUNITY SECTION HAS BEEN DEVELOPED AND CAN BE FOUND ONLINE AT WWW PRESENCEHEALTH ORG/COMMUNITY THIS SECTION INCLUDES AN ONLINE, DOWNLOADABLE FILE OF THE 2016 COMMUNITY BENEFIT REPORT AS WELL AS AN INTERACTIVE TOOL FOR EXPLORING THE COMMUNITY BENEFIT PROVIDED BY EACH MINISTRY THROUGH THIS LINK, COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DOCUMENTS SPECIFIC TO THE HOSPITAL CAN BE DOWNLOADED, INCLUDING A COMMUNITY-FRIENDLY CHNA DOCUMENT, THE SOURCE DOCUMENTS OF ALL DATA REVIEWED, AN OVERALL CHNA REPORT, AND AN IMPLEMENTATION STRATEGY - POWERPOINT PRESENTATION A STANDARD POWERPOINT OF THE ENTIRE 2016 COMMUNITY BENEFIT REPORT HAS BEEN MADE AVAILABLE A CUSTOMIZED VERSION OF THIS PRESENTATION HAS ALSO BEEN CREATED FOR EACH MINISTRY TO SHARE WITH THE COMMUNITY, WHICH SHOWS THE LOCAL COMMUNITY BENEFIT CONTRIBUTIONS, PERSONS SERVED, AND THE 2016 PRIORITIZED COMMUNITY NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 7, COLUMN F	PER 2016 INSTRUCTIONS FOR SCHEDULE H (FORM 990), THE BAD DEBT EXPENSE OF $26,317,584 HAS BEEN REMOVED FROM THE DENOMINATOR IN CALCULATING THE PERCENTAGE OF TOTAL EXPENSE IN LINE 7

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 7G	COSTS FROM PHYSICIAN CLINICS ARE NOT INCLUDED IN SUBSIDIZED SERVICE TOTALS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I LINE 7	THE COST-TO-CHARGE RATIO WAS USED TO DETERMINE SCHEDULE H, PART I, LINE 7A, FINANCIAL ASSISTANCE AT COST SCHEDULE H, PART I, LINE 7B, UNREIMBURSED MEDICAID, WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES THE REMAINING AMOUNTS REPORTED ON LINE 7 ARE REPORTED AT COST Part I - Provider List attached to the FAP During calendar year 2017 certain Presence Health hospitals were audited for Section 501(r) compliance The IRS determined that based on its interpretation of Treasury Regulations Section 1 501(r)-4(b)(1)(iii)(F), the provider list attached to the hospitals FAP should include all providers of medically necessary hospital services, indicating whether or not such providers are not covered by the FAP Presence is making this change to comply with the IRS interpretation

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES INCLUDE PROGRAMS THAT IMPROVE THE COMMUNITYS HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL HAZARDS PARTICIPATION IN COLLABORATIVE COMMUNITY EFFORTS TO PROMOTE PUBLIC HEALTH INITIATIVES IS ALSO INCLUDED, SUCH AS ENGAGEMENT IN COALITIONS AND ADVOCACY FOR HEALTH IMPROVEMENT THESE ACTIVITIES STRENGTHEN THE COMMUNITYS CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION PRESENCE HEALTH HOSPITAL MINISTRIES ENGAGE IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES WHICH ULTIMATELY IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE, EVEN THOUGH THEY ARE NOT SPECIFIC HEALTH ACTIVITIES EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE - THE WORK OF ALL OF OUR HOSPITALS IN SUPPORT OF DISASTER READINESS AND EMERGENCY PREPAREDNESS THIS WORK GOES ABOVE AND BEYOND ANY LICENSURE REQUIREMENTS TO PROACTIVELY ENSURE THAT OUR COMMUNITIES ARE SAFE AND PREPARED IF A DISASTER SHOULD PRESENT ITSELF - COMMUNITY SUPPORT DONATIONS FROM OUR MINISTRIES TO ORGANIZATIONS ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS - COALITION BUILDING PRESENCE SAINTS MARY & ELIZABETH MEDICAL CENTER AND PRESENCE RESURRECTION MEDICAL CENTER LED COMMUNITY VISIONING ACTIVITIES, INVITING COMMUNITY STAKEHOLDERS AND RESIDENTS TO HELP THE HOSPITALS IMAGINE THE HEALTHY FUTURE OF THE HOSPITAL CAMPUS AND NEIGHBORHOODS - WORKFORCE DEVELOPMENT PRESENCE SAINT JOSEPH HOSPITAL PARTNERS WITH LOCAL SCHOOLS TO PROVIDE INTERNSHIP OPPORTUNITIES IN HEALTHCARE CAREERS AND STRENGTHEN THE SCHOOL-TO-JOB PIPELINE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	THE BAD DEBT REPORTED ON PART III, LINE 2 AGREES WITH THE FINANCIAL STATEMENTS ACCOUNT THIS ACCOUNT REDUCES THE REVENUE RECOGNIZED RELATED TO THE ACCOUNT THAT IS DEEMED UNCOLLECTIBLE TO ZERO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 3	THE PROVISION FOR FINANCIAL ASSISTANCE POLICY ALLOWS FOR ACCOUNTS IN BAD DEBT TO BE APPROVED FOR FINANCIAL ASSISTANCE IF THE PATIENT MEETS THE CRITERIA IT IS POSSIBLE THAT THERE ARE FINANCIAL ASSISTANCE ACCOUNTS IN BAD DEBT, ALTHOUGH THE EXACT PERCENTAGE IS UNKNOWN AS WE DO NOT HAVE THE APPROPRIATE TOOLS TO DETERMINE THIS PERCENTAGE ACCURATELY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	FOR TAX RETURN PURPOSES THE BAD DEBT EXPENSE IS SHOWN ON PART IX, STATEMENT OF FUNCTIONAL EXPENSE FOR AUDIT PURPOSES THE ORGANIZATION FOLLOWS ASU 2011-07 PRESENTATION PATIENTS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENTS ACCOUNTS RECEIVABLE, PRESENCE HEALTH ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PRESENCE HEALTH ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH PATIENT RESPONSIBILITY (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE PATIENTS ARE SCREENED AGAINST PRESENCE HEALTH CHARITY CARE POLICY AND UNINSURED DISCOUNT POLICY FOR ANY REMAINING PATIENT RESPONSIBILITY BALANCE, PRESENCE HEALTH RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATE (OR DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

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Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	PRESENCE HEALTH COMPUTES THE MEDICARE SURPLUS (OR SHORTFALL) BASED ON A RATIO OF COST TO CHARGES PRESENCE HEALTH BELIEVES IT IS IMPORTANT FOR THE COMMUNITY AND THE IRS TO BE MADE AWARE OF GOVERNMENT SHORTFALLS, SPECIFICALLY MEDICARE HOWEVER, WE ACKNOWLEDGE THAT MEDICARE SHORTFALLS MAY BE EXPERIENCED BY OTHER THAN NON-PROFIT HEALTHCARE ORGANIZATIONS AS SUCH, PRESENCE HEALTH DOES NOT BELIEVE THAT MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT

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Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	COLLECTION POLICIES ARE THE SAME FOR ALL PRESENCE HEALTH HOSPITALS PATIENTS ARE NOTIFIED OF THE FINANCIAL ASSISTANCE POLICY AT THE TIME OF REGISTRATION VIA POSTED NOTIFICATIONS AND ON EVERY ACCOUNT STATEMENT THAT IS SENT TO THEM THIS INFORMATION IS AVAILABLE IN ALL LANGUAGES SPOKEN BY AT LEAST 1,000 HOUSEHOLDS OF LIMITED ENGLISH PROFICIENCY IN THE AREA SERVED BY THE HOSPITAL ENTITY, PER FINAL RULE 501(R) GIUDELINES PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE REVENUE CYCLE PER THE PROVISION FOR FINANCIAL ASSISTANCE POLICY, THE COLLECTION PROCESS IS AS FOLLOWS 1 PRE-LITIGATION REVIEW PRIOR TO AN ACCOUNT BEING AUTHORIZED FOR THE FILING OF SUIT FOR NON-PAYMENT OF A PATIENT BILL, A FINAL REVIEW OF THE ACCOUNT WILL BE CONDUCTED AND APPROVED BY THE FINANCIAL COUNSELING REPRESENTATIVE (OR DESIGNEE) TO MAKE SURE THAT NO APPLICATION OF FINANCIAL ASSISTANCE WAS EVER RECEIVED AND THAT THERE EXISTS OBJECTIVE EVIDENCE THAT THE PATIENT DOES HAVE SUFFICIENT FINANCIAL MEANS TO PAY ALL OR PART OF HIS/HER BILL PRIOR TO A COLLECTIONS SUIT BEING FILED, THE SELF-PAY COLLECTIONS DIRECTOR MUST REVIEW AND APPROVE 2 RESIDENTIAL LIENS NO HOSPITAL WILL PLACE A LIEN ON THE PRIMARY RESIDENCE OF A PATIENT WHO HAS BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE, FOR PAYMENT OF THE PATIENT'S UNDISCOUNTED BALANCE DUE FURTHER, IN NO CASE WILL ANY HOSPITAL EXECUTE A LIEN BY FORCING THE SALE OR FORECLOSURE OF THE PRIMARY RESIDENCE OF ANY PATIENT TO PAY FOR ANY OUTSTANDING MEDICAL BILL 3 NO USE OF BODY ATTACHMENTS NO HOSPITAL WILL USE BODY ATTACHMENT TO REQUIRE ANY PERSON, WHETHER RECEIVING FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS OR NOT, TO APPEAR IN COURT 4 COLLECTION AGENCY REFERRALS EACH HOSPITAL FINANCE ACCOUNTING WILL ENSURE THAT ALL COLLECTION AGENCIES USED TO COLLECT PATIENT BILLS PROMPTLY REFER ANY PATIENT WHO INDICATES FINANCIAL NEED, OR OTHERWISE APPEARS TO QUALIFY FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, TO A FINANCIAL COUNSELOR TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR SUCH A CHARITABLE DISCOUNT IN CASES WHERE A PATIENT HAS BEEN BILLED BUT IS LATER DETERMINED TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY WITHIN THE APPLICATION PERIOD, THE CHARGE IS REVERSED AND THE APPROPRIATE AMOUNT APPLIED TO CHARITY, AND THE PATIENT IS PROVIDED A REFUND IF THE FINAL PATIENT RESPONSIBILITY IS LESS THAN THE PATIENT ALREADY PAID FOR MORE INFORMATION ABOUT PRESENCE HEALTHS FINANCIAL ASSISTANCE PROGRAM, VISIT HTTP //PRESENCEHEALTH ORG/FINANCIAL-ASSISTANCE

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Form and Line Reference	Explanation
PART VI, LINE 2 NEEDS ASSESSMENT	PRESENCE HEALTH MINISTRIES JOIN FORCES WITH LOCAL COMMUNITY ORGANIZATIONS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) ARE COMPLETED FOR THE INDIVIDUAL COUNTIES WE SERVE WITH COMMUNITY PARTNERS EVERY 3 YEARS AS REQUIRED TO SUPPLEMENT THE CHNA, PRESENCE HOSPITALS ALSO REVIEW AND ANALYZE INPATIENT AND EMERGENCY DEPARTMENT UTILIZATION ON AN ANNUAL BASIS TO UNCOVER ANY NEW COMMUNITY HEALTH TRENDS IN ADDITION TO ASSESSING THE HEALTH NEEDS, PRESENCE HOSPITAL MINISTRIES ALSO COMPLETE MEDICAL STAFF DEVELOPMENT PLANS THE PLANS ARE CONDUCTED BY EXTERNAL CONSULTANTS, WHO PROVIDE AN INDEPENDENT ASSESSMENT OF THE NEED FOR PHYSICIANS BY SPECIALTY WITHIN THE HOSPITALS PRIMARY SERVICE AREA AS DEFINED BY STARK REGULATIONS IDENTIFYING COMMUNITY NEEDS IS JUST ONE STEP IN THE CHNA PROCESS THE MOST CRITICAL STEP IS PRIORITIZING AND ALIGNING EXPERTISE TO MAKE AN IMPACT ON THE IDENTIFIED NEEDS TO FACILITATE THIS PROCESS, THE BOARD OF DIRECTORS OF EACH HOSPITAL MINISTRY HAS APPOINTED A COMMUNITY LEADERSHIP BOARD THAT IS ULTIMATELY RESPONSIBLE FOR THE OVERSIGHT AND DIRECTION OF THE COMMUNITY BENEFIT INITIATIVES ON A TRIENNIAL BASIS THIS ADVISORY BOARD, WHICH IS MADE UP OF COMMUNITY MEMBERS, APPROVES THE HOSPITALS IMPLEMENTATION STRATEGY PURSUANT TO AUTHORITY DELEGATED BY THE HOSPITAL MINISTRYS BOARD OF DIRECTORS THIS PLAN IDENTIFIES THE PRIORITIES AND ACTIONS THAT WILL TAKE PLACE TO TRANSFORM COMMUNITY HEALTH

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Form and Line Reference	Explanation
PART VI, 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PRESENCE HEALTH HOSPITAL MINISTRIES PROACTIVELY COMMUNICATE THE AVAILABILITY OF OUR FINANCIAL ASSISTANCE/CHARITY CARE PROGRAMS BY USING MULTIPLE TYPES OF APPROPRIATE MEDIA AND IN MULTIPLE APPROPRIATE LANGUAGES THE MECHANISMS USED BY PRESENCE HEALTH HOSPITALS TO COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE/CHARITY CARE INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING 1 SIGNAGE SIGNS ARE POSTED PROMINENTLY THROUGHOUT HIGH TRAFFIC AREAS OF OUR MINISTRIES, AS WELL AS WITHIN OUR INPATIENT AND OUTPATIENT REGISTRATION/PATIENT ADMITTING AREAS AND EMERGENCY DEPARTMENTS SIGNS STATE THAT PATIENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, AND DESCRIBE HOW TO OBTAIN MORE INFORMATION, INCLUDING IDENTIFICATION OF APPROPRIATE HOSPITAL REPRESENTATIVES BY TITLE SIGNS AT EVERY HOSPITAL ARE IN ALL LANGUAGES SPOKEN BY AT LEAST 1,000 HOUSEHOLDS OF LIMITED ENGLISH PROFICIENCY IN ANY PRESENCE HEALTH HOSPITAL SERVICE AREA (18 LANGUAGES) 2 PROVISION OF FINANCIAL ASSISTANCE MATERIALS TO UNINSURED PATIENTS PRESENCE HEALTH HOSPITALS PROVIDE A SUMMARY OF ITS FINANCIAL ASSISTANCE PROGRAMS AND A FINANCIAL ASSISTANCE APPLICATION TO ALL PERSONS RECEIVING HOSPITAL CARE THAT IT IDENTIFIES AS UNINSURED PATIENTS AT THE TIME OF IN-PERSON REGISTRATION, ADMISSION, OR SUCH LATER TIME THAT THE PATIENT IS FIRST IDENTIFIED AS AN UNINSURED PATIENT FOR PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT, ALL PRESENCE HEALTH HOSPITALS PROVIDE SUCH FINANCIAL ASSISTANCE MATERIALS AT SUCH TIME AND IN SUCH MANNER AS IS CONSISTENT WITH THEIR OBLIGATIONS UNDER EMTALA TO ACCESS AND STABILIZE THE PATIENT BEFORE MAKING INQUIRY OF THE PATIENTS ABILITY TO PAY 3 FLIERS FLIERS, INFORMATION SHEETS AND SIMILAR FORMS OF WRITTEN COMMUNICATION REGARDING THE HOSPITALS FINANCIAL ASSISTANCE/CHARITY CARE POLICY ARE MAINTAINED IN APPROPRIATE AREAS OF THE HOSPITAL (E G EMERGENCY DEPARTMENT, ORGANIZED REGISTRATION AREAS, THE BUSINESS OFFICE) THESE COMMUNICATIONS STATE IN MULTIPLE LANGUAGES THAT THE HOSPITAL OFFERS FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS AND DESCRIBES HOW TO OBTAIN MORE INFORMATION 4 WEBSITE COMPREHENSIVE INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAMS INCLUDING ELIGIBILITY CRITERIA, APPLICATION DETAILS, AND CONTACT INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE (HTTP //PRESENCEHEALTH ORG/FINANCIAL-ASSISTANCE) 5 BILLING NOTICES EACH PRESENCE HEALTH HOSPITAL INCLUDES A NOTE ON OR WITH THE HOSPITAL BILL AND/OR STATEMENT REGARDING THE HOSPITALS FINANCIAL ASSISTANCE/CHARITY CARE PROGRAM AND HOW THE PATIENT MAY APPLY FOR CONSIDERATION UNDER THIS PROGRAM 6 FINANCIAL COUNSELORS EACH PRESENCE HEALTH HOSPITAL HAS ONE OR MORE FINANCIAL COUNSELORS WHOSE CONTACT INFORMATION IS LISTED OR PROVIDED WITH OTHER INFORMATION CONCERNING THE FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNT PROGRAM THESE COUNSELORS ARE AVAILABLE TO DISCUSS ELIGIBILITY AND OTHER QUESTIONS CONCERNING THE PROGRAM, AND PROVIDE ASSISTANCE WITH APPLICATIONS THEY ARE ALSO AVAILABLE TO MEET WITH PATIENTS DURING THEIR STAY IF THEY HAVE QUESTIONS ABOUT THEIR ABILITY TO PAY FOR SERVICES AND OUR FINANCIAL ASSISTANCE PROGRAMS 7 NOTIFICATION OF DETERMINATION WHEN A PRESENCE HEALTH HOSPITAL MAKES A DETERMINATION THAT A PATIENTS BILL IS DISCOUNTED OR ADJUSTED BASED ON A DETERMINATION OF FINANCIAL NEED, THE HOSPITAL NOTIFIES THE PATIENT OF SUCH ELIGIBILITY DETERMINATION AND THAT THERE IS NO FURTHER COLLECTION ACTION TAKEN ON THE DISCOUNTED PORTION OF THE PATIENTS BILL

Form and Line Reference	Explanation
PART VI, 4 COMMUNITY INFORMATION	PRESENCE HEALTH SYSTEM MINISTRIES, INCLUDING THE CORPORATION'S HOSPITALS, PROVIDE SERVICES AT 150 SITES, INCLUDING ELEVEN ACUTE CARE HOSPITALS WITH A TOTAL OF 3,188 STAFFED BEDS AN D OVER 90 PRIMARY AND SPECIALTY CARE CLINICS THESE MINISTRIES OFFER A BROAD RANGE OF SERV ICES FROM HIGHLY SPECIALIZED TERTIARY SERVICES TO AN EXTENDED NETWORK OF PRIMARY AND AMBUL ATORY CARE THE CORPORATION HAS IDENTIFIED A SEPARATE SERVICE AREA FOR EACH OF ITS ACUTE C ARE HOSPITALS UTILIZING A CONSISTENT METHODOLOGY AND REFLECTING A COMBINATION OF GEOGRAPHI C LOCATION AND MARKET SHARE CRITERIA THE TOTAL SERVICE AREA OF EACH MINISTRY REPRESENTS A PPROXIMATELY 80% TO 90% OF THE TOTAL INPATIENT DISCHARGES FROM THAT FACILITY THE PRIMARY SERVICE AREA (THE "PRIMARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 65 TO 75% OF SUCH DISCHARGES AND THE SECONDARY SERVICE AREA (THE "SECONDARY SERVICE AREA") OF EA CH FACILITY REPRESENTS APPROXIMATELY 15 TO 25% OF SUCH DISCHARGES THE PRIMARY SERVICE ARE AS AND SECONDARY SERVICE AREAS HAVE BEEN DETERMINED BY UTILIZING A PATIENT ORIGIN ANALYSIS TO IDENTIFY THOSE ZIP CODES THAT REPRESENT INPATIENT DISCHARGES THESE ZIP CODES ARE THEN MAPPED TO IDENTIFY GEOGRAPHIC COVERAGE OF THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS MANY OF THE PRESENCE HEALTH HOSPITAL MINISTRY FACILITIES ARE LOCATED IN POPULATION GROWTH AREAS BASED UPON POPULATION ESTIMATES AND PROJECTIONS OBTAINED FROM CLARITAS, INC , THE POPULATION OF THE OUR HOSPITALS COMBINED SERVICE AREA IS EXPECTED TO GROW AT A RATE OF 1 9% ANNUALLY BETWEEN 2012 AND 2017, COMPARED WITH A GROWTH RATE OF 1 3% AND 1 6% PER YEAR IN THE CHICAGO MSA AND IN ILLINOIS, RESPECTIVELY OF PRESENCES TOTAL SERVICE AREA POP ULATION, 10 7% IS OVER THE AGE OF 65, COMPARED TO 11 1% AND 12 3% IN THE CHICAGO MSA AND I N ILLINOIS, RESPECTIVELY PRESENCE HOLY FAMILY MEDICAL CENTER (PHFMC) THE PRESENCE HOLY F AMILY MEDICAL CENTER CHNA SERVICE AREA INCLUDES THE ZIP CODES 60016 AND 60018, WHICH CORRE SPOND TO THE COMMUNITIES OF DES PLAINES CITY AND UNINCORPORATED MAINE TOWNSHIP THE TOTAL POPULATION OF ZIP CODES 60016 AND 60018 IN 2010 WAS 89,789, MAKING UP THE SERVICE AREA OF PHFMC PHFMC IS A LONG-TERM ACUTE CARE HOSPITAL, SERVING A SPECIALTY POPULATION OF MEDICAL LY-COMPLEX PATIENTS PHFMC SPECIALIZES IN PROVIDING CARE FOR PATIENTS WHO ARE CRITICALLY I LL WITH COMPLEX CONDITIONS AND MUST BE HOSPITALIZED FOR AN EXTENDED PERIOD IT IS THE ONLY SUCH HOSPITAL IN NORTHWEST CHICAGOLAND Demographics In the past ten years, the populati on of Des Plaines decreased just slightly (0 6%), though much less than Chicago (7 0%), wh ile in contrast the Illinois and U S populations saw increases of 3% and 10%, respectivel y Within Des Plaines, about twice as many people live in the 60016 zip code (59,690) than in the 60018 zip code (30,099) Roughly a quarter of the population is under 20 years of age in Des Plaines and in the two zip codes, percentages that are similar to those for Coo k County, Chicago, Illinois and the U S Seventeen percent (17%) of Des Plaines residents are over 65 years of age, a slightly higher percentage than is seen in the Chicago, Cook C ounty, Illinois and the U S which range from 10% to 13% Between 2000 and 2010, the propo rtion of Caucasians in Des Plaines decreased from 84% to 77%, while the percentage of Hisp anic/Latinos and Asians increased An increasing number of residents are Asian and Hispani c/Latino The zip code 60016 has an increasing Asian population, while the zip code 60018 has an increasing Hispanic/Latino population Spanish is the top language spoken by those with limited English, followed by Polish Roughly 4 3% of students in Des Plaines have lim ited English skills, about half the percentage of Illinois students overall and about a qu arter of the percentage for Chicago students Socioeconomics In Des Plaines, the median ho usehold income was $60,875, about $8,000 higher than the median for Illinois and the U S The poverty rate in Des Plaines is roughly half the poverty rate in Illinois and the U S with 6 2% of Des Plaines residents living in poverty The percent of children living in po verty in Des Plaines, 10 3%, is more than 7 percentage points lower than the Illinois rate , half the U S rate and below the Community Health Rankings (CHR) benchmark One in five Des Plaines residents are living at or below 200% of the federal poverty level, 9% and 12% below the Illinois and U S rates, respectively The percentage of students eligible for free or reduced lunch varies by school from 15 1% in some schools to 70% in other schools In Des Plaines, 87% of students graduated high school and 13% of the population over 25 a re without a high school degree About 13% of Des Plaines residents over 25 do not have a high school degree, very similar to the Illinois rate but about two points lower than U S rate and 8 points below the Chicago rate Although the unemployment rate more than double d in Des Plaines from 2000 to the 2006-2010 averag

Form and Line Reference	Explanation
PART VI, 4 COMMUNITY INFORMATION	e (2 5% to 6 4%) it was still lower than the rates for Chicago, Illinois and the U S Acce ss to Care The percentage of uninsured is the same for Des Plaines and Illinois (13 1%) bu t about four and two points lower than Cook County the U S rates, respectively The curre nt percent in Des Plaines is higher than the CHR benchmark of 11% A higher percentage of the 60018 population are enrolled in Medicaid (22%) than the 60016 population (17%), thoug h both are below the Cook County (25%) and Illinois (21%) percentages Spanish, Russian an d Polish were the languages for which interpreters were most requested at PHFMC in 2011, m aking up over 90% of the 654 total requests Des Plaines is not considered a Health Profes sional Shortage Area by the United States Department of Health and Human Services A full Community Health Profile of demographic and other health indicators can be found of Presen ce Holy Family Medical Center at www presencehealth org/community PRESENCE RESURRECTION ME DICAL CENTER (PRMC) PRIMARY SERVICE AREA 60631 CHICAGO - NORWOOD PARK 60634 CHICAGO - DU NNING 60706 HARWOOD HEIGHTS/NORRIDGE 60656 CHICAGO - ORIOLE PARK/ O'HARE 60630 CHICAGO - J EFFERSON PARK 60068 PARK RIDGE 60714 NILES 60646 CHICAGO - EDGEBROOK 60641 CHICAGO - IRVIN G PARK 60016 DES PLAINES Demographics Portage Park (64,124) and Irving Park (53,359) are t he most populous communities in the service area Between 2000 and 2010 all but two of the communities saw population decreases with Irving Park having the largest decrease The pe rcentage of population under 20 in the communities ranged between 19% and 27% Compared to Chicago, Cook County, Illinois and the United States, communities in the service area had a high proportion of population over 65 In 2010, the percentage of the population over 6 5 in the communities ranged from 9% to 22% The percentage of the Caucasian population dec reased in all the community areas between 2000 and 2010, although the percentage of the Ca ucasian population remains over 80% in Edison Park, Norwood Park, Jefferson Park, Harwood Heights, Norridge and Park Ridge Over 40% of the population in Irving Park and Portage Pa rk are Hispanic/Latino Asian residents are increasing in all communities particularly in Niles, Forest Glen and Jefferson Park There are several languages spoken in the PRMC serv ice area Over 20% of the population in Dunning, Harwood Heights, Irving Park, Niles, Norr idge and Portage Park identifies as having limited English speaking skills Polish and Spa nish are the languages most often spoken by those with limited English speaking skills Po lish is the most often used language in Dunning, Harwood Heights, Norridge and Portage Par k, while Spanish is the top language in Irving Park The high schools in the service area report a smaller percentage of students with limited English-speaking skills than Chicago overall Socioeconomics Forest Glen and Park Ridge had the highest median household income s in the service area Irving Park, Portage Park, Harwood Heights, Niles and Norridge had similar median household incomes of around $53,000 All the community areas have poverty r ates below Chicago and Cook County The highest rates of poverty are in Portage Park and I rving Park in the PRMC service area Similarly, Portage Park and Irving Park have the high est percentage of children living in poverty and the greatest proportion of residents livi ng 200% below the poverty line The southwest part of the service area (Portage Park and I rving Park) has the greatest proportion of schools with more than 70% of the students elig ible for free and reduced lunch All of the high schools in the service area have graduati on rates higher than the Chicago citywide rate of 73 8% The high schools in Portage Park, Irving Park and Dunning have the lowest high school graduation rates in the service area Twenty-two percent of the residents under 25 years of age in Irving Park do not have a hi gh school degree while that rate was few

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Form and Line Reference	Explanation
PART VI, 5 PROMOTION OF COMMUNITY HEALTH	PRESENCE HEALTH HOSPITALS ARE FAITH-BASED MINISTRIES THAT PROVIDE SERVICES BASED UPON THE ETHICAL AND RELIGIOUS DIRECTIVES OF THE CATHOLIC CHURCH PRESENCE HEALTH HOSPITALS ENHANCE THE PUBLIC HEALTH OF OUR COMMUNITIES BY 1 ENSURING OUR MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS 2 ALL OF OUR HOSPITALS ARE ACCREDITED AND IN GOOD STANDING WITH THE JOINT COMMISSION ACCREDITATION OF HEALTHCARE ORGANIZATIONS 3 ENSURING OUR BOARD OF DIRECTORS IS DIVERSE AND ABLE TO PROVIDE EXPERTISE, AND MADE UP OF INDEPENDENT MEMBERS OF THE COMMUNITIES WE SERVE OUR BOARD MEMBERS MUST FOLLOW A CONFLICT OF INTEREST POLICY 4 REINVESTING SURPLUS FUNDS INTO THE ORGANIZATION TO IMPROVE PATIENT CARE THOUGH NEW PROGRAMS AND TECHNOLOGY 5 PROVIDING FINANCIAL ASSISTANCE, SLIDING SCALE DISCOUNTS AND HAS COLLECTION PRACTICES THAT ARE IN COMPLIANCE WITH STATE AND FEDERAL GUIDELINES IN ADDITION, WE FOLLOW THE FINANCIAL ASSISTANCE AND CHARITY GUIDELINES OF THE CATHOLIC HEALTH ASSOCIATION 6 PARTICIPATING IN ALL GOVERNMENT SPONSORED HEALTH CARE PROGRAMS, MEDICARE, MEDICAID, CHAMPUS, TRICARE, SCHIP AND OTHERS 7 PROVIDING EMERGENCY ROOM SERVICES IN ALL OF OUR COMMUNITIES AND PROVIDING TRAINING TO LOCAL FIRE DEPARTMENTS AND AMBULANCES OUR EMERGENCY ROOM PARTICIPATES WITH LOCAL POLICE AND FIRE DEPARTMENTS IN DISASTER DRILLS 8 STAFFING BOARD CERTIFIED EMERGENCY ROOM PHYSICIANS IN OUR EMERGENCY ROOM AND URGENT CARE SERVICES WE TREAT PATIENTS ACCORDING TO EMTALA GUIDELINES AND SERVE ALL PATIENTS REGARDLESS OF ABILITY TO PAY IN ADDITION, WE ARE COMMITTED TO DETERMINING THE NEEDS OF OUR COMMUNITIES AND CREATING WAYS TO MEET THOSE NEEDS THE OBLIGATION TO REACH OUT TO THOSE IN NEED AND IMPROVE HEALTH FLOWS DIRECTLY FROM OUR CATHOLIC IDENTITY AND THE HERITAGE OF OUR FOUNDING CONGREGATIONS IN EACH OF THE COMMUNITIES WE SERVE, WE WORK WITH OTHERS INCLUDING CHARITABLE ORGANIZATIONS, COMMUNITY HEALTH PROVIDERS, ELECTED OFFICIALS, BUSINESS LEADERS, SCHOOLS, CHURCHES, AND RESIDENTS TO LOOK AT THE OVERALL HEALTH OF THE COMMUNITY AND IDENTIFY THE GREATEST NEEDS WE THEN MAKE A PLAN AND DEVELOP STRATEGIES TOGETHER WITH OUR COMMUNITIES TO ADDRESS THE HIGHEST PRIORITY HEALTH NEEDS THE HIGHEST PRIORITY NEEDS AND THE PROGRAMS WEVE DEVELOPED TO MEET THESE NEEDS ARE IDENTIFIED IN PART V SECTION C IN THE DESCRIPTION FOR PART V SECTION B LINE 11

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Form and Line Reference	Explanation
Part VI, Line 6 Affiliated Health Care System	THE PROVENA HEALTH AND RESURRECTION HEALTH CARE SYSTEMS COMBINED ON NOVEMBER 1, 2011 TO FORM A NEW HEALTH SYSTEM, PRESENCE HEALTH, CREATING A COMPREHENSIVE FAMILY OF NOT-FOR-PROFIT HEALTH CARE SERVICES AND THE SINGLE LARGEST CATHOLIC HEALTH SYSTEM BASED IN ILLINOIS PRESENCE HEALTH EMBODIES THE ACT OF BEING PRESENT IN EVERY MOMENT WE SHARE WITH THOSE WE SERVE AND IS THE CORNERSTONE OF A PATIENT, RESIDENT AND FAMILY-CENTERED CARE ENVIRONMENT "PRESENCE" HEALTH EMBODIES THE WAY WE CHOOSE TO BE PRESENT IN OUR COMMUNITIES, AS WELL AS WITH ONE ANOTHER AND THOSE WE SERVE PRESENCE HEALTH IS SPONSORED BY PRESENCE HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON COMPRISED INITIALLY OF FIVE CONGREGATIONS OF CATHOLIC RELIGIOUS WOMEN THE FRANCISCAN SISTERS OF THE SACRED HEART, THE SERVANTS OF THE HOLY HEART OF MARY, THE SISTERS OF THE HOLY FAMILY OF NAZARETH, SISTERS OF MERCY OF THE AMERICAS AND THE SISTERS OF THE RESURRECTION AS WAS THE CASE FROM OUR VERY BEGINNINGS, PRESENCE HEALTH IS CALLED TO BE MUCH MORE THAN JUST A PROVIDER OF HEALTH SERVICES PRESENCE HEALTH HAS INSTILLED WITHIN ALL OF ITS MINISTRIES THAT ARE COMMITTED TO RESPONDING TO THE NEEDS OF THOSE WE ARE PRIVILEGED TO SERVE, DELIVERING HIGH QUALITY CARE THAT IS ACCESSIBLE TO ALL IT IS THIS CULTURE OF CARING AND GIVING THAT DRIVES OUR DILIGENT EFFORTS TO ENSURE WE RETURN THE OPTIMAL VALUE OF OUR CHARITABLE ASSETS TO OUR LOCAL COMMUNITIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, PRESENCE HEALTH INVESTS A SIGNIFICANT PORTION OF ITS OPERATING CAPITAL INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE VULNERABLE POPULATIONS, SUCH AS THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS, AND PROMOTE HEALTH EDUCATION AND PROMOTION OUTREACH AND INITIATIVES IN FISCAL YEAR 2016, THIS INCLUDED $161 MILLION IN COMMUNITY BENEFIT ACTIVITIES PRESENCE HEALTH THUS TAKES A SYSTEMS APPROACH TO ITS COMMUNITY BENEFIT EFFORTS, AND THEREFORE ENSURES ITS MEMBER HOSPITALS AND OTHER ENTITIES AND AFFILIATES ARE HELPING TO PROMOTE AND ADDRESS THE HEALTH NEEDS OF THE COMMUNITIES THEY SERVE FOR MORE INFORMATION ON PRESENCE HEALTH, VISIT WWW PRESENCEHEALTH ORG

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Form and Line Reference	Explanation
Part VI, Line 7 State Filing Of Community Benefit Report	PRESENCE HEALTH FILES ITS ANNUAL COMMUNITY BENEFIT REPORT IN ILLINOIS

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

	Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **6** Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	PRESENCE SAINT JOSEPH HOSPITAL CHICAG 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 presencehealth org 0005983	X	X		X			X			A
2	PRESENCE RESURRECTION MEDICAL CENTER 7435 W TALCOTT AVENUE CHICAGO, IL 60631 presencehealth org 0006031	X	X		X			X			A
3	PRESENCE SAINT FRANCIS HOSPITAL 355 RIDGE AVENUE EVANSTON, IL 60202 PRESENCEHEALTH ORG 0005991	X	X		X			X		LEVEL I TRAUMA CNTR	A
4	PRESENCE SAINT MARY OF NAZARETH HOSPI 2233 W DIVISION ST CHICAGO, IL 60622 PRESENCEHEALTH ORG 0006007	X	X		X			X			A
5	PRESENCE SAINT ELIZABETH HOSPITAL 1431 N CLAREMONT CHICAGO, IL 60622 PRESENCEHEALTH ORG 0006015	X	X		X			X			A
6	PRESENCE HOLY FAMILY MEDICAL CENTER 100 NORTH RIVER ROAD DES PLAINES, IL 60016 PRESENCEHEALTH ORG 0006023	X								LT ACUTE CARE HOSPTL	A

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	ALL PRESENCE HEALTH COOK COUNTY HOSPITALS PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY TO CONDUCT A COUNTY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT ALONG WITH 21 OTHER HOSPITALS, 7 PUBLIC HEALTH DEPARTMENTS, AND MORE THAN 100 COMMUNITY ORGANIZATIONS STAKEHOLDER ENGAGEMENT THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY IS FOCUSED ON COMMUNITY-ENGAGED ASSESSMENT, PLANNING AND IMPLEMENTATION STAKEHOLDERS AND COMMUNITY PARTNERS HAVE BEEN INVOLVED IN MULTIPLE WAYS THROUGHOUT THIS ASSESSMENT PROCESS, BOTH IN TERMS OF COMMUNITY INPUT DATA AND AS DECISION-MAKING PARTNERS TO ENSURE MEANINGFUL ONGOING INVOLVEMENT, EACH REGIONS STAKEHOLDER ADVISORY TEAM MET MONTHLY DURING THE ASSESSMENT PHASE TO PROVIDE INPUT AT EVERY STAGE AND TO ENGAGE IN CONSENSUS-BASED DECISION MAKING ADDITIONAL OPPORTUNITIES FOR STAKEHOLDER ENGAGEMENT DURING ASSESSMENT INCLUDED PARTICIPATION IN HOSPITALS COMMUNITY ADVISORY GROUPS AND COMMUNITY INPUT THROUGH SURVEYS AND FOCUS GROUPS THE STAKEHOLDER ADVISORY TEAM MEMBERS BRING DIVERSE PERSPECTIVES AND EXPERTISE THEY REPRESENT POPULATIONS AFFECTED BY HEALTH INEQUITIES INCLUDING DIVERSE RACIAL AND ETHNIC GROUPS, IMMIGRANTS AND REFUGEES, OLDER ADULTS, YOUTH, HOMELESS INDIVIDUALS, UNEMPLOYED, LESBIAN, GAY, BISEXUAL, QUEER, INTERSEX, AND ASEXUAL (LGBQIA) AND TRANSGENDER INDIVIDUALS, UNINSURED, AND VETERANS WHEN REQUESTED, ALL STAKEHOLDER GROUPS PROVIDED INPUT PLEASE SEE PART V, SECTION B, LINE 6B FOR A LIST OF COMMUNITY STAKEHOLDERS THAT PROVIDED INPUT ON THE CHNA PROCESS, MANY OF THEM AS REPRESENTATIVES OF VULNERABLE AND MARGINALIZED COMMUNITIES ASSESSMENT FRAMEWORK AND METHODOLOGY THE COLLABORATIVE USED THE MAPP ASSESSMENT FRAMEWORK THE MAPP FRAMEWORK PROMOTES A SYSTEM FOCUS, EMPHASIZING THE IMPORTANCE OF COMMUNITY ENGAGEMENT, PARTNERSHIP DEVELOPMENT, SHARED RESOURCES, SHARED VALUES, AND THE DYNAMIC INTERPLAY OF FACTORS AND FORCES WITHIN THE PUBLIC HEALTH SYSTEM THE FOUR MAPP ASSESSMENTS ARE - COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) - COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) - FORCES OF CHANGE ASSESSMENT (FOCA) - LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CHOSE THIS COMMUNITY-DRIVEN ASSESSMENT MODEL TO ENSURE THAT THE ASSESSMENT AND IDENTIFICATION OF PRIORITY HEALTH ISSUES WAS INFORMED BY THE DIRECT PARTICIPATION OF STAKEHOLDERS AND COMMUNITY RESIDENTS THE FOUR MAPP ASSESSMENTS WERE CONDUCTED IN PARTNERSHIP WITH COLLABORATIVE MEMBERS AND THE RESULTS WERE ANALYZED AND DISCUSSED IN MONTHLY STAKEHOLDER ADVISORY TEAM MEETINGS

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	THE FOLLOWING HOSPITALS PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY ADVOCATE CHILDREN'S HOSPITAL (ADJUNCT) ADVOCATE CHRIST MEDICAL CENTER ADVOCATE ILLINOIS MASONIC MEDICAL CENTER ADVOCATE LUTHERAN GENERAL HOSPITAL ADVOCATE SOUTH SUBURBAN MEDICAL CENTER ADVOCATE TRINITY HOSPITAL GOTTLIEB MEMORIAL HOSPITAL LOYOLA UNIVERSITY MEDICAL CENTER MERCY HOSPITAL & MEDICAL CENTER NORTHSHORE EVANSTON HOSPITAL NORTHSHORE GLENBROOK HOSPITAL NORTHSHORE HIGHLAND PARK HOSPITAL (ADJUNCT) NORTHSHORE SKOKIE HOSPITAL NORWEGIAN AMERICAN HOSPITAL PRESENCE HOLY FAMILY MEDICAL CENTER PRESENCE RESURRECTION MEDICAL CENTER PRESENCE SAINT FRANCIS HOSPITAL PRESENCE SAINT JOSEPH HOSPITAL PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER PROVIDENT HOSPITAL OF COOK COUNTY RML SPECIALTY HOSPITALS (CHICAGO & HINSDALE) ROSELAND COMMUNITY HOSPITAL RUSH OAK PARK RUSH UNIVERSITY MEDICAL CENTER STROGER HOSPITAL OF COOK COUNTY

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B	THE 2016 PRESENCE HEALTH COMMUNITY BENEFIT REPORT WAS MADE PUBLICLY AVAILABLE THROUGH A VARIETY OF WAYS TO SHARE THE INFORMATION WITH THE COMMUNITY AT LARGE - PRINT VERSION OF REPORT THE REPORT WAS MAILED FROM THE SYSTEM OFFICE AND EACH HOSPITAL TO COMMUNITY PARTNERS, ELECTED OFFICIALS, AND LOCAL LEADERS - WEBSITE A ROBUST COMMUNITY SECTION HAS BEEN DEVELOPED AND CAN BE FOUND ONLINE AT WWW PRESENCEHEALTH ORG/COMMUNITY THIS SECTION INCLUDES AN ONLINE, DOWNLOADABLE FILE OF THE 2016 COMMUNITY BENEFIT REPORT AS WELL AS AN INTERACTIVE TOOL FOR EXPLORING THE COMMUNITY BENEFIT PROVIDED BY EACH MINISTRY THROUGH THIS LINK, COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DOCUMENTS SPECIFIC TO THE HOSPITAL CAN BE DOWNLOADED, INCLUDING A COMMUNITY-FRIENDLY CHNA DOCUMENT, THE SOURCE DOCUMENTS OF ALL DATA REVIEWED, AN OVERALL CHNA REPORT, AND AN IMPLEMENTATION STRATEGY - POWERPOINT PRESENTATION A STANDARD POWERPOINT OF THE ENTIRE 2016 COMMUNITY BENEFIT REPORT HAS BEEN MADE AVAILABLE A CUSTOMIZED VERSION OF THIS PRESENTATION HAS ALSO BEEN CREATED FOR EACH MINISTRY TO SHARE WITH THE COMMUNITY, WHICH SHOWS THE LOCAL COMMUNITY BENEFIT CONTRIBUTIONS, PERSONS SERVED, AND THE 2016 PRIORITIZED COMMUNITY NEEDS

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7D	COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	ALL COOK COUNTY PRESENCE HEALTH HOSPITALS PRIORITIZED THE FOLLOWING FOUR IDENTIFIED HEALTH NEEDS AS A RESULT OF STAKEHOLDER AND COMMUNITY INPUT AND ENGAGEMENT THROUGH THE HEALTH IM PACT COLLABORATIVE OF COOK COUNTY - IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINAN TS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUITIES - IMPROVING MENTAL AND BEHAVIOR AL HEALTH - PREVENTING AND REDUCING CHRONIC DISEASE (FOCUSED ON RISK FACTORS NUTRITION, PH YSICAL ACTIVITY, AND TOBACCO) - INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES ALL IDEN TIFIED HEALTH NEEDS ARE BEING ADDRESSED AT EACH HOSPITAL WE HAVE IMPLEMENTED AN EVIDENCE- BASED APPROACH TO MEET EACH PRIORITIZED COMMUNITY NEED, EITHER BY DEVELOPING A NEW PROGRAM , STRENGTHENING AN EXISTING ONE, OR BORROWING A SUCCESSFUL MODEL FROM ANOTHER CONTEXT WE PAID SPECIAL ATTENTION TO GAPS IN EXISTING SERVICES, THE NEEDS OF MARGINALIZED OR VULNERAB LE POPULATIONS, AND WHETHER WORKING IN PARTNERSHIP WITH OTHER ORGANIZATIONS MIGHT HELP US ADDRESS NEEDS MORE HOLISTICALLY THESE PROGRAMS EXIST ALONGSIDE OTHER COMMUNITY BENEFIT OP ERATIONS AT PRESENCE HEALTH, SUCH AS A COMPREHENSIVE FINANCIAL ASSISTANCE POLICY AND A LAR GE OUTLAY IN HEALTH PROFESSIONS EDUCATION, WHICH ALSO HELP ADDRESS COMMUNITY NEEDS WITHOUT THE USE OF FORMAL PROGRAM EVALUATION BELOW ARE THE KEY INTERVENTIONS OUR HOSPITALS ARE I MPLEMENTING TO ADDRESS EACH PRIORITIZED HEALTH NEED GOAL 1 REDUCE INEQUITIES AND IMPROVE SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH STRATEGY 1A IMPROVE THE ECONOMIC VIBRANCY, BROAD PROSPERITY AND FINANCIAL SECURITY OF OUR COMMUNITIES ANCHOR MISSION UTILI ZE THE MINISTRYS POSITION AS AN ANCHOR INSTITUTION TO DRIVE INVESTMENT IN VULNERABLE COMMU NITIES HEALTHCARE WORKFORCE COLLABORATIVE A SERIES OF PARTNERSHIPS AIMED AT ALIGNING AVAIL ABLE HEALTHCARE JOBS AND THE SKILLS OF CURRENT JOB SEEKERS SCHOOL-BASED CAREER PIPELINE (A CHIEVING DREAMS) WORK WITH OUR ACADEMIC PARTNERS TO PROVIDE EXPOSURE AND TRAINING FOR STUD ENTS INTERESTED IN HEALTHCARE CAREERS YOUTH SUMMER EMPLOYMENT PROGRAM THAT EMPLOYS AT-RISK YOUTH (16-24) IN SUMMER JOBS AND APPRENTICESHIPS STRATEGY 1B IMPROVE THE HEALTH, SAFETY AND ACCESSIBILITY OF HOUSING GREEN AND HEALTHY HOMES INITIATIVE PROGRAM TO REMEDIATE ENVIR ONMENTAL HEALTH CONDITIONS THAT CAUSE POOR HEALTH SUCH AS ASTHMA TRIGGERS, LACK OF HOME VE NTILATION AND LEAD PAINT SUPPORTIVE HOUSING AND CARE LINKAGES FOR THE HOMELESS PROGRAM TO REMEDIATE HOMELESSNESS AND TRANSIENT LIVING BY PROVIDING CLOSER CARE COORDINATION AND REF ERRALS TO TRANSITIONAL AND SUPPORTIVE HOUSING ADVOCATING FOR THE EXPANSION OF AFFORDABLE HOUSING CREDITS IMPROVING THE LANDSCAPE OF AFFORDABLE HOUSING IN ILLINOIS BY ADVOCATING FO R GREATER USE OF HOUSING VOUCHERS AND MORE FINANCIAL SUPPORT FOR SUBSIDIZED HOUSING SCREE N FOR HOUSING AND UTILITY SECURITY DEVELOP A SCREENING TOOL WITH OUR HOSPITAL AND HEALTH D EPARTMENT PARTNERS TO IDENTIFY PATIENTS AND COMMUNITY MEMBERS LIVING IN UNSTABLE HOUSING O R SUFFERING FROM UTILITY BURDE

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	NS STRATEGY 1C REDUCE VIOLENCE AND MITIGATE THE IMPACT IT HAS ON THE HEALTH AND WELL-BEI NG OF OUR NEIGHBORS ANTI-BULLYING CAMPAIGN DEVELOP STRATEGIES IN COLLABORATION WITH LOCAL PARTNERS TO REDUCE BULLYING AND CIRCUMVENT CYCLES OF VIOLENCE ANTI-HUMAN TRAFFICKING HUM AN TRAFFICKING VICTIMS ARE SUBJECTED TO FORCE, FRAUD OR COERCION FOR THE PURPOSE OF SEX OR FORCED LABOR, AND MANY CAN BE INTERDICTED AT HOSPITALS BY PROFESSIONALS TRAINED TO RECOGN IZE POSSIBLE EXPLOITATION GUN VIOLENCE PREVENTION TASK FORCE SERVE ON A TASK FORCE COMPRI SED OF COMMUNITY STAKEHOLDERS TO DEVELOP INTERVENTIONS FOR GUN VIOLENCE AND THE RESULTANT TRAUMA APPROPRIATE TO THE CIRCUMSTANCES OF THE COMMUNITY SAFE PASSAGE ROUTES & SAFE HAVEN PROGRAM SAFE PASSAGE IS DESIGNED TO PROVIDE SAFE ROUTES FOR STUDENTS WHILE TRAVELING TO A ND FROM SCHOOL SAFE HAVEN PROGRAM ARE SITES (HOSPITALS, BUSINESSES, LIBRARIES) IDENTIFIED BY A SIGNED PLACED IN THE LOCATION, TO ALERT THE CHILD THAT THEY CAN FIND A FRIENDLY SHEL TER INSIDE AND ASK FOR ASSISTANCE STRATEGY 1D IMPROVE ACCESS TO QUALITY, HEALTHY AFFORDA BLE FOOD FARMERS MARKET SPONSOR AND HOST SEASONAL FARMERS MARKETS ON MINISTRY GROUNDS TO P ROVIDE ACCESS TO HEALTHY FOOD TO COMMUNITY RESIDENTS, PATIENTS, AND ASSOCIATES SURPLUS PR OJECT UTILIZE EXCESS FOOD PRODUCED IN MINISTRY CAFETERIAS BY PACKAGING AND DISTRIBUTING TO SUMMER LUNCH PROGRAMS, HOMELESS SHELTERS AND FOOD BANKS SNAP BENEFITS IMPROVE ENROLLMENT AND ADVOCATE FOR EXPANDED BENEFITS GOAL 2 IMPROVE MENTAL HEALTH AND DECREASE SUBSTANCE ABUSE STRATEGY 2A INCREASE AWARENESS OF MENTAL HEALTH CONDITIONS AND REDUCE STIGMA MENTAL HEALTH FIRST AID (MHFA) CERTIFICATE-BASED PROGRAM USING NATIONAL, EVIDENCE-BASED CURRICUL UM THAT TEACHES THE SKILLS TO RESPOND TO THE SIGNS OF MENTAL ILLNESS AND SUBSTANCE USE DIS ORDERS TRAUMA-INFORMED COMMUNITIES PARTNER WITH LOCAL AND COUNTY HEALTH DEPARTMENTS TO AC HIEVE THE DESIGNATION BY HELPING TRAIN CITY AND COUNTY WORKFORCE IN TRAUMA-INFORMED SERVIC E DELIVERY, PROVIDE RESOURCE GUIDES AND SUPPORT POLICY CHANGE STRATEGY 2B DEVELOP TELEHE ALTH POLICY SOLUTIONS TO ADDRESS MENTAL HEALTH PROFESSIONAL SHORTAGES ADOLESCENT AND TEEN DRUG AND ALCOHOL PREVENTION PROVIDE INFORMATION OF LONG-TERM EFFECTS OF DRUG AND ALCOHOL U SE TO REDUCE THE LEVEL OF ADOLESCENT DRUG AND ALCOHOL DRUG ABUSE AND PROMOTE POSITIVE MENT AL HEALTH AMONG TEENS IN OUR COMMUNITY PARTNER WITH ADDICTION AND RECOVERY GROUPS PROVIDE SPACE, RESOURCES AND SUPPORT FOR COMMUNITY-BASED ADDICTION AND RECOVERY PARTNERS STRATEG Y 2C INCREASE ACCESS TO SUBSTANCE ABUSE INTERVENTIONS AND RECOVERY PROGRAMS ADOLESCENT AN D TEEN DRUG AND ALCOHOL PREVENTION PROVIDE INFORMATION OF LONG-TERM EFFECTS OF DRUG AND AL COHOL USE TO REDUCE THE LEVEL OF ADOLESCENT DRUG AND ALCOHOL DRUG ABUSE AND PROMOTE POSITI VE MENTAL HEALTH AMONG TEENS IN OUR COMMUNITY PARTNER WITH ADDICTION AND RECOVERY GROUPS PROVIDE SPACE, RESOURCES AND SUPPORT FOR COMMUNITY-BASED ADDICTION AND RECOVERY PARTNERS GOAL 3 PREVENT AND REDUCE CHR

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	ONIC DISEASE STRATEGY 3A CREATE A HEALTHY CARE DELIVERY COMMUNITY AMERICAN LUNG ASSOCIATI ON TOBACCO 21 ACT INCREASING THE MINIMUM AGE OF SALE FOR TOBACCO PRODUCTS TO AT LEAST 21 Y EARS OLD WILL SIGNIFICANTLY REDUCE YOUTH TOBACCO USE AND SAVE THOUSANDS OF LIVES SMOKE FR EE FAITH INCREASE SMOKING CESSATION ATTEMPTS USING EVIDENCE-BASED STRATEGIES BY ADULT SMOK ERS IN FAITH COMMUNITY SETTINGS CAMPUS FIT LOOP CREATE VISIBLE, MARKED WALKING TRAILS ON AND AROUND OUR MINISTRIES TO ENCOURAGE ACTIVITY AND PHYSICAL FITNESS RETHINK YOUR DRINK R EDUCE SUGARY BEVERAGE CONSUMPTION TO AMELIORATE CHRONIC DISEASE SODIUM REDUCTION INITIATI VE REDUCE SODIUM CONSUMPTION FROM FOOD SERVED ON THE HOSPITAL CAMPUS STRATEGY 3B PROVIDE EFFECTIVE PROGRAMMING AND PARTNERSHIPS FOR AT-RISK COMMUNITY MEMBERS TO LEAD ACTIVE LIVES A-LIST DIABETES PREVENTION PROGRAM DIABETES SCREENING AND EDUCATION PROGRAM FOCUSING ON T HE PREVENTION OF TYPE 2 DIABETES THROUGH LIFESTYLE AND NUTRITION THERAPY WERE OUT WALKING (WOW) PROGRAM WOW IS A 12 WEEK PROGRAM THAT CREATES A SUPPORTIVE ENVIRONMENT TO MOTIVATE THOSE WHO LIVE, WORK AND PLAY IN EVANSTON TO LEAD HEALTHIER LIVES FITNESS PRESCRIPTION PR OGRAM IMPROVE ACCESS TO AFFORDABLE FITNESS RESOURCES THROUGH SHARED-USE AGREEMENTS AND PAR TNERSHIPS WITH PARK DISTRICTS, YMCAS, AND LOCAL GREEN SPACES LETS MOVE OUR NUMBERS PROVID ES FREE HEALTH SCREENINGS FOR CHOLESTEROL AND DIABETES, FOLLOWED BY CONSULTATION WITH A NU RSE OR CERTIFIED DIABETIC NURSE EDUCATOR ON HOW INDIVIDUALS CAN IMPROVE THEIR HEALTH STATU S AND PREVENT CHRONIC DISEASE GOAL 4 INCREASE ACCESS TO CARE AND COMMUNITY RESOURCES STR ATEGY 4A FURTHER ALIGN AND PARTNER WITH OUR FAITH COMMUNITIES TO PROVIDE CARE, ADVOCATE F OR COVERAGE AND PROMOTE HEALTH AND WELLNESS FAITH COMMUNITY NURSING A PRACTICE SPECIALTY T HAT FOCUSES ON THE INTENTIONAL CARE OF THE SPIRIT, PROMOTION OF AN INTEGRATIVE MODEL OF HE ALTH AND PREVENTION AND MINIMIZATION OF ILLNESS WITHIN THE CONTEXT OF A COMMUNITY OF FAITH FAITH LEADER HEALTH AND WELLNESS A PROGRAM THAT FOCUSES ON SELF-CARE AND SUPPORT FOR FAI TH LEADERS, ESPECIALLY THOSE WHO MINISTER IN VULNERABLE AND DISADVANTAGED COMMUNITIES STR ATEGY 4B INCREASE CAPACITY AND AVAILABILITY OF CLINICAL AND COMMUNITY RESOURCES FOR VULNE RABLE POPULATIONS FQHC AND FREE CLINIC PARTNER SUPPORT PROVIDE FINANCIAL, REFERRAL, AND IN -KIND SUPPORT TO LOCAL FQHCS AND FREE CLINICS CANCER PREVENTION SCREENINGS PROVIDES LOW I NCOME AND UNINSURED INDIVIDUALS WITH FREE MAMMOGRAMS AND FOLLOW-UP TESTING FOR BREAST CANC ER, AS WELL AS COLORECTAL FIT KIT SCREENINGS, WITH SUPPORT FROM THE SILVER LINING FOUNDATI ON AND THE SUSAN G KOMEN FOUNDATION STRATEGY 4C IMPROVE COMMUNITY MEMBERS EFFECTIVE USE OF THE HEALTH SYSTEM AND COMMUNITY RESOURCES OPEN ENROLLMENT EXPANDING ACCESS TO INSURANC E AND SOCIAL SERVICE BENEFITS BY PROVIDING ENROLLMENT SUPPORT AND RESOURCES, ON CAMPUS AND AT COMMUNITY PARTNER SITES WELLNESS SCREENINGS DEVELOP COMMUNITY ACCESS POINTS (HEALTH F AIRS, SCREENINGS, ETC) TO IMP

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13H	PATIENTS WITH INSURANCE WHO FACE OUT-OF-POCKET EXPENSES ARE PRESUMPTIVELY ELIGIBLE FOR FULL WRITE-OFF OF OUT-OF-POCKET EXPENSES WITH AN INCOME UP TO 200% OF THE FPL AND DISCOUNTS ON THEIR OUT-OF-POCKET EXPENSES WITH AN INCOME UP TO 400% OF THE FPL

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 14	FEDERAL POVERTY GUIDELINES ARE ALSO USED IN DETERMINING THE BASIS OF CALCULATING AMOUNTS CHARGED TO PATIENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JOSEPHINUM ACADEMY 1501 N OAKLEY CHICAGO, IL 60622	36-2167764	501(c)(3)	10,000	0			SCHOLARSHIP MEDICAL COVERAGE FOR EVENTS

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	All organizations which are recipients of grant funds are tax-exempt organizations described in 501(c)(3) and therefore the corporation does not monitor the use of those funds

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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 appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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**		
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
PART III	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 CORPORATIONS ULTIMATE PARENT, 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 2016 AMY D STEVENS $296,774 ANTHONY FILER $527,027 DAVID R FIELD $200,429 RICHARD J SALZER $137,436 ROBERTA LUSKIN-HAWK, MD $24,179 THE CORPORATION ALSO ACCRUED DEFERRED SEVERANCE FOR THE FOLLOWING INDIVIDUALS, WHICH WILL VEST IN A LATER YEAR DAVID E LUNDAL $464,431 ROBERTA LUSKIN-HAWK, MD $583,394
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 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 AMY D STEVENS $183,612 ANN ERRICHETTI $92,263 ANTHONY FILER $5,874 JEANNIE C FREY $94,713 MARTIN H JUDD $64,975 PATRICK QUINN $25,318 RICHARD J SALZER $103,375 ROBERTA LUSKIN-HAWK, MD $62,822 THOMAS KOELBL $121,585 ALSO IN RESPONSE TO QUESTION 4B, THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S SECTION 457(F) PLAN AND EARNED UNVESTED BENEFITS DURING 2016 WHICH ARE REPORTED IN COLUMN (C) DAVID E LUNDAL $66,340 JAMES H KELLEY $80,634 JEANNIE C FREY $88,579 MARTIN H JUDD $77,468 PATRICIA EDDY $16,622 PATRICK QUINN $24,559 RICHARD J LAVACCHI $22,106 ROBERT MICHAEL DAHL $41,266 SAM BAGCHI, MD $111,998

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
1ANIL GOPINATH MD DIRECTOR (TERM 5/2016)	(I)	0	0	0	0	0	0	0
	(II)	313,191	0	18,803	13,250	-22,840	368,084	0
1ANTHONY FILER TREASURER (TERM 1/16)	(I)	0	0	0	0	0	0	0
	(II)	63,489	0	740,678	5,841	-1,885	811,893	527,027
2GARY LIPINSKI MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	368,541	20,000	20,299	7,950	-14,256	431,046	0
3JAMES H KELLEY TREASURER	(I)	0	0	0	0	0	0	0
	(II)	432,039	0	7,395	80,634	-13,198	533,266	0
4JEANNIE C FREY SECRETARY SYS CH LEGL OFFC	(I)	0	0	0	0	0	0	0
	(II)	448,798	0	124,671	104,479	-21,844	699,792	86,745
5JULIE ROKNICH ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	189,804	0	183	9,052	-20,862	219,901	0
6PATRICIA EDDY ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	159,817	0	4,585	18,641	-10,672	193,715	0
7PATRICK QUINN ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	237,924	0	32,635	39,294	-16,594	326,447	23,604
8PAULA J CAMPBELL ASSISTANT TREASURER - TERM 8/16	(I)	0	0	0	0	0	0	0
	(II)	284,718	0	8,736	0	-5,179	298,633	0
9SAM BAGCHI MD DIRECTOR, PRESIDENT / CEO	(I)	0	0	0	0	0	0	0
	(II)	550,586	40,000	60,403	124,792	-26,055	801,836	0
10AMY D STEVENS FMR PHP PRESIDENT (TERM 12/15)	(I)	0	0	0	0	0	0	0
	(II)	6,396	0	480,386	131	-130	487,043	473,689
11DAVID E LUNDAL FMR SVP INF TECH OPS-Trm 12/15	(I)	0	0	0	0	0	0	0
	(II)	387,911	0	6,626	544,022	-24,442	963,001	0
12DAVID R FIELD FMR PHP FIN OFFC(Term 12/15)	(I)	0	0	0	0	0	0	0
	(II)	70,171	0	223,343	0	-2,191	295,705	0
13ANN ERRICHETTIPresident	(I)	0	0	0	0	0	0	0
	(II)	474,597	50,000	106,843	7,789	-19,316	658,545	0
14MATTHEW A BROWN CHR/EXEC DIR MED-TRM 12/15	(I)	0	0	0	0	0	0	0
	(II)	314,570	260	1,004	13,250	-22,236	351,320	0
15RICHARD J LAVACCHI SYS VP SUPP SVCS-TRM 12/15	(I)	0	0	0	0	0	0	0
	(II)	193,929	260	25,413	37,581	-17,730	274,913	0
16RICHARD J SALZER FMR SYS VP SPLY CHN-TRM 12/15	(I)	0	0	0	0	0	0	0
	(II)	129,105	0	282,809	0	-10,598	422,512	90,365
17ROBYN PARKER PHP NWK DEV OFFC-TRM 12/15	(I)	0	0	0	0	0	0	0
	(II)	203,505	30,630	6,710	11,731	-1,776	254,352	0
18SANDRA BRUCE FMR PRES/CEO/EX-OFFC-TRM 12/15	(I)	0	0	0	0	0	0	0
	(II)	16,341	0	273,474	5,300	-0	295,115	0
19THOMAS KOELBL SYS VP HUMAN RES-TRM 12/15	(I)	0	0	0	0	0	0	0
	(II)	332,092	260	149,837	13,250	-16,496	511,935	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 (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
21 ROBERTA LUSKIN-HAWK MD CEO/CHAIR/DIRECTOR EX-OFFC	(I)	368,756	0	175,407	601,944	18,030	1,164,137	0
	(II)	0	0	0	0	0	0	0
1 MARTIN H JUDD RGN PRESIDENT & CEO-MCC	(I)	442,234	0	76,743	96,018	1,971	616,966	64,961
	(II)	0	0	0	0	0	0	0
2 DAVID BORDO MD REGIONAL CHF MED OFFNWC	(I)	378,195	1,707	18,971	18,550	23,027	440,450	0
	(II)	0	0	0	0	0	0	0
3 ROBERT MICHAEL DAHL RGN PRESIDENT & CEO-NWC	(I)	301,119	0	9,004	45,377	19,978	375,478	0
	(II)	0	0	0	0	0	0	0
4 YOLANDE D WILSON-STUBBS PRESIDENT- HFMC LTACH	(I)	217,197	0	1,008	5,638	17,279	241,122	0
	(II)	0	0	0	0	0	0	0
5 DHRUVIL J PANDYA PHYSICIAN	(I)	821,493	179,975	26,379	13,250	17,328	1,058,425	0
	(II)	0	0	0	0	0	0	0
SHERMAN HSIEN-CHANG **6** CHEN PHYSICIAN	(I)	530,328	0	18,530	13,250	15,344	577,452	0
	(II)	0	0	0	0	0	0	0
7 KIZITO C OJIAKO INTENSIVIST	(I)	401,576	14,260	18,522	15,900	22,771	473,029	0
	(II)	0	0	0	0	0	0	0
8 MARC A DORFMAN CHAIR AND EXEC DIR MEDICAL ED	(I)	383,378	10,016	17,181	18,550	24,571	453,696	0
	(II)	0	0	0	0	0	0	0
9 LOWELL JOHNSON CEO/CHAIR/DIRECTOR EX-OFFICIO	(I)	674,000	0	0	0	0	674,000	0
	(II)		0	0	0	0	0	0

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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

2016

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

990 Schedule O, Supplemental Information

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 - PRESENCE INFUSION CARE-EVANSTON - PRESENCE INFUSION CARE-PARK RIDGE - HARBORVIEW RECOVERY CENTER - KEYS TO RECOVERY - SFH PROF BLDG PHARMACY - PRESENCE NAZARETH FAMILY CENTER PHARMACY - THE APOTHECARY-CHICAGO - PRESENCE SAINT ELIZABETH HOSPITAL - PRESENCE SAINT MARY OF NAZARETH HOSPITAL - PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER - PRESENCE SAINT JOSEPH HOSPITAL-CHICAGO - PRESENCE SAINT FRANCIS HOSPITAL - PRESENCE RESURRECTION MEDICAL CENTER - PRESENCE HOLY FAMILY MEDICAL CENTER - PSMEMC CENTER FOR CANCER AND SPECIALTY CARE PHARMACY - PSMEMC INFUSION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 1	MISSION STATEMENT THE CORPORATION IS PART OF THE PRESENCE HEALTH SYSTEM AND ACTS IN ACCORDANCE WITH THE PRESENCE HEALTH MISSION, WHICH IS AS FOLLOWS INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST AND AS PART OF PRESENCE HEALTH, A CATHOLIC HEALTH SYSTEM, PRESENCE CHICAGO HOSPITALS NETWORK PROVIDES HEALTHCARE SERVICES IN A COMPASSIONATE, HOLISTIC MANNER IN THE SPIRIT OF HEALING AND HOPE FORM 990, PART III, QUESTION 2 NEW PROGRAM SERVICES IN 2016 PRESENCE RESURRECTION MEDICAL CENTER, PRESENCE HOLY FAMILY MEDICAL CENTER, PRESENCE SAINT FRANCIS HOSPITAL, PRESENCE SAINT JOSEPH HOSPITAL CHICAGO, PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTERS MERGED INTO PRESENCE CHICAGO HOSPITALS NETWORK IN ADDITION, THE APOTHECARY-CHICAGO, SAINT FRANCIS HOSPITAL PROFESSIONAL BUILDING PHARMACY, AND PRESENCE NAZARETH FAMILY CENTER PHARMACY WERE TRANSFERRED FROM PRESENCE HEALTHCARE SERVICES FORM 990, PART III, QUESTION 3 SIGNIFICANT CHANGES TO PROGRAM SERVICES SYSTEM SERVICES WERE TRANSFERRED TO PRESENCE CARE TRANSFORMATION CORPORATION, A RELATED TAX-EXEMPT ORGANIZATION PRESENCE HEALTH MANAGEMENT SERVICES ORGANIZATION, LLC, A DISREGARDED ENTITY, OPERATIONS WERE TRANSFERRED TO PRESENCE HEALTH PARTNERS SERVICES, A RELATED TAX-EXEMPT ORGANIZATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 4	CHANGES TO ORGANIZATIONAL DOCUMENTS THE CORPORATION'S ARTICLES OF INCORPORATION WERE AMENDED EFFECTIVE JANUARY 1, 2016 TO CHANGE THE CORPORATION'S NAME TO "PRESENCE CHICAGO HOSPITAL NETWORKTO UPDATE THE ORGANIZATION'S PURPOSE TO SPECIFICALLY REFERENCE ITS ACTIVITIES OF MAINTAINING AND OPERATING HOSPITALS AND OTHER HEALTH CARE FACILITIES THE CORPORATION'S BYLAWS WERE AMENDED JANUARY 1, 2016 TO REFLECT ITS NAME CHANGE TO "PRESENCE CHICAGO HOSPITALS NETWORK " THE BYLAWS WERE ALSO AMENDED TO REFLECT THE CORPORATION'S CHARITABLE PURPOSES AS STATED IN ITS ARTICLES OF INCORPORATION BY INCLUDING THE CORPORATION'S PURPOSE STATEMENT, AS WELL AS A PROVISION CLARIFYING THAT THE CORPORATION IS NOT PERMITTED TO USE CONTRIBUTIONS TO CARRY ON ACTIVITIES THAT ARE NOT CHARITABLE, RELIGIOUS, SCIENTIFIC, OR EDUCATIONAL UNDER SECTION 170(C)(2) THE FOLLOWING CHANGES WERE MADE RELATED TO THE CORPORATION'S GOVERNANCE (1) THE CORPORATION'S SOLE MEMBER CHANGED FROM PRESENCE HEALTH NETWORK TO PRESENCE CARE TRANSFORMATION CORPORATION, (2) A MINIMUM AND MAXIMUM NUMBER OF DIRECTORS THAT WILL COMPRISE THE BOARD IS STATED, AND (3) ADDITIONAL RESPONSIBILITIES ARE ASSIGNED TO THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	MEMBERS OR SHAREHOLDERS PRESENCE CHICAGO HOSPITALS NETWORK HAS ONE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	PERSONS WITH AUTHORITY TO ELECT MEMBERS OF THE GOVERNING BODY THE CORPORATIONS SOLE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION, HAS THE POWER TO APPOINT MEMBERS OF THE GOVERNING BODY, OTHER THAN EX-OFFICIO DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS PRESENCE CARE TRANSFORMATI ON CORPORATION (THE "MEMBER"), THROUGH ITS BOARD OF DIRECTORS, HAS CERTAIN GENERAL AND RES ERVED POWERS WITH RESPECT TO THE FOLLOWING GENERAL POWERS THE MEMBER SHALL PROVIDE OVERS IGHT AND SUPPORT FOR THE ACTIVITIES OF THE CORPORATION, FOR THE PURPOSE OF ASSURING THAT A LL ACTIONS OF THE CORPORATION ARE CONSISTENT WITH THE MISSION AND VALUES OF THE SYSTEM, TH E PURPOSES OF THE CORPORATION, THE ETHICAL AND RELIGIOUS DIRECTIVES, THE PRESENCE HEALTH S YSTEM STRATEGIC PLAN, AND BEST PRACTICES RESERVED POWERS IN FURTHERANCE OF THE EXERCISE OF ITS GENERAL POWERS AND RESPONSIBILITIES, THE MEMBER SHALL HAVE THE SOLE POWER TO TAKE T HE ACTIONS SPECIFIED BELOW WITH RESPECT TO THE FOLLOWING MATTERS PERTAINING TO THE CORPORA TION AND EACH HOSPITAL MINISTRY, SUBJECT TO ANY NOTICES OR FURTHER APPROVALS REQUIRED BY A PPLICABLE CIVIL OR CANON LAW, OR THE MEMBER'S BYLAWS A BYLAWS AMEND OR REPEAL THE BYLAW S OF THE CORPORATION B OFFICERS AND DIRECTORS APPOINT AND REMOVE ALL OFFICERS OF THE CO RPORATION AND ALL DIRECTORS OF THE CORPORATION, OTHER THAN ANY EX-OFFICIO DIRECTORS C BU DGETS APPROVE CAPITAL AND OPERATING BUDGETS, AND LONG-TERM CAPITAL EQUIPMENT PLANS FOR TH E CORPORATION, INCLUDING EACH HOSPITAL MINISTRY D UNBUDGETED EXPENDITURES APPROVE UNBUD GETED EXPENDITURES IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME E DEBT, SALE, LEASE AND OTHER REAL PROPERTY TRANSACTIONS APPROVE ANY BORROWING OR SIGNIFICA NT INCURRENCE OF DEBT BY THE CORPORATION IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME, OR ANY SALE, PURCHASE, ALIENATION, EXCHANGE, SIGNIFICANT LEASES (OTHER THAN IN THE ORDINARY COURSE) OR ENCUMBRANCES OF THE CORPORATION'S REAL PROPERTY, EXCEPT TH OSE MADE PURSUANT TO APPROVED BUDGETS F REAL ESTATE DOCUMENTS, EQUIPMENT LEASES APPROVE EXECUTION OF ANY DEEDS, MORTGAGES, BONDS, OR MAJOR EQUIPMENT LEASES, EXCEPT THOSE ENTERED INTO PURSUANT TO APPROVED BUDGETS G SIGNIFICANT UNBUDGETED TRANSACTIONS APPROVE ANY OT HER SIGNIFICANT AND UNBUDGETED SALE, PURCHASE, EXCHANGE, LEASE (OTHER THAN IN THE ORDINARY COURSE) TRANSFER, LITIGATION OR LEGAL SETTLEMENT, BENEFITS PACKAGES, ENCUMBRANCE OR OTHER DISPOSITION OR OTHER SIGNIFICANT TRANSACTION INVOLVING THE NON-REAL-ESTATE ASSETS OF THE CORPORATION IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME H MATERIA L CHANGES IN SERVICES APPROVE MATERIAL CHANGES IN THE KIND OF SERVICES RENDERED AT ANY HO SPITAL MINISTRY, 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 TH ROUGH ANY HOSPITAL MINISTRY (E G , A CHANGE REQUIRING A DIFFERENT KIND OF LICENSE) I STR ATEGIC PLAN APPROVE STRATEGIC PLANS FOR THE CORPORATION AND EACH HOSPITAL MINISTRY, CONSI STENT WITH AND IN FURTHERANCE OF SYSTEM MISSION AND VALUES, AND RESPONSIVE TO THE NEEDS OF THE COMMUNITIES SERVED BY THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	CORPORATION AND SUPPORT THE ABILITY OF THE CORPORATION AND ITS AFFILIATES TO PROVIDE HIGH -QUALITY CARE AND SERVICES J MANAGEMENT CONTRACTS APPROVE ANY CONTRACT FOR THE MANAGEME NT OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION OR ANY INDIVIDUAL HOSPITAL MINISTRY OWNE D BY THE CORPORATION K BUSINESS NAME, LOGO APPROVE ANY SELECTION OR MODIFICATION OF THE BUSINESS NAME OR LOGO OF THE CORPORATION OR ANY HOSPITAL MINISTRY OR ANY PROGRAM OR DIVIS ION, OR THE USE OF ANY CORPORATE OR BUSINESS NAME OF THE CORPORATION OR ANY HOSPITAL MINIS TRY BY AN ENTITY OTHER THAN THE MEMBER OR AN AFFILIATE L ADMINISTRATIVE SERVICES PROVID E OR ASSURE THE PROVISION OF APPROPRIATE INSURANCE COVERAGE, STANDARDIZED EMPLOYEE BENEFIT S, INFORMATION SYSTEMS AND TECHNOLOGY, FINANCIAL MANAGEMENT SERVICES, LEGAL, MARKETING, RI SK MANAGEMENT AND OTHER ADMINISTRATIVE SERVICES NECESSARY TO SUPPORT THE CORPORATION'S OPE RATIONS M SIGNIFICANT JOINT VENTURES APPROVE THE ESTABLISHMENT, TERMINATION, OR SALE OF ANY SIGNIFICANT JOINT VENTURE RELATIONSHIP BY THE CORPORATION GENERALLY OR WITH RESPECT T O ONE OR MORE HOSPITAL OR OTHER MINISTRIES OPERATED BY THE CORPORATION N UNRELATED BUSIN ESS ACTIVITY APPROVE THE ACQUISITION OR DEVELOPMENT OF ANY BUSINESS OR ACTIVITY UNRELATED TO THE PROVISION OF HEALTH CARE SERVICES O NEW AFFILIATES APPROVE THE CREATION OF ANY NEW AFFILIATE TO BE OWNED OR CONTROLLED BY THE CORPORATION P CONTRIBUTIONS TO MEMBER DI RECT AND APPROVE ANY CONTRIBUTIONS, DONATIONS OR OTHER ASSET TRANSFERS WITHOUT CONSIDERATI ON TO THE MEMBER OR ANY AFFILIATE, IN FURTHERANCE OF THE MISSION AND VALUES Q CONTRIBUTI ON ACCEPTANCE APPROVE ACCEPTANCE OF A CONTRIBUTION THAT IMPOSES A MATERIAL OBLIGATION ON THE CORPORATION, IF APPROVED BY THE CORPORATION'S APPLICABLE FOUNDATION OR FUNDRAISING AFF ILIATE AS CONSISTENT WITH THE CORPORATION'S AND SYSTEM'S MISSION AND GOALS R BANKING DE FINE THE CRITERIA FOR THE SELECTION OF BANKS AND OTHER FINANCIAL DEPOSITORIES TO BE USED B Y THE CORPORATION, AND AUTHORIZE THE PROCESS BY WHICH SIGNATORIES ON ALL BANK AND SIMILAR ACCOUNTS OF THE CORPORATION ARE APPROVED S AUDITORS SELECT INDEPENDENT AUDITORS FOR THE CORPORATION, IN CONNECTION WITH THE CONSOLIDATED AUDIT OF ALL SYSTEM ENTITIES T REGISTE RED AGENT APPROVE OR CHANGE THE CORPORATION'S REGISTERED AGENT OR REGISTERED OFFICE, AS A PPROPRIATE FROM TIME TO TIME U TAX-EXEMPTION APPROVE ANY VOLUNTARY CHANGE TO THE CORPOR ATION'S STATUS OF AN ORGANIZATION EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTE RNAL REVENUE CODE, AS AMENDED FROM TIME TO TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	FORM 990 REVIEW PROCESS THE CORPORATION PROVIDES A COMPLETE COPY OF ITS FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY OF ITS ULTIMATE PARENT CORPORATION, PRESENCE HEALTH NETWORK, FOR REVIEW PRIOR TO FILING WITH THE IRS THE BOARD OF DIRECTORS OF THE CORPORATION AND OTHER SUBSIDIARY ORGANIZATIONS WITHIN THE PRESENCE HEALTH SYSTEM ARE INTERNAL LIMITED FIDUCIARY BOARDS WHICH DO NOT RECEIVE A COMPLETED COPY OF THE FORM 990 PRIOR TO FILING AS A RESULT, THE CORPORATION ANSWERS "NO", TO FORM 990, PART VI, LINE 11A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST THE PURPOSE OF THE CONFLICT OF INTEREST PO LICY IS TO PROTECT THE INTERESTS OF PRESENCE HEALTH NETWORK AND ALL OF ITS AFFILIATED MINI STRIES (COLLECTIVELY "PRESENCE HEALTH") WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTI ON OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY DIRECTOR, TRUSTEE, OFFICE R, CORPORATE MEMBER APPOINTEE, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS, SENIOR L EADERS, AND OTHERS IN A RECENT POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER PRESENCE HE ALTH ("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 MET HOD 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 DETERM INE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUARDS TO PROTECT THE CHARITABLE MISSION OF PR ESENCE HEALTH HAVE BEEN IMPLEMENTED TO FACILITATE THIS POLICY, ALL INTERESTED PERSONS HAV E A CONTINUING OBLIGATION TO PROMPTLY DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APP ARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE ALL DISCLOSURES MUST BE PROVIDE D TO THE SYSTEM COMPLIANCE OFFICER AND GENERAL COUNSEL IN A WRITTEN DESCRIPTION OF THE MAT ERIAL FACTS DISCLOSURE SHALL BE ON A CONFLICTS OF INTEREST QUESTIONNAIRE OR SIMILAR FORMA T AS DESCRIBED IN THE CONFLICTS OF INTEREST POLICY ALL INTERESTED PERSONS SHALL ALSO COMP LETE A QUESTIONNAIRE BASED ON THE ASSUMPTION OF THE BOARD (OR OTHER RELEVANT) POSITION, AN D THEREAFTER ON AT LEAST AN ANNUAL BASIS OR WHEN AN ACTUAL, APPARENT, OR POTENTIAL CONFLIC T ARISES AT ANY TIME THAT AN ACTUAL, APPARENT OR A POTENTIAL CONFLICT OF INTEREST IS IDEN TIFIED 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 REVIE W THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS ONCE ALL NECESSARY INFOR MATION 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 PER SON WILL GENERALLY BE REQUIRED TO RECUSE HIM OR HERSELF DURING ANY MEETING IN WHICH THE BO ARD OF DIRECTORS OR APPLICABLE COMMITTEE CONDUCTS THE EVALUATION OF THE SUBJECT TRANSACTIO N, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY TO ENSURE THAT THE PRESENCE HEALTH OPER ATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN AC TIVITIES THAT COULD JEOPARDIZE ITS EXEMPT STATUS, TRANSACTIONS INVOLVING INTERESTED PERSON S ARE ONLY APPROVED IF, AFTER EXERCISING REASONABLE DUE DILIGENCE, THE BOARD DETERMINES TH EY ARE FAIR AND REASONABLE, TA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	KING 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 PRE SENCE HEALTH) IS STRICTLY PROHIBITED 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 OR KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF THE SYSTEMS PARE NT, PRESENCE HEALTH NETWORK ("PHN"), AND APPLIED BY THE HUMAN RESOURCES COMMITTE OF THE BO ARD OF DIRECTORS THE BOARD OF DIRECTORS USES MARKET DATE COMPILED BY AN INDEPENDENT COMPE NSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES T HE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION BY APPROVING ALL COMPON ENTS OF EXECUTIVE TOTAL COMPENSATION, AND ANNUALLY REVIEWING AND APPROVING COMPENSATION CH ANGES FOR EACH EXECUTIVE THE CORPORATION ANSWERS "YES" TO FORM 990, PART VI, QUESTION 15A AND 15B AS PHNS BOARD OF DIRECTORS HAS ULTIMATE CONTROL OVER ALL SUBSIDIARY ORGANIZATIONS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS SUPPORT SERVICES TRANSFERRED TO PRESENCE CARE TRANSFORMATION CORPORATION (4,056,936) L GILBRAITH TRANSFERRED TO PRESENCE CARE TRANSFORMATION CORPORATION (236,138) PRESENCE HEALTH MANAGEMENT SERVICES ORGANIZATION TRANSFERRED TO PRESENCE HEALTH PARTNERS SERVICES (6,779,224) PRESENCE HEALTH MANAGEMENT SERVICES ORGANIZATION NET LOSS THROUGH 10 03 2016 7,962,731 TRANSFER TO AFFILIATE 19,506,010 OTHER TRANSFERS FROM AFFILIATES 145,235,963 ---------- TOTAL $175,190,854

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 PART XII, LINES 3A & 3B PRESENCE HEALTH NETWORK COMPLETES A CONSOLIDATED A-133 AUDIT WHICH INCLUDES ALL ENTITIES FOR WHICH IT IS A PARENT ORGANIZATION WHETHER THEY EXPENDED FEDERAL FUNDS DURING THE YEAR OR NOT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY LABOR TOTAL FEES 4941542

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 39428529

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BIOMED SERVICES TOTAL FEES 10036604

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DIETARY SERVICES TOTAL FEES 7741510

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAB SERVICES TOTAL FEES 36347643

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 40761036

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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

2016

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	3,787,591	0	PCHN TO 103

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.

See Additional Data Table

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

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.

See Additional Data Table

(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

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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	c	3,056,342	CASH
(2)PRESENCE CARE TRANSFORMATION CORPORATION	m	106,907,303	COST ALLOCATION
(3)PRESENCE CARE TRANSFORMATION CORPORATION	p	929,932,321	COST
(4)PRESENCE CARE TRANSFORMATION CORPORATION	r	4,293,074	BOOK VALUE
(5)PRESENCE HEALTH PARTNERS SERVICES	s	34,247,965	BOOK VALUE

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 (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

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
(1) 200 South Wacker Drive Chicago, IL 60606 36-1649520	Parent Corp	IL	501(C)(3)	12c III FI	na		No
(1) 100 North River Road Des Plaines, IL 60016 36-3495969	Health Care	IL	501(C)(3)	10	PHPS	Yes	
(2) 302 Swart Hill Road Amsterdam, NY 12010 14-1363014	Health Care	NY	501(C)(3)	3	RM New York	Yes	
(3) 2380 E Dempster Ave STE 236 Des Plaines, IL 60016 36-2644178	Health Care	IL	501(C)(3)	12b	PHN		No
(4) 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483587	Health Care	IL	501(C)(3)	10	PLC	Yes	
(5) 1000 Remington BLVD STE 100 Bolingbrook, IL 60440 36-3366652	Mgmt Support	IL	501(C)(3)	12c III FI	PHN		No
(6) 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483581	Health Care	IL	501(C)(3)	10	PLC	Yes	
(7) 1000 Remington BLVD STE 100 Bolingbrook, IL 60440 36-4195126	Health Care	IL	501(C)(3)	3	PCTC	Yes	
(8) 18927 Hickory Creek Drive 300 Mokena, IL 60448 36-3438977	Senior Living	IL	501(C)(3)	10	PLC	Yes	
(9) 18927 Hickory Creek DR 300 Mokena, IL 60448 37-1127787	Health Care	IL	501(C)(3)	10	PCTC	Yes	
(10) 1820 South 25th Avenue Broadview, IL 60155 36-2709982	Health Care	IL	501(C)(3)	3	PCTC	Yes	
(11) 100 North River Road Des Plaines, IL 60016 36-4286236	Health Care	IL	501(C)(3)	10	PCTC	Yes	
(12) 200 South Wacker Drive Chicago, IL 60606 36-3330929	Fundraising	IL	501(C)(3)	7	PHN		No
(13) 90 North Main Street Castleton, NY 12033 14-1348691	Health Care	NY	501(C)(3)	3	RM New York	Yes	
(14) 100 North River Road Des Plaines, IL 60016 23-7061646	Health Care	IL	501(C)(3)	10	PCTC	Yes	
(15) 100 North River Road Des Plaines, IL 60016 36-3330928	Health Care	IL	501(C)(3)	10	PCTC	Yes	
(16) 1190 E 2900 N Road Clifton, IL 60927 36-2841358	Health Care	IL	501(C)(3)	10	PLC	Yes	
(17) 1550 Bishop Court Mount Prospect, IL 60056 36-3296367	Health Care	IL	501(C)(3)	10	PLC	Yes	
(18) 1431 N Claremont Chicago, IL 60622 36-2182170	Education	IL	501(C)(3)	2	PHN		No

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	
(1) Bel Harlem Surg Ctr 3101 North Harlem Chicago, IL 60634 41-2237162	Medical Service	IL	na									
(1) RH Sleep Ctr - NW 665 West North Ave 500 Lombard, IL 60148 26-1519627	Medical Service	IL	na									
(2) RH Sleep Ctr - Evan 665 West North Ave 500 Lombard, IL 60148 26-1519556	Medical Service	IL	na									
(3) RH Sleep Ctr - LP 665 West North Ave 500 Lombard, IL 60148 26-1519667	Medical Service	IL	na									
(4) RH Sleep Ctr - RF 665 West North Ave 500 Lombard, IL 60148 26-2189763	Medical Service	IL	na									
(5) Alverno Clinic Lab 2434 Interstate Plaza Drive Hammond, IN 46324 20-3240648	Medical Service	IN	na									
(6) 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	PHN	Foreign Company					No
(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	PCTC	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	PCHN	C Corp				Yes	
(6) Resurrection Ministries of New York 90 North Main Street Castleton, NY 12033 14-1720818	Parent Corp	NY	PCHN	C Corp				Yes	
(7) Presence Health Care Preferred 100 North River Road Des Plaines, IL 60016 36-3974620	MGD Care Contract	IL	PCHN	C Corp				Yes	