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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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

C Name of organization  
NorthShore University HealthSystem

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1301 Central Street

City or town, state or province, country, and ZIP or foreign postal code  
Evanston, IL 60201

F Name and address of principal officer:  
Gerald P Gallagher  
1301 Central Street  
Evanston, IL 60201

D Employer identification number  
36-2167060

E Telephone number  
(847) 570-2000

G Gross receipts \$ 2,655,027,558

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: ▶ northshore.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1891

M State of legal domicile: IL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
The core mission of NorthShore University HealthSystem is to "preserve and improve human life."

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) . . . . .319

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .414

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .512,394

6 Total number of volunteers (estimate if necessary) . . . . .6683

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .7a9,883,737

b Net unrelated business taxable income from Form 990-T, line 39 . . . . .7b0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

27,126,49123,825,639

1,709,203,0191,678,513,082

133,767,525105,108,600

12,949,19017,167,858

1,883,046,2251,824,615,179

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,105,845

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

Prior Year

Current Year

99,655,669111,755,914

750,662,715751,126,082

860,530,893936,927,574

1,710,849,2771,799,809,570

172,196,94824,805,609

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Beginning of Current Year

End of Year

3,908,484,1114,925,515,045

1,458,725,4342,052,338,289

2,449,758,6772,873,176,756

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

2021-08-14  
Date

Douglas D Welday Treasurer & Chief Financial Officer  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-05

Check ☐ if self-employed

PTIN P00941863

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 50 South Sixth Street Suite 2800  
Minneapolis, MN 55402

Phone no. (612) 397-4000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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 \$ 1,526,985,958 including grants of \$ 110,237,830 ) (Revenue \$ 1,647,878,792 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 48,456,220 including grants of \$ 0 ) (Revenue \$ 13,096,254 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 26,322,943 including grants of \$ 1,518,084 ) (Revenue \$ 18,039,203 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 1,601,765,121

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b> Yes	
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	

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

		Yes	No
<b>22</b>	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 . . . . .	<b>22</b> Yes	
<b>23</b>	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 . . . . .	<b>23</b> Yes	
<b>24a</b>	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 . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b> Yes	
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b> Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b> Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b> Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	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 . . . . .	<b>33</b>	No
<b>34</b>	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 . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</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 . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 783	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 12,394			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes		
<b>b</b> If "Yes," enter the name of the foreign country: ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.	<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	19	
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	14	
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</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?	Yes	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **IL**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:  
**▶** Jeff Bieszczyk 1301 Central Street Evanston, IL 60201 (847) 570-5798

## 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 ☐

**a** 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.

See instructions for the order in which to list the persons above.

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

[illegible]

**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										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								24,083,391	4,911,935	6,186,252

**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 ▶ 1,309

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

**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
Aramark Management Services 27310 Network Place Chicago, IL 60673	Facilities/Diet Management	65,880,672
Pepper Construction Company 411 Lake Zurich Road Barrington, IL 60010	Construction Management	19,964,785
University of Chicago Medical Center 5841 South Maryland Avenue Chicago, IL 60637	Medical Education	18,695,032
TMX Healthcare Technologies LLC 5451 Lakeview Parkways S Drive Indianapolis, IN 46268	Technology Management	14,084,198
Power Construction Company LLC 2360 North Palmer Drive Schaumburg, IL 60173	Construction Management	14,082,684

**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 ▶ 283



Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a					
	b Membership dues . . . . .	1b	651,686				
	c Fundraising events . . . . .	1c	456,240				
	d Related organizations . . . . .	1d	6,612,426				
	e Government grants (contributions) . . . . .	1e	172,335				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	15,932,952				
	g Noncash contributions included in lines 1a - 1f: \$ . . . . .	1g	2,525,670				
	h Total. Add lines 1a-1f . . . . . ▶	23,825,639					
Program Service Revenue	Business Code						
	2a Patient Revenue . . . . .	621990	923,110,722	923,110,722			
	b Medicare and Medicaid Revenue . . . . .	621990	616,322,875	616,322,875			
	c CARES Act Funds . . . . .	900099	93,574,649	93,574,649			
	d Rent from Affiliated Exempt Organizations . . . . .	900003	26,030,157		26,030,157		
	e Fees and Contracts from Government Agencies . . . . .	541700	11,848,436	11,848,436			
	f All other program service revenue . . . . .		7,626,243	7,626,243	0		
g Total. Add lines 2a-2f. . . . . ▶	1,678,513,082						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		52,485,687		1,153,959	51,331,728	
	4 Income from investment of tax-exempt bond proceeds . . . . . ▶						
	5 Royalties . . . . . ▶		222,000			222,000	
	6a Gross rents . . . . .	(i) Real	(ii) Personal				
		6a	4,043,847				
		b Less: rental expenses . . . . .	6b	1,392,631			
		c Rental income or (loss) . . . . .	6c	2,651,216	0		
	d Net rental income or (loss) . . . . . ▶		2,651,216			2,651,216	
	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		7a	880,778,551				
		b Less: cost or other basis and sales expenses . . . . .	7b	828,155,638			
		c Gain or (loss) . . . . .	7c	52,622,913	0		
	d Net gain or (loss) . . . . . ▶		52,622,913			52,622,913	
	8a Gross income from fundraising events (not including \$ 456,240 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	188,823				
		b Less: direct expenses . . . . .	8b	382,619			
		c Net income or (loss) from fundraising events . . . . . ▶		-193,796			-193,796
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	8,170				
		b Less: direct expenses . . . . .	9b				
		c Net income or (loss) from gaming activities . . . . . ▶		8,170			8,170
	10a Gross sales of inventory, less returns and allowances . . . . .	10a	597,214				
b Less: cost of goods sold . . . . .		10b	481,491				
c Net income or (loss) from sales of inventory . . . . . ▶		115,723			115,723		
Miscellaneous Revenue . . . . .		Business Code					
11a Lab Reference Testing . . . . .		541380	7,445,908		7,445,908		
b Cafeteria . . . . .		722514	3,715,750			3,715,750	
c Parking . . . . .		812930	1,059,295		45,150	1,014,145	
d All other revenue . . . . .			2,143,592	501,167	1,238,720	403,705	
e Total. Add lines 11a-11d . . . . . ▶		14,364,545					
12 Total revenue. See instructions . . . . . ▶		1,824,615,179	1,652,984,092	9,883,737	137,921,711		

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	111,164,893	111,164,893		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	561,733	561,733		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	29,288	29,288		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	24,797,401	10,807,971	13,989,430	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	14,202,722	4,271,627	9,463,798	467,297
<b>7</b> Other salaries and wages . . . . .	619,875,090	472,270,142	146,019,072	1,585,876
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	25,610,418	17,312,907	8,297,511	
<b>9</b> Other employee benefits . . . . .	26,231,584	22,084,132	3,852,112	295,340
<b>10</b> Payroll taxes . . . . .	40,408,867	30,075,378	10,199,567	133,922
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	102,152,920	89,187,903	12,965,017	
<b>b</b> Legal . . . . .	6,790,444		6,790,444	
<b>c</b> Accounting . . . . .	1,765,965		1,765,965	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	31,188,724		31,188,724	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	105,520,008	143,259,936	-38,036,535	296,607
<b>12</b> Advertising and promotion . . . . .	19,928,245		19,928,245	
<b>13</b> Office expenses . . . . .	31,011,992	18,657,687	12,346,731	7,574
<b>14</b> Information technology . . . . .	25,056,875	1,915,661	23,139,396	1,818
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	40,126,044	23,781,034	16,045,425	299,585
<b>17</b> Travel . . . . .	1,425,209	717,626	701,489	6,094
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,484,526	954,660	520,883	8,983
<b>20</b> Interest . . . . .	8,757,593	8,757,593		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	75,600,173	48,752,532	26,847,641	
<b>23</b> Insurance . . . . .	41,807,804	40,076,243	1,731,561	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	387,283,618	387,283,618		
<b>b</b> Allocation of Indirect Expenses	0	115,940,287	-115,940,287	
<b>c</b> Medicaid Taxes	50,704,090	50,704,090		
<b>d</b> Dues and Subscriptions	3,204,136	1,118,754	2,082,633	2,749
<b>e</b> All other expenses	3,119,208	2,079,426	1,039,782	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,799,809,570	1,601,765,121	194,938,604	3,105,845
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		70,693,996	<b>1</b>	242,413,917
	<b>2</b>	Savings and temporary cash investments . . . . .		1,735,708	<b>2</b>	1,906,890
	<b>3</b>	Pledges and grants receivable, net . . . . .		5,669,527	<b>3</b>	5,497,740
	<b>4</b>	Accounts receivable, net . . . . .		232,173,252	<b>4</b>	199,539,411
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		22,044,838	<b>8</b>	27,283,200
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		12,766,618	<b>9</b>	12,459,204
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	2,477,537,342		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	1,002,626,643		
	<b>11</b>	Investments—publicly traded securities . . . . .		1,685,798,166	<b>11</b>	2,020,891,022
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		498,930,028	<b>12</b>	736,722,914
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		173,656,527	<b>15</b>	203,890,048
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		3,908,484,111	<b>16</b>	4,925,515,045	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		254,428,863	<b>17</b>	312,410,887
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		8,798,902	<b>19</b>	13,236,422
	<b>20</b>	Tax-exempt bond liabilities . . . . .		299,074,376	<b>20</b>	548,587,755
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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		896,423,293	<b>25</b>	1,178,103,225
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,458,725,434	<b>26</b>	2,052,338,289
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		2,230,153,116	<b>27</b>	2,634,623,069
	<b>28</b>	Net assets with donor restrictions . . . . .		219,605,561	<b>28</b>	238,553,687
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		2,449,758,677	<b>32</b>	2,873,176,756
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		3,908,484,111	<b>33</b>	4,925,515,045	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,824,615,179
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,799,809,570
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	24,805,609
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,449,758,677
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	201,594,631
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	197,017,839
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,873,176,756

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> 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?	Yes	
<b>b</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.	Yes	

# Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2167060  
**Name:** NorthShore University HealthSystem

Form 990 (2019)

**Form 990, Part III, Line 4a:**

Patient Care - See Schedule O

<b>Form 990, Part III, Line 4b:</b>
Education - See Schedule O
<hr/>

<b>Form 990, Part III, Line 4c:</b>
Research - See Schedule O
<hr/>

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 A Dohnalek	1.0									
Board Assistant Secretary/Prior Director	0.0	X		X				0	0	0
David F Zucker	1.0									
Board Chairman	0.0	X		X				0	0	0
Gerald P Gallagher	41.0									
President and Chief Executive Officer	3.0	X		X				1,667,770	0	1,292,573
Harry M Jansen Kraemer Jr	1.0									
Board Past Chairman	0.0	X		X				0	0	0
John G Zern	1.0									
Board Vice Chairman	0.0	X		X				0	0	0
Percy L Berger Sr	1.0									
Board Past Chairman	0.0	X		X				0	0	0
Susan B Sentell	1.0									
Board Secretary/Prior Director	0.0	X		X				0	0	0
A Steven Crown	1.0									
Director	0.0	X						0	0	0
Bea Reyna-Hickey	1.0									
Director	0.0	X						0	0	0
Catherine Guthrie	1.0									
Director	0.0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher J Olson	1.0									
Director	2.0	X						0	0	0
Connie K Duckworth	1.0									
Director	0.0	X						0	0	0
Gregory A Wallman	41.0									
Director and Physician	0.0	X						125,000	500	8,922
Gregory K Jones	1.0									
Director	0.0	X						0	0	0
Jason L Koh	24.0									
Director and Clinical Chairman	18.0	X						813,612	724,408	56,810
John Erwin III	1.0									
Director and Clinical Chairman	0.0	X						0	0	0
Kevin Willer	1.0									
Director/Prior Board Secretary	0.0	X						0	0	0
Lester B Knight III	1.0									
Director	0.0	X						0	0	0
Mark S Talamonti	32.0									
Director and Clinical Chairman	10.0	X						1,150,613	309,507	45,657
Michael Reinsdorf	1.0									
Director	0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Samuel M Mencoff	1.0									
Director	..... 0.0	X						0	0	0
Samuel M Parnass	3.0									
Director and Physician	..... 38.0	X						19,999	635,008	49,637
Scott C Schweighauser	1.0									
Director	..... 0.0	X						0	0	0
Theodore Mazzone	38.0									
Director and Clinical Chairman	..... 4.0	X						830,397	106,941	44,477
Thomas S Ricketts	1.0									
Director	..... 0.0	X						0	0	0
Toure S Claiborne	1.0									
Director	..... 0.0	X						0	0	0
William M Farrow III	1.0									
Director	..... 0.0	X						0	0	0
Douglas D Welday	41.0									
Board Treasurer and Chief Financial Officer	..... 0.0			X				943,580	0	512,149
Kristen Murtos	41.0									
Chief Administrative and Strategy Officer	..... 2.0			X				886,596	0	530,278
Sean O'Grady	41.0									
Chief Clinical Operations Officer	..... 0.0			X				1,067,920	0	644,515

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

[illegible]

**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			
Mahalakshmi Halasyamani Chief Quality and Transformation Officer	40.0 ..... 1.0				X			779,032	0	331,530
Mary Keegan Chief Nursing Officer	40.0 ..... 0.0				X			531,427	0	157,015
Michael S Caplan Clinical Chairman	34.0 ..... 7.0				X			824,921	131,962	29,649
Richard K Silver Clinical Chairman	35.0 ..... 6.0				X			886,615	143,880	47,851
Robert R Edelman Clinical Chairman	38.0 ..... 3.0				X			986,425	216,831	61,582
Scott Kenagy Chief Investment Officer	40.0 ..... 0.0				X			634,191	0	51,430
Steven Smith Chief Information Officer	40.0 ..... 0.0				X			745,074	0	532,414
Susan Rubin Clinical Chairman	28.0 ..... 13.0				X			425,044	157,072	26,095
William D Bloomer Clinical Chairman	24.0 ..... 17.0				X			393,030	544,282	46,977
William R Luehrs Chief Human Resources Officer	40.0 ..... 0.0				X			697,093	0	232,088

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			
Harry L Jones Chief Compliance Officer	40.0 ..... 0.0					X		467,806	0	48,678
Janardan D Khandekar Medical Director, Molecular Medical Center	36.0 ..... 4.0					X		424,738	36,968	36,855
Jianfeng Xu Vice President, Translational Research	40.0 ..... 0.0					X		526,589	0	49,775
Pablo Gejman Vice President, Genomic Research	40.0 ..... 0.0					X		568,679	0	44,559
Sharon L Walcott Vice President, Talent Management & Organizational Development	40.0 ..... 0.0					X		601,203	0	35,142
Gary E Weiss Former Board Treasurer and Chief Financial Officer	0.0 ..... 0.0						X	406,300	0	0
Mark R Neaman Former Executive Chairman	0.0 ..... 0.0						X	482,000	0	0

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

**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 in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 36-2167060

**Name:** NorthShore University HealthSystem

**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**

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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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 NorthShore University HealthSystem	Employer identification number 36-2167060
--	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-.
1				
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.

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		214,735
<b>j</b>	Total. Add lines 1c through 1i .....			214,735
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	NorthShore University HealthSystem (NorthShore) and its employees are members of various organizations that advocate on legal and policy issues that affect healthcare. A portion of the annual membership dues paid by NorthShore to these organizations are attributable to 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

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 7/25/06, 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 . . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
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 . . . . .	171,561,222	173,877,101	155,281,603	139,863,041	129,005,444
b Contributions . . . . .	1,525	50,750	300,920	235,586	-907,383
c Net investment earnings, gains, and losses	25,668,427	6,995,963	26,436,023	22,202,452	18,880,017
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	8,851,494	9,362,592	8,141,445	7,019,476	7,115,037
f Administrative expenses . . . . .					
g End of year balance . . . . .	188,379,680	171,561,222	173,877,101	155,281,603	139,863,041

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 41.11 %

c

Temporarily restricted endowment ▶ 58.89 %

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:

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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 . . . . .		73,457,282		73,457,282
b Buildings . . . . .		1,648,842,118	636,565,550	1,012,276,568
c Leasehold improvements		56,301,160	47,320,152	8,981,008
d Equipment . . . . .		483,583,474	291,634,148	191,949,326
e Other . . . . .		215,353,308	27,106,793	188,246,515
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,474,910,699

Schedule D (Form 990) 2019

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) Hedge Funds	403,942,026	C
(B) Private Equity Funds	316,354,327	C
(C) Private Equity Funds	15,496,826	F
(D) Other Investments	929,735	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	736,722,914	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,178,103,225

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,865,949,419
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	201,594,631
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	8,057,381
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	209,652,012
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,656,297,407
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	31,188,724
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	137,129,048
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	168,317,772
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	1,824,615,179

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,658,577,869
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,256,741
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,256,741
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,656,321,128
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	31,188,724
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	112,299,718
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	143,488,442
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	1,799,809,570

**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:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2167060  
**Name:** NorthShore University HealthSystem

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

1. (a) Description of Liability	(b) Book Value
Due to Affiliates	242,905,446
Reserve for Malpractice Losses	256,657,000
Due to Third Parties	332,361,705
Deferred Compensation	175,105,771
Current Maturity of Long-Term Debt	
Asset Retirement Obligation	5,920,333
Current Bond Payable Premium	
Current Bond Payable Discount	
Obligation to Provide Property	-586,914
Lease Obligation	149,933,282

Form 990, Schedule D, Part X, - Other Liabilities	
1. (a) Description of Liability	(b) Book Value
FMV of Swaps	15,806,602

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Endowment fund earnings are used toward research, special purpose, general operations, and department chair funding, as well as uncompensated care offered to patients who meet the criteria established under NorthShore University HealthSystem's financial assistance policy.



**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The Corporation and its related affiliates, except for NorthShore University HealthSystem Insurance International (Insurance International), NorthShore Physician Associates, Inc. (NPA), Community Care Partners, LLC (CCP), NorthShore Physician Associates Value Based Care, LLC (VBC), Swedish Medical Group (SMG), and Swedish Physician Partners (SPP) known as NorthShore Exempt Group, have been determined to qualify as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (IRC). Most of the income received by NorthShore Exempt Group is exempt from taxation under Section 501(a) of the IRC, as income related to the mission of the organization. Accordingly, there is no material provision for income tax for these entities. Some of the income received by exempt entities is subject to taxation as unrelated business income. NorthShore and its subsidiaries file federal income tax returns and returns for various states in the U.S. ASC 740-10, Income Taxes, requires that realization of an uncertain income tax position is more likely than not (i.e., greater than 50% likelihood of receiving a benefit) before it can be recognized in the financial statements. Furthermore, this interpretation prescribes the benefit to be recorded in the financial statements as the amount most likely to be realized assuming a review by tax authorities having all relevant information and applying current conventions. This interpretation also clarifies the financial statement classification of tax-related penalties and interest and sets forth new disclosures regarding unrecognized tax benefits. No amount was recorded for the years ended September 30, 2020 or 2019. For the year ended September 30, 2020, the Corporation has a net operating loss carryforward of \$190,181,510, which generated assets of \$54,211,238. These assets are offset by a valuation allowance of \$52,737,013. For the year ended September 30, 2019, the Corporation has a net operating loss carryforward of \$8,153,767, which generated assets of \$2,324,231. These assets are offset by a valuation allowance of \$916,220.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Rental Expenses - 1392631 Fundraising Expenses - 382619 Gift Shop Expenses - 481491 Equity Transactions - 5800640

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Internal Support - 108385664 Foundation Administrative Expenses - 3914054 Equity Transactions - 24829330

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Rental Expenses - 1392631 Fundraising Expenses - 382619 Gift Shop Expenses - 481491

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Internal Support - 108385664 Foundation Administrative Expenses - 3914054

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

Part I

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	0	0			439,890,195
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			439,890,195

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			North America (Canada & Mexico only)	Research	29,288	Check			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 1
- 3 Enter total number of other organizations or entities . . . . . 0

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

[illegible]



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	NorthShore University HealthSystem (NorthShore) provides cash grants to sub-recipients of grant awards. NorthShore requires all sub-recipients to sign a consortium agreement stating that the sub-recipient understands and agrees to all applicable compliance requirements. NorthShore meets with the sub-recipients on a regular basis and reviews the sub-recipients' A-133 reports.

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	NorthShore University HealthSystem (NorthShore) provides cash grants to sub-recipients of grant awards. NorthShore requires all sub-recipients to sign a consortium agreement stating that the sub-recipient understands and agrees to all applicable compliance requirements. NorthShore meets with the sub-recipients on a regular basis and reviews the sub-recipients' A-133 reports.

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 36-2167060

**Name:** NorthShore University HealthSystem

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		434,576,327
Central America and the Caribbean	0	0	,Insurance		3,493,130

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Medical Services	3,000
East Asia and the Pacific	0	0	Program Services	Medical Supplies	2,288

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Medical Conferences	14,094
Europe (Including Iceland and Greenland)	0	0	Investments		2,887

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	Medical Supplies	44,673
Europe (Including Iceland and Greenland)	0	0	Program Services	Medical Conferences	5,665

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Medical Supplies	1,692,957
North America (Canada & Mexico only)	0	0	Program Services	Medical Conferences	14,736



Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Grantmaking		29,288
South America	0	0	Program Services	Medical Services	5,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Medical Supplies	70
South Asia	0	0	Program Services	Medical Conferences	3,080

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Medical Services	1,000
Russia and Neighboring States	0	0	Program Services	Medical Services	2,000



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

		(a) Event #1 <b>American Craft Expo</b> (event type)	(b) Event #2 <b>Associate Board Benefit</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	330,007	197,930	117,126	645,063
	<b>2</b> Less: Contributions . . . . .	327,691	58,338	70,211	456,240
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	2,316	139,592	46,915	188,823
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		4,437	3,000	7,437
	<b>7</b> Food and beverages . . . . .	115	22,758		22,873
	<b>8</b> Entertainment . . . . .		3,750		3,750
	<b>9</b> Other direct expenses . . . . .	229,434	35,724	83,401	348,559
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				382,619
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-193,796

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		

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

Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NorthShore University HealthSystem

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
36-2167060

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 % 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.	3a	Yes
		3b	Yes
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 eligible 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) . . . . .			22,377,082	170,717	22,206,365	1.23 %
b Medicaid (from Worksheet 3, column a) . . . . .			150,402,385	118,257,962	32,144,423	1.79 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .	0	0	172,779,467	118,428,679	54,350,788	3.02 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,651,089		1,651,089	0.09 %
f Health professions education (from Worksheet 5) . . . . .			48,456,220	13,096,254	35,359,966	1.96 %
g Subsidized health services (from Worksheet 6) . . . . .			46,073,633	24,625,736	21,447,897	1.19 %
h Research (from Worksheet 7) . . . . .			26,190,486	21,108,420	5,082,066	0.28 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,283,065		1,283,065	0.07 %
j Total. Other Benefits . . . . .	0	0	123,654,493	58,830,410	64,824,083	3.60 %
k Total. Add lines 7d and 7j . . . . .	0	0	296,433,960	177,259,089	119,174,871	6.62 %

**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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support			344		344	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members			194		194	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy			13,750		13,750	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	14,288	0	14,288	0 %

**Part III**

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

**Section A. Bad Debt Expense**

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

**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. . . . .

**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. . . . .

**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.

**1**

Yes

No

2

7,425,257

3

9a

Yes

9b

Yes

**Section B. Medicare**

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

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

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

**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

5

441,048,427

6

542,301,832

7

-101,253,405

9a

Yes

9b

Yes

**Section C. Collection Practices**

**9a** Did the organization have a written debt collection policy during the tax year? . . . . .

**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 . . . . .

9a

Yes

9b

Yes

**Part IV**

**Management Companies and Joint Ventures**

(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 %
<b>1</b> HPMOB Limited Partnership	Owns a medical office building located on the hospital campus	38.66 %	0 %	61.34 %
<b>2</b> Ravine Way Surgery Center LLC	Operates an orthopaedic surgery center	27 %	0 %	73 %
<b>3</b> NorthShoreUSP Surgery Centers II LLC	Operates general surgery centers	49.9 %	0 %	50.1 %
<b>4</b> Morton Grove Medical Imaging LLC	Operates a diagnostic testing facility	49 %	0 %	51 %
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

Schedule H (Form 990) 2019



**Part V Facility Information****Section A. Hospital Facilities**

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

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

4

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>northshore.org/community-events/community/community-health-needs-assessment/</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>northshore.org/community-events/community/implementation-strategy-plan/</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>northshore.org/about-us/billing/financial-assistance/</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>northshore.org/about-us/billing/financial-assistance/</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>northshore.org/about-us/billing/financial-assistance/</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> 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
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input type="checkbox"/> 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 (if not, describe in Section C) <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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, 20a, 20b, 20c, 20d, 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.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 45

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

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Factors Used to Determine Eligibility for Financial Assistance	In addition to the Federal Poverty Guidelines, NorthShore University HealthSystem uses the following factors to determine eligibility for financial assistance: asset level, medical indigency, insurance status, underinsurance status, and residency.



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	NorthShore University HealthSystem calculated the cost of charity care and means-tested government programs using the cost-to-charge ratio derived from Schedule H, Worksheet 2, Ratio of Patient Care Cost-to-Charges. Amounts in the other benefits section of Line 7 were calculated using costs charged directly to the individual programs from the financial accounting system. An indirect cost allocation factor for hospital shared services was also calculated and included for each program indicated in other benefits.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	NorthShore University HealthSystem (NorthShore) employees are involved in numerous community building activities which promote the health of the communities it serves. NorthShore encourages its employees to serve on community collaboration boards and participate in health advocacy programs to promote the health of the communities served.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad debt expense was reported at cost using a cost-to-charge methodology. The Schedule H, Worksheet 2, Ratio of Patient Care Cost-to-Charges calculated to report charity care on Part I, Line 7a was multiplied by the bad debt expense to determine the bad debt expense at cost. Discounts and payments on patient accounts are excluded from bad debt expense in order to reflect the expected amount to be paid.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Patient Accounts Receivable Financial Statement Footnote - Patient service revenue and patient accounts receivable are reported at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing care.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>The Schedule H, Worksheet 2, Ratio of Patient Care Cost-to-Charges was used to determine the Medicare costs reported on Part III, Line 6. NorthShore University HealthSystem (NorthShore) believes that all of the \$101,253,405 Medicare shortfall should be considered as community benefit. The Internal Revenue Service Community Benefit Standard includes the provision of care to the elderly and Medicare patients. Medicare shortfalls must be absorbed by NorthShore in order to continue treating the elderly in our community. During fiscal year 2020, Medicare accounted for approximately 51% of hospital gross patient revenues. The hospital provides care regardless of this shortfall and thereby relieves the government of the burden of paying the full cost of care for Medicare beneficiaries.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	NorthShore University HealthSystem (NorthShore) follows the Illinois Fair Patient Billing Act. The collection policy is the same for all patients. Patients are screened for eligibility for financial assistance before collection procedures begin. After a patient meets the qualifications for financial assistance, the account balance is either partially or entirely written off. Any remaining balance would be collected under the existing debt collection policy.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Evanston Hospital: Line 16a URL: <a href="http://northshore.org/about-us/billing/financial-assistance/">northshore.org/about-us/billing/financial-assistance/</a> ;

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Evanston Hospital: Line 16b URL: <a href="http://northshore.org/about-us/billing/financial-assistance/">northshore.org/about-us/billing/financial-assistance/</a> ;



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Evanston Hospital: Line 16c URL: <a href="https://northshore.org/about-us/billing/financial-assistance/">northshore.org/about-us/billing/financial-assistance/</a> ; FAP plain language summary website

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>See the information reported in Part V Section B regarding the most recently completed Community Health Needs Assessment (CHNA). NorthShore University HealthSystem (NorthShore) contracted with Crowe LLP (Crowe) to compile and analyze existing data which led to the collection of community input data for the CHNA. The CHNA process included community input data collection including a focus group with NorthShore staff, as well as a focus group with community advisory committees representing twenty-eight organizations. The assessment process also included the development of a Community Health Profile using secondary data from local health department, federal, and state data sources.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>NorthShore University HealthSystem (NorthShore) informs and educates low-income patients of our Financial Assistance program across many points within the system. We have posted signs--both English and Spanish--in all our facilities' Emergency Departments and at our Central Registration areas. The NorthShore patient information television channel is available to all patients upon admission and a section describes how to obtain Financial Assistance. The NorthShore billing statements describes the Financial Assistance program and necessary contact information. Our collection agencies and billing offices also coordinate charity care to potentially eligible patients. Finally, the NorthShore website (<a href="http://northshore.org">northshore.org</a>) is another useful resource that informs patients about the Financial Assistance program with links to the application process and the actual financial application. NorthShore also has approximately 16 full-time financial counselors and 38 Customer Service agents representing our hospitals, clinics, and physician offices. These counselors and representatives are responsible for helping patients understand their bills and coordinating financial assistance and insurance eligibility when appropriate. Any uninsured patient admitted to our hospitals will have their case reviewed by a financial counselor. NorthShore has also earned Certified Application Counselor Organization (CACO) status with the Centers for Medicare and Medicaid Services (CMS). Our counselors are certified and capable of helping patients navigate Medicaid and Insurance Exchange options. Any patient having difficulty paying their portion of the bill or wanting to know if they are eligible for financial assistance will have their case reviewed by calling our centralized Customer Service billing department. Our Customer Service department responds to approximately 1,400 calls per day from patients with questions about their bill or that are unable to pay. In addition to the formal application process for Financial Assistance, NorthShore may also grant Financial Assistance on a presumptive basis. Presumptive Financial Assistance approvals are based upon individual life circumstances such as enrollment in low-income government programs with income eligibility below 200 percent of federal poverty level income guidelines or verification of financial indigence through a credit rating agency and their calculated healthcare credit score.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>NorthShore University HealthSystem (NorthShore) has four hospital facilities located in the northern suburbs of Chicago, Illinois. The NorthShore service area has a total population size of approximately 1.6 million. The median household income is approximately \$92,000. During fiscal year 2020, approximately 3% of NorthShore's patients had no insurance and 7% qualified for Medicaid. Within NorthShore's service area, there are four federally-designated medically underserved areas. NorthShore's service area also includes 10 other hospitals.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>NorthShore University HealthSystem (NorthShore) extends medical staff privileges to all qualified physicians in the NorthShore community. A majority of the NorthShore Board members also reside in NorthShore's service area and are not employees, independent contractors, or family members thereof. NorthShore also uses surplus funds to add new buildings and renovate existing facilities to better serve patients and the community. Additional programs conducted by NorthShore to help promote the health of the community include: Residency and Education Programs - NorthShore is committed to excellence in its academic mission and supports teaching and research in its role as the principal teaching affiliate of the University of Chicago Pritzker School of Medicine. NorthShore also has additional teaching affiliation agreements with Rush University Medical Center, University of Illinois-Chicago, Stroger Hospital, and Northwestern University Feinberg School of Medicine. NorthShore has an extensive selection of training programs and fellowships to offer physicians at its teaching and research facilities. During fiscal year 2020, 220 resident and fellow full-time equivalents (FTEs) participated in NorthShore and affiliate-based programs. The NorthShore residency program areas include: Dentistry, Family Medicine, Internal Medicine (Categorical, Preliminary, and Transitional), and Pathology. The NorthShore fellowship program areas include: Cardiology, Endocrine Surgery, Family Medicine-Sports Medicine, Gastroenterology, Maternal-Fetal Medicine, Musculoskeletal Imaging, Simulation-Emergency Medicine, and Urogynecology. The affiliate-based residency program areas include: Anesthesiology, Emergency Medicine, General Surgery, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pediatrics, Podiatry, Psychiatry, Radiology, and Urology. The affiliate-based fellowship program areas include: Cardiothoracic Surgery, Child Psychiatry, Colon Rectal Surgery, Gynecology-Oncology, Hematology-Oncology, Mammography, Maternal-Fetal Medicine, Medical Microbiology, Molecular Genetics Pathology, Neonatal-Perinatal Medicine, Nephrology, Neuroradiology, Orthopaedic Hand, Orthopaedic Sports, Palliative Medicine, Peripheral Vascular Surgery, and Surgical Oncology. NorthShore also offers a comprehensive Pharmacy residency program, with resident positions located at all four hospitals. The Pharmacy residency program includes both clinical and administrative exposure focusing on inpatient and ambulatory practice. The program also includes specialty residencies in oncology, pharmacy informatics, and pharmacy administration. The program consists of a multitude of experiences that reinforce residents' knowledge and skills and help them advance into well-rounded practitioners. During fiscal year 2020, 19 residents participated in the program. The NorthShore School of Nurse Anesthesia operates out of Evanston Hospital and is affiliated with DePaul University. The program has full accreditation from the Council of Accreditation of Nurse Anesthesia Educational Programs. The mission of the school is to prepare qualified professional registered nurses for the advanced practice of nurse anesthesia in a variety of practice settings. The graduate nurse anesthetist demonstrates the knowledge, skills, and attitude necessary to take on leadership roles in the practice of nurse anesthesia. During fiscal year 2020, 72 students participated in the program. NorthShore also provided clinical training and internships during the 2020 academic year for 117 high school and college students. Students interned in various areas including Nursing, Physical Therapy, Laboratory, Radiology, Occupational Therapy, Medical Social Work, and Speech Pathology. Community Advisory Committees - The Community Advisory Committees' (CAC) role is to advise hospital administration on services and initiatives from a community perspective. The CACs are structured to ensure NorthShore's accountability to the community and to assist in the fulfillment of the community relations vision, to be the most trusted and indispensable health partner throughout the communities we serve. The CACs are primarily comprised of community members, along with hospital administrative and professional staff. NorthShore strives for diverse membership to include business, faith community, social services, civic organizations, government officials, elected officials, as well as interested citizens. The CACs meet quarterly and help to identify gaps in healthcare services within the community and seek opportunities for partnerships between the hospitals and community organizations. In addition, the CACs assist NorthShore with the community health needs assessment process. NorthShore Community Health Center - The NorthShore Evanston Hospital Community Health Center provides medical care to adults who lack private medical insurance. Medical services include,</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>but are not limited to: primary care, obstetrics/gynecology, general surgery, orthopaedics , diabetes education, and podiatry. In fiscal year 2020, the clinic treated 3,884 adult patients at 10,730 visits.</p> <p>Dental Center - The Dental Center at Evanston Hospital provides primary care dental services and special consultations for medically underserved adult patients, pre-screenings for cardiovascular patients, and management for oral complications in oncology patients and those with refractory dental problems. The Dental Center provided discounted care for adult patients making 2,781 visits during fiscal year 2020.</p> <p>Erie Evanston/Skokie Health Center - NorthShore partners with this Federally Qualified Health Center to provide services to the underserved. During fiscal year 2020, NorthShore provided services to 1,780 Erie patients.</p> <p>Evanston Township High School Health Center - The Evanston Township High School Health Center is a school-based health clinic that provides physical exams, immunizations, treatment of acute and chronic illnesses, individual counseling, health education, gynecological care, and support groups to students whose parents allow them to enroll in the health center. For the 2019-2020 academic year, 863 students made 2,398 visits.</p> <p>NorthShore's Medication Assistance Program helps with the cost of prescriptions for patients of the Evanston Hospital Community Health Center. The Medication Assistance Program provided 32,625 prescriptions to 2,003 low-income patients during fiscal year 2020.</p> <p>The Perinatal Depression Program identifies women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge. In fiscal year 2020, NorthShore physicians conducted 7,530 screenings to identify at-risk patients, and the hotline received 866 calls. Free psychological support and referrals were provided for 551 women identified as at-risk for perinatal mood disorders.</p> <p>Employee Volunteerism - NorthShore employees participate in various volunteer activities that meet community needs and promote goodwill. Several NorthShore publications include information about volunteer organizations and employee volunteer opportunities. NorthShore also recognizes and rewards employees for community service and volunteerism through the annual Sharing Spirit Volunteer Award.</p> <p>Home and Hospice Services - NorthShore Home and Hospice Services offers the full spectrum of home and hospice care, including skilled nursing, physical and occupational therapy, and home medical equipment. The Home and Hospice caregivers represent a wide range of medical specialties and work with the patient, family, and physician to tailor home care to meet the individual needs of each patient. During fiscal year 2020, there were 82,588 patient visits and 6,048 admissions.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>NorthShore University HealthSystem (NorthShore) is a comprehensive, fully integrated, healthcare delivery system that includes four hospitals, as well as numerous outpatient departments and clinics. In addition to the hospital organization, there are the following affiliates that help to meet the needs of the community:</p> <p>NorthShore University HealthSystem Foundation - The NorthShore University HealthSystem Foundation (Foundation) seeks to obtain the philanthropic support required to ensure that NorthShore can provide medical care, advanced research, and state-of-the-art facilities and equipment. The Foundation builds relationships with individuals and the community to increase awareness of NorthShore's high-quality services and giving opportunities.</p> <p>NorthShore University HealthSystem Research Institute - The NorthShore University HealthSystem Research Institute (Research Institute) was organized in 1996 to provide a means for integrating leading-edge research into improved clinical care. The Research Institute also creates an environment to recruit and retain externally-funded research leadership in order to achieve the mission and goals of the organization. The Research Institute now houses more than 250 principal investigators who currently occupy 95,000 net square feet of research space and work on 1,000 active research protocols. The Research Institute builds on NorthShore's promise to deliver excellence in all aspects of patient care. Efforts are directed to research initiatives that make a difference across multiple disciplines. From oncology and neurology to orthopaedics and cardiovascular care, the Research Institute focuses on areas of inquiry that have the potential to make the greatest impact on improving and saving lives. NorthShore offers some 1,000 active clinical trials of various types, from innovative surgical procedures to the latest drug therapies. NorthShore's clinical research portfolio focuses on a range of conditions, including cancer, neurologic disorders and stroke, cardiovascular disorders, and a wide range of pediatric and gynecologic conditions. Additionally, major clinical trial programs in advanced imaging and medical genetics are also offered. The Research Institute is also a member of the Illinois Precision Medicine Consortium (IPMC), which is part of a national landmark longitudinal All of Us Research Program (AoURP) cohort program to improve the ability to prevent and treat disease based on individual lifestyle, environment, and genetics. NorthShore will enroll over 9,000 NorthShore patients in the study, and participants in NorthShore's AoURP will be asked to share a wide-range of health, environmental, and lifestyle information. The NorthShore Program for Personalized Cancer Care (PPCC) is pioneering new strategies in cancer care. The PPCC uniquely focuses on the genetic pattern of an individual's hereditary DNA to derive a personalized cancer risk assessment profile. Based on the inherited risk of developing a given cancer, the PPCC is beginning to implement personalized cancer care strategies that encompass the entire spectrum of disease. The PPCC believes this approach will lead to more efficient use of health care resources by targeting prevention and screenings toward individuals at greater risk of developing cancer, earlier cancer detection, and, ultimately and most importantly, reduced cancer deaths and suffering.</p> <p>NorthShore University HealthSystem Home and Hospice Services - NorthShore University HealthSystem Home and Hospice Services (Home and Hospice) offers the full spectrum of home and hospice care, including skilled nursing, physical and occupational therapy, and home medical equipment. The Home and Hospice caregivers represent a wide range of medical specialties and work with the patient, family, and physician to tailor home care to meet the individual needs of each patient.</p> <p>NorthShore University HealthSystem Faculty Practice Associates -NorthShore University HealthSystem Faculty Practice Associates (FPA) represents about 900 physicians with over 140 offices in virtually every specialty all on staff at NorthShore hospitals. The primary function and activity of FPA is to employ, supervise, and conduct employment-related activities with respect to physicians who provide professional health care services directly for NorthShore patients. FPA physicians also conduct medical education and research activities on behalf of NorthShore.</p> <p>Radiation Medicine Institute - Radiation Medicine Institute (RMI) employs, supervises, and conducts employment-related activities with respect to physicians who provide professional health care services directly for NorthShore patients. RMI physicians also conduct medical education and research activities on behalf of NorthShore.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL



**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2167060  
**Name:** NorthShore University HealthSystem

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>4</b>		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	Evanston Hospital 2650 Ridge Avenue Evanston, IL 60201 northshore.org 0000646	X	X		X		X	X			A
2	Glenbrook Hospital 2100 Pfingsten Road Glenview, IL 60026 northshore.org 0003483	X	X		X		X	X			A
3	Highland Park Hospital 777 Park Avenue West Highland Park, IL 60035 northshore.org 0005066	X	X		X		X	X			A
4	Skokie Hospital 9600 Gross Point Road Skokie, IL 60076 northshore.org 0005587	X	X		X		X	X			A

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Facility Reporting Group A. Facility Reporting Group A: Reporting Group A consists of the following hospital facilities: 1 - Evanston Hospital 2 - Glenbrook Hospita l 3 - Highland Park Hospital 4 - Skokie Hospital NorthShore University HealthSystem (North Shore) contracted with Crowe LLP (Crowe) to facilitate and conduct the Community Health Ne eds Assessment (CHNA). Crowe has significant healthcare experience including providing ser vices to hundreds of large healthcare organizations across the country. NorthShore has con ducted a CHNA using primary and secondary data, to ensure community benefit programs and r esources are focused on significant health needs as perceived by the community at large, a s well as alignment with NorthShore's mission, services and strategic priorities. NorthSho re obtained input from 44 leaders representing public health, major employers, public scho ols, social services, NorthShore leaders and the community at-large through two focus grou ps and one-on-one interviews. Primary input was also obtained by conducting an online comm unity health survey distributed to members of the community. Additionally, health needs as sessments prepared by four local health departments serving the NorthShore community were also reviewed and considered. Secondary data was assessed including: Demographics (populat ion, age, sex, race), Socioeconomic indicators (household income, poverty, unemployment, e ducational attainment), Health access indicators, Community health status indicators (caus es of death, chronic conditions, health behaviors, etc.), and Availability of health care facilities and resources. Community input was obtained through two focus groups and seven interviews with key stakeholders. The first focus group was conducted with members of Nort hShore's community advisory committees representing twenty-eight organizations. The attend ees included health care providers, social service providers, public health agency represe ntatives, local government agency leaders, and small business organizations working throug hout the NorthShore service area. The organizations represented included the City of Evans ton-Department of Health, Moraine Township, CJE Senior Life, NAMI Cook County North Suburb an, Deerfield Parent Network, Niles Township High School District 219, Erie Family Health Center, Northbrook Chamber of Commerce, Evanston Fire Department, Northfield Township, Eva nston/Skokie School District 65, Northwest Suburban United Way, Faith in Action, Peer Serv ices, Family Services of Glencoe, Skokie Police Department, Frisbie Senior Center, St. Phi lip Lutheran Church, Glenbrook South High School, Terry Performance Group, Glenview Chambe r of Commerce, Tri-Con Child Care Center, Great Lakes Adaptive Sports Association, Turning Point Behavioral Health, Lake County Health Department, Village of Glenview, McGaw YMCA, and Village of Skokie, Health Department. Participants provided input on behalf of public health, medically underserved

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	and minority populations and the community as a whole. A second focus group was conducted with leaders from NorthShore's staff representing a wide range of departments, including Emergency Medicine, Kellogg Cancer Center, Nursing, Cardiology, Psychiatry and Behavioral Health, Neurology, Managed Care, and Infection Control. The group discussed prominent health and wellness issues, barriers and assets to health in the communities NorthShore serves, and potential strategies to address barriers to community health and well-being. Community input was also obtained through an electronic survey distributed to the community. Identified health needs were then prioritized taking into account community perception regarding the significance of each identified need as well as the ability for NorthShore to impact overall health based on alignment with NorthShore's mission and services provided. NorthShore's leadership participated in identifying and prioritizing significant health 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Facility Reporting Group A. Facility Reporting Group A consists of the following hospital facilities: 1 - Evanston Hospital 2 - Glenbrook Hospital 3 - Highland Park Hospital 4 - Skokie Hospital The Community Health Needs Assessment (CHNA) conducted by NorthShore University HealthSystem (NorthShore) included all four NorthShore hospitals: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, and Skokie Hospital.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Facility Reporting Group A. Facility Reporting Group A: Reporting Group A consists of the following hospital facilities: 1 - Evanston Hospital 2 - Glenbrook Hospital 3 - Highland Park Hospital 4 - Skokie Hospital NorthShore University HealthSystem (NorthShore) has implemented a three-fold strategy to address the identified health needs of the communities it serves, which includes: 1) Community benefits programs and partnerships will address a need identified in the Community Health Needs Assessment (CHNA), with a rationale provided for any identified health needs not addressed by NorthShore, 2) Community benefits programs, initiatives, and partnerships will address a need identified by the community, and 3) Community benefits programs, initiatives, and partnerships will be aligned with the guiding principles outlined in Advancing the State of the Art of Community Benefits for Nonprofit Hospitals. The guiding principles are: Disproportionate Unmet Health-Related Needs, Primary Prevention, Seamless Continuum of Care, Build Community Capacity, and Community Collaboration. NorthShore places priority on providing community benefits and services in the communities located nearest to its hospitals, where NorthShore believes it has the greatest capacity and responsibility to serve. NorthShore evaluates the impact of the initiatives developed to address the identified needs by collecting data on how many individuals utilize components of the initiative. Measurement of the impact was also assessed by gathering ongoing feedback from the hospitals' Community Advisory Committees, along with feedback from senior and physician leadership. The needs identified in the most recently conducted CHNA were: Access to Behavioral Health, Health Literacy and Navigating the Healthcare Environment, Access and Coordination of Care (affordability, education, transportation, specialty care, cultural competency), Substance Abuse, Behavioral Health (mental health and substance abuse, psychiatry and community based services), Chronic Risk Factors (prevention and management of obesity, tobacco use, hypertension), Alzheimer's/Dementia (prevention, management, caregiver support, long-term care), Oral Health, Diabetes, Cardiovascular Disease and Stroke, Cancer, Lung Health, and Maternal and Child Health (infant mortality, low birth weight). NorthShore plans to address all the needs identified in the CHNA, although the following needs have been addressed in a limited capacity through existing services and financial contributions to outside organizations: Violence Prevention. Actions taken during fiscal year 2020 to address the needs identified in the CHNA include the following NorthShore programs and services by hospital facility:

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - A, 1 Evanston Hospital. The NorthShore Evanston Hospital Community Health Center provides medical care to adults who lack private medical insurance. Medical service s include, but are not limited to: primary care, obstetrics/gynecology, general surgery, o rthopaedics, diabetes education, and podiatry. In fiscal year 2020, the clinic treated 3,8 84 adult patients at 10,730 visits. Emergency Departments within NorthShore are staffed 24 /7 with physicians, nurses, and technicians who are trained to respond to medical emergenc ies. Evanston Hospital provides Level One trauma services. During fiscal year 2020, the No rthShore Emergency Departments had 106,555 patient visits. The Dental Center at Evanston H ospital provides primary care dental services and special consultations for medically unde rserved adult patients, pre-screenings for cardiovascular patients, and management for ora l complications in oncology patients and those with refractory dental problems. The Dental Center provided discounted care for adult patients making 2,781 visits during fiscal year 2020. NorthShore's Cardiovascular Center provides comprehensive cardiology services with a combined expertise of cardiologists and cardiac surgeons working together to develop tre atment plans designed to provide patients with exceptional heart care including cardiac im aging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, inte rventional cardiology and a women's heart program. During fiscal year 2020, NorthShore hos pitals had a total of 139,559 cardiology patient visits. The Kellogg Cancer Center is a ca ncer treatment center that offers comprehensive, compassionate cancer care and treatments for oncology patients and their families. NorthShore's collaborative cancer treatment mode l focuses on each patient's individual needs, providing medical, surgical, radiation, psyc hological, and emotional care. During fiscal year 2020, the Kellogg Cancer Centers at Evan ston, Glenbrook, and Highland Park Hospitals had a total of 90,045 patient visits. The Mat ernal Health Department at Evanston Hospital offers comfortable, high-tech birthing facili ties. Evanston Hospital also serves as a Regional Perinatal Network hospital for northeast ern Illinois. Both high-risk mothers and high-risk babies are transferred to Evanston Hosp ital for access to the latest technology and highly trained staff. During fiscal year 2020 , the Evanston Hospital Maternal Health Department had a total of 41,533 patient visits. T he Pediatric Rehabilitation Clinic offers a wide array of outpatient services for young pa tients (from birth through adolescence) with special needs. A team of licensed physical, o ccupational, and speech therapists specializing in pediatric care provide one-on-one indiv idualized treatment as well as group classes to help patients achieve or regain functional skills. During fiscal year 2020, the Pediatric Rehabilitation Clinic had a total of 6,196 patient visits. The Perinatal

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>Depression Program identifies women who are suffering from perinatal depression and offer s referrals for women who may need additional help. The program screens women for perinata l depression during and after their pregnancy and offers a 24/7 crisis hotline for women a nd their family members who may find themselves in an emergent situation. All services are provided free of charge. In fiscal year 2020, NorthShore physicians conducted 7,530 scree nings to identify at-risk patients, and the hotline received 866 calls. Free psychological support and referrals were provided for 551 women identified as at-risk for perinatal moo d disorders. NorthShore's Medication Assistance Program helps with the cost of prescriptio ns for patients of the Evanston Hospital Community Health Center. The Medication Assistanc e Program provided 32,625 prescriptions to 2,003 low-income patients during fiscal year 20 20. NorthShore Mental Health Services for adults, adolescents and children offers along wi th a continuum of care including group, individual and family outpatient services, intensi ve outpatient, partial hospital programs, inpatient centers for both adults and adolescent s, and crisis call center. The Access/Crisis Center offers 24-hour crisis intervention and triage over the phone and in the emergency department. During fiscal 2020, the Mental Hea lth Services Departments at Evanston and Highland Park Hospitals had a total of 31,362 pat ient visits. The Evanston Township High School Health Center is a school-based health clin ic that provides physical exams, immunizations, treatment of acute and chronic illnesses, individual counseling, health education, gynecological care, and support groups to student s whose parents allow them to enroll in the health center. For the 2019-2020 academic year , 863 students made 2,398 visits.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - A, 2 Glenbrook Hospital. Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses, and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level One trauma services. During fiscal year 2020, the NorthShore Emergency Departments had 106,555 patient visits. NorthShore's Cardiovascular Center provides comprehensive cardiology services with a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women's heart program. During fiscal year 2020, NorthShore hospitals had a total of 139,559 cardiology patient visits. The Kellogg Cancer Center is a cancer treatment center that offers comprehensive, compassionate cancer care and treatments for oncology patients and their families. NorthShore's collaborative cancer treatment model focuses on each patient's individual needs, providing medical, surgical, radiation, psychological, and emotional care. During fiscal year 2020, the Kellogg Cancer Centers at Evanston, Glenbrook, and Highland Park Hospitals had a total of 90,045 patient visits. The Pediatric Rehabilitation Clinic offers a wide array of outpatient services for young patients (from birth through adolescence) with special needs. A team of licensed physical, occupational, and speech therapists specializing in pediatric care provide one-on-one individualized treatment as well as group classes to help patients achieve or regain functional skills. During fiscal year 2020, the Pediatric Rehabilitation Clinic had a total of 6,196 patient visits. The Perinatal Depression Program identifies women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge. In fiscal year 2020, NorthShore physicians conducted 7,530 screenings to identify at-risk patients, and the hotline received 866 calls. Free psychological support and referrals were provided for 551 women identified as at-risk for perinatal mood disorders.



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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - A, 3 Highland Park Hospital. Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses, and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level One trauma services. During fiscal year 2020, the NorthShore Emergency Departments had 106,555 patient visits. NorthShore's Cardiovascular Center provides comprehensive cardiology services with a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women's heart program. During fiscal year 2020, NorthShore hospitals had a total of 139,559 cardiology patient visits. The Kellogg Cancer Center is a cancer treatment center that offers comprehensive, compassionate cancer care and treatments for oncology patients and their families. NorthShore's collaborative cancer treatment model focuses on each patient's individual needs, providing medical, surgical, radiation, psychological, and emotional care. During fiscal year 2020, the Kellogg Cancer Centers at Evanston, Glenbrook, and Highland Park Hospitals had a total of 90,045 patient visits. The Maternal Health Department at Highland Park Hospital is committed to providing the best in family care and strives to provide individualized care for each family. The Center's state-of-the-art birthing center rooms were designed to achieve the labor-delivery-recovery-postpartum, or single-room care experience with the latest technology. During fiscal year 2020, the Highland Park Hospital Maternal Health Department has a total of 3,013 patient visits. The Pediatric Rehabilitation Clinic offers a wide array of outpatient services for young patients (from birth through adolescence) with special needs. A team of licensed physical, occupational, and speech therapists specializing in pediatric care provide one-on-one individualized treatment as well as group classes to help patients achieve or regain functional skills. During fiscal year 2020, the Pediatric Rehabilitation Clinic had a total of 6,196 patient visits. The Perinatal Depression Program identifies women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge. In fiscal year 2020, NorthShore physicians conducted 7,530 screenings to identify at-risk patients, and the hotline received 866 calls. Free psychological support and referrals were provided for 551 women identified as at-risk for perinatal mood disorders. NorthShore Mental Health Services for adults, adolescents and children offers along with a continuum of

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	care including group, individual and family outpatient services, intensive outpatient, pa rtial hospital programs, inpatient centers for both adults and adolescents, and crisis cal l center. The Access/Crisis Center offers 24-hour crisis intervention and triage over the phone and in the emergency department. During fiscal 2020, the Mental Health Services Depa rtments at Evanston and Highland Park Hospitals had a total of 31,362 patient visits.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	Facility A, 5 - A, 4 Skokie Hospital. Emergency Departments within NorthShore are staffed 24/7 with physicians, nurses, and technicians who are trained to respond to medical emergencies. Evanston Hospital provides Level One trauma services. During fiscal year 2020, the NorthShore Emergency Departments had 106,555 patient visits. NorthShore's Cardiovascular Center provides comprehensive cardiology services with a combined expertise of cardiologists and cardiac surgeons working together to develop treatment plans designed to provide patients with exceptional heart care including cardiac imaging, cardiovascular surgery, clinical cardiology, electrophysiology, heart failure, interventional cardiology and a women's heart program. During fiscal year 2020, NorthShore hospitals had a total of 139,559 cardiology patient visits. The Pediatric Rehabilitation Clinic offers a wide array of outpatient services for young patients (from birth through adolescence) with special needs. A team of licensed physical, occupational, and speech therapists specializing in pediatric care provide one-on-one individualized treatment as well as group classes to help patients achieve or regain functional skills. During fiscal year 2020, the Pediatric Rehabilitation Clinic had a total of 6,196 patient visits. The Perinatal Depression Program identifies women who are suffering from perinatal depression and offers referrals for women who may need additional help. The program screens women for perinatal depression during and after their pregnancy and offers a 24/7 crisis hotline for women and their family members who may find themselves in an emergent situation. All services are provided free of charge. In fiscal year 2020, NorthShore physicians conducted 7,530 screenings to identify at-risk patients, and the hotline received 866 calls. Free psychological support and referrals were provided for 551 women identified as at-risk for perinatal mood disorders.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility A, 1	Facility A, 1 - Facility Reporting Group A. Facility Reporting Group A consists of the following hospital facilities: 1 - Evanston Hospital 2 - Glenbrook Hospital 3 - Highland Park Hospital 4 - Skokie Hospital Per the Billing and Collections Policy of NorthShore University HealthSystem (NorthShore), NorthShore does not engage in Extraordinary Collection Actions (ECAs), nor does it permit its collections vendors to engage in ECAs.

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> Glenbrook Ambulatory Care Center 2180 Pfingsten Road Glenview, IL 60026	Outpatient Clinic
<b>1</b> Skokie Ambulatory Care Center 9650 Gross Point Road Skokie, IL 60076	Outpatient Clinic
<b>2</b> Graham Medical Office Building 1000 Central Street Evanston, IL 60201	Outpatient Clinic
<b>3</b> Highland Park Ambulatory Care Center 757 Park Avenue West Highland Park, IL 60035	Outpatient Clinic
<b>4</b> Gurnee Ambulatory Care Center 7900 Rollins Road Gurnee, IL 60031	Outpatient Clinic
<b>5</b> Old Orchard Medical Office Building 9977 Woods Drive Skokie, IL 60077	Outpatient Clinic
<b>6</b> Highland Park Medical Office Building 767 Park Avenue West Highland Park, IL 60035	Outpatient Clinic
<b>7</b> Glenbrook Medical Office Building North 2150 Pfingsten Road Glenview, IL 60026	Outpatient Clinic
<b>8</b> Glenbrook Medical Office Building South 2050 Pfingsten Road Glenview, IL 60026	Outpatient Clinic
<b>9</b> Vernon Hills Specialty Care Center 225 N Milwaukee Avenue Vernon Hills, IL 60061	Outpatient Clinic
<b>10</b> NorthShore Lab Services - Evanston 2500 Ridge Avenue Evanston, IL 60201	Outpatient Clinic
<b>11</b> Bannockburn Medical Office Building 2151 Waukegan Road Bannockburn, IL 60015	Outpatient Clinic
<b>12</b> Lincolnshire Medical Office Building 920 N Milwaukee Avenue Lincolnshire, IL 60048	Outpatient Clinic
<b>13</b> Pediatric Outpatient Center 3232 Lake Avenue Wilmette, IL 60091	Outpatient Clinic
<b>14</b> Fetal Diagnostic Center 71 Waukegan Road Lake Bluff, IL 60044	Outpatient Clinic

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> Niles Medical Office Building 6450 W Touhy Avenue Niles, IL 60714	Outpatient Clinic
<b>1</b> Lakeshore Imaging 680 N Lake Shore Drive Chicago, IL 60611	Outpatient Clinic
<b>2</b> Ravinia X-Ray and GI Lab 1777 Green Bay Road Highland Park, IL 60035	Outpatient Clinic
<b>3</b> NorthShore Medical Group - Round Lake Beach 1000 Rollins Road Round Lake Beach, IL 60073	Outpatient Clinic
<b>4</b> Gurnee Medical Office Building 15 Tower Court Gurnee, IL 60031	Outpatient Clinic
<b>5</b> Mount Prospect Medical Office Building 1329 N Wolf Road Mount Prospect, IL 60056	Outpatient Clinic
<b>6</b> Glenview Park Center 2400 Chestnut Avenue Glenview, IL 60026	Outpatient Clinic
<b>7</b> PM&R Fitness Center 1501 Busch Parkway Buffalo Grove, IL 60089	Outpatient Clinic
<b>8</b> NorthShore Immediate Care Center - Chicago at Bucktown 1942 W Fullerton Avenue Chicago, IL 60647	Outpatient Clinic
<b>9</b> NorthShore Immediate Care Center - Des Plaines 1535 Ellinwood Des Plaines, IL 60016	Outpatient Clinic
<b>10</b> PM&R Benson Avenue 1729 Benson Avenue Evanston, IL 60201	Outpatient Clinic
<b>11</b> Northbrook Court Imaging 1182 Northbrook Court Northbrook, IL 60062	Outpatient Clinic
<b>12</b> NorthShore Immediate Care Center - Chicago at Broadway Square 5238 N Broadway Avenue Chicago, IL 60640	Outpatient Clinic
<b>13</b> NorthShore Immediate Care Center - Chicago at Andersonville 4914 N Clark Street Chicago, IL 60640	Outpatient Clinic
<b>14</b> NorthShore Immediate Care Center - Evanston 524 Main Street Evanston, IL 60201	Outpatient Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
<b>31</b> NorthShore Immediate Care Center - Arlington Heights 206 W Rand Road Arlington Heights, IL 60004	Outpatient Clinic
<b>1</b> NorthShore Immediate Care Center - Chicago at Jefferson Park 5211 W Lawrence Avenue Chicago, IL 60630	Outpatient Clinic
<b>2</b> NorthShore Immediate Care Center - Chicago at Belle Plaine 4070 N Milwaukee Avenue Chicago, IL 60641	Outpatient Clinic
<b>3</b> NorthShore Immediate Care Center - Skokie Commons 3304 W Touhy Ave Skokie, IL 60076	Outpatient Clinic
<b>4</b> NorthShore Immediate Care Center - Chicago at Mayfair Commons 5240 N Pulaski Chicago, IL 60630	Outpatient Clinic
<b>5</b> NorthShore Immediate Care Center - Chicago at Lincoln Village 6071 N Lincoln Ave Chicago, IL 60659	Outpatient Clinic
<b>6</b> NorthShore Immediate Care Center - Chicago at Lincoln Square 2323 W Lawrence Chicago, IL 60625	Outpatient Clinic
<b>7</b> Fetal Diagnostic Center 890 Garfield Avenue Libertyville, IL 60048	Outpatient Clinic
<b>8</b> Fetal Diagnostic Center 800 W Central Road Arlington Heights, IL 60005	Outpatient Clinic
<b>9</b> Breast Health and Mammography Program 71 Old Orchard Shopping Center Skokie, IL 60077	Outpatient Clinic
<b>10</b> Ravine Way Surgery Center 2350 Ravine Way Glenview, IL 60025	Ambulatory Surgery Center
<b>11</b> River North Same Day Surgery One East Erie Street Chicago, IL 60611	Ambulatory Surgery Center
<b>12</b> North Shore Same Day Surgery 3725 W Touhy Avenue Lincolnwood, IL 60712	Ambulatory Surgery Center
<b>13</b> 25 East Same Day Surgery Center 25 E Washington Street Chicago, IL 60602	Ambulatory Surgery Center
<b>14</b> Morton Grove Medical Imaging 9000 Waukegan Road Morton Grove, IL 60053	Ambulatory Surgery Center

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

NorthShore University HealthSystem

Employer identification number

36-2167060

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 41

3 Enter total number of other organizations listed in the line 1 table . . . . . 2



**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships in Medical Field	166	561,733			
(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 Procedures for monitoring use of grant funds.	NorthShore University HealthSystem (NorthShore) provides cash and non-cash assistance to organizations that help support NorthShore's mission to preserve and improve human life. Requests to support an outside organization must be reviewed and approved by the Community Relations department and NorthShore management to ensure the organization is aligned with NorthShore's mission and charitable purpose. NorthShore also provides cash grants to sub-recipients of grant awards. NorthShore requires all sub-recipients to sign a consortium agreement stating that the sub-recipient understands and agrees to all applicable compliance requirements. NorthShore meets with the sub-recipients on a regular basis and reviews the sub-recipients' A-133 reports. In addition, NorthShore provides cash support to related organizations. Support to related organizations is monitored through the NorthShore budget and reporting procedures for the consolidated financial statements. NorthShore also provides nursing scholarships to individuals. The scholarship amount depends on the degree sought, and the number of scholarships awarded depends on the available funds for each year. Scholarships are awarded on an annual basis to applicants that meet the eligibility criteria. Applicants must be current employees of NorthShore as a staff nurse or other related clinical position. Applicants must also be currently enrolled in a nursing degree program, and enrollment must be maintained for the year the scholarship is received. In addition, applicants must sign a Scholarship Agreement to work for NorthShore as a staff nurse or in a related clinical position for one year following receipt of the scholarship.

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 36-2167060  
Name: NorthShore University HealthSystem

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 225 N Michigan Ave Chicago, IL 60601	36-2167721	501(c)(3)	10,000				Community Event Contribution
Beth Israel Deaconess Medical Center 330 Brooklin Ave Boston, MA 02215	04-2103881	501(c)(3)	51,489				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Catholic Charities of the Archdiocese of Chicago 721 N LaSalle Dr Chicago, IL 60654	36-2170821	501(c)(3)	20,000				Community Contribution
City of Evanston 2100 Ridge Ave Evanston, IL 60201	36-6005870	115	6,500				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Connections for the Homeless 2121 Dewey Ave Evanston, IL 60201	36-3346917	501(c)(3)	10,000				Community Contribution
Council for Jewish Elderly 3003 W Touhy Ave Chicago, IL 60645	36-2727597	501(c)(3)	0	7,260	FMV	Office Space	Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Emergency Medicine Stroger Cook County 1900 W Polk Chicago, IL 60601	68-0588634	501(c)(3)	12,500				Community Contribution
Erie Family Health Center 1701 W Superior St Chicago, IL 60622	36-3088628	501(c)(3)	866,667				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Evanston Community Foundation 1560 Sherman Ave Evanston, IL 60201	36-3466802	501(c)(3)	15,000				Community Contribution
Glenbrook High School 3801 West Lake Ave Glenview, IL 60026	36-6004414	115	20,000				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Greater Chicago Food Depository 4100 W Ann Lurie Pl Chicago, IL 60632	36-2971864	501(c)(3)	10,000				Community Contribution
Inova Health Care Services 8110 Gatehouse Rd Falls Church, VA 22042	54-0620889	501(c)(3)	124,203				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Journeys 1140 E Northwest Hwy Palatine, IL 60074	36-3919018	501(c)(3)	50,000				Community Contribution
Los Alamos National Laboratory PO Box 1663 MS P128 Los Alamos, NM 87545	82-3291283		108,738				Research



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
McGaw YMCA 1000 Grove St Evanston, IL 60201	36-2169194	501(c)(3)	7,500				Community Contribution
Medical University of South Carolina 19 Hagood Ave Charleston, SC 29425	57-6000722	115	54,391				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Metropolitan Chicago Healthcare Council 222 S Riverside Plaza Chicago, IL 60606	36-3401846	501(c)(6)	53,250				Illinois Poison Center Contribution
Metropolitan Family Services 1 N Dearborn St Chicago, IL 60602	36-2167940	501(c)(3)	9,000				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Moraine Township 800 Central Ave Highland Park, IL 60035	36-6006244	115	10,000				Community Contribution
Mount Auburn Hospital 330 Mount Auburn St Cambridge, MA 02138	04-2103606	501(c)(3)	55,194				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NAMI Cook County North Suburban 420 W Frontage Rd Northfield, IL 60093	36-3714540	501(c)(3)	9,000				Community Contribution
Niles Township Food Pantry 5255 Lincoln Ave Skokie, IL 60077	38-3776260	501(c)(3)	9,000				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
North Shore Senior Center 161 Northfield Rd Northfield, IL 60093	36-2366074	501(c)(3)	7,500				Community Contribution
Northern Illinois Food Bank 273 Dearborn Ct Geneva, IL 60134	36-3203648	501(c)(3)	7,500				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Northfield Township 2550 Waukegan Road Glenview, IL 60025	36-6008650	115	10,000				Community Contribution
NorthShore Faculty Practice Associates 1301 Central Street Evanston, IL 60201	36-3738206	501(c)(3)	87,414,604				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University 633 Clark St Evanston, IL 60208	36-2167817	501(c)(3)	785,018				Research
NYU Langone School of Medicine 105 E 17th St New York, NY 10003	13-5562308	501(c)(3)	21,946				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Purdue University 101 North Grant St West Lafayette, IN 47906	35-6002041	115	99,422				Research
Regents University of California Los Angeles 406 Hilgard Ave Los Angeles, CA 90095	95-6006143	115	33,663				Research



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rehabilitation Institute of Chicago 345 E Superior St Chicago, IL 60611	36-2256036	501(c)(3)	13,409				Research
Skokie Community Foundation 8022 Lincoln Ave Skokie, IL 60077	26-0680878	501(c)(3)	15,500				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Swedish Covenant Hospital Foundation 5145 N California Avenue Chicago, IL 60625	20-5055155	501(c)(3)	20,200,000				General Support
University of Chicago 6054 S Drexel Ave Chicago, IL 60637	36-2177139	501(c)(3)	236,512				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
University of Cincinnati PO Box 670553 Cincinnati, OH 45267	31-6000989	115	59,516				Research
University of Illinois 809 S Marshfield Ave Chicago, IL 60612	37-6000511	501(c)(3)	38,731				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
University of Miami PO Box 248106 Coral Gables, FL 33124	59-0624458	501(c)(3)	117,421				Research
University of South Florida PO Box 864568 Orlando, FL 32886	59-3102112	115	165,066				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
University of Washington 4300 Roosevelt Way NE Seattle, WA 98105	91-6001537	115	49,611				Research
Upstate Affiliate Organization (UAO) 300 East McBee Ave Greenville, SC 29801	61-1723202	501(c)(3)	220,478				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Vanderbilt University Medical Center PO Box 121316 Nashville, TN 37212	62-0476822	501(c)(3)	18,646				Research
West Deerfield Township 601 Deerfield Road Deerfield, IL 60015	30-0148360	501(c)(3)	10,000				Community Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Yale University PO Box 208087 New Haven, CT 09520	08-0646973	501(c)(3)	145,313				Research

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization NorthShore University HealthSystem		Employer identification number 36-2167060

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:		5a	No
a The organization?	5b		No
b Any related organization?	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:		6a	No
a The organization?	6b		No
b Any related organization?	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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	



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.

[illegible]

**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
Schedule J, Part I, Line 2 Substantiation Prior to Reimbursement for Expenses	A prepaid airline mileage account was purchased for the travel of the Chief Executive Officer. At the time of the purchase, it was not known what specific travel would occur and therefore the travel could not be substantiated at purchase. The business purpose of each trip was substantiated at the time of travel.
Schedule J, Part III Compensation from Unrelated Organizations	The salary and benefits reported on Schedule J included \$284,796 for Dr. Bernard G Ewigman that were paid by the University of Chicago Medical Center for services provided to NorthShore University HealthSystem as the Chairman of the Department of Family Medicine.
Schedule J, Part I, Line 1a First-class or charter travel	First-class airfare was provided to the Chief Executive Officer during calendar year 2019 for business travel purposes and was not treated as taxable compensation. The first-class airfare was purchased through a prepaid airline mileage account, which provided discounted airline fare rates.
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual received a severance payment based upon a mutually agreed-upon separation agreement entered into with the organization: Sharon L Walcott, Vice President, Talent Management & Organizational Development - \$285,346. The following individual received a change-of-control payment resulting from a change in control of the organization: Mark R. Neaman, Former Executive Chairman - \$482,000.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The following individuals participated in a supplemental nonqualified retirement plan and accrued the following benefits: Gerald P Gallagher, President and Chief Executive Officer - \$682,421, Mahalakshmi Halasyamani, Chief Quality and Transformation Officer - \$90,496, William R Luehrs, Chief Human Resources Officer - \$294, Kristen Murtos, Chief Administrative and Strategy Officer - \$224,243, Sean O'Grady, Chief Clinical Operations Officer - \$281,462, Douglas M Silverstein, President, Evanston Hospital - \$174,910, Steven Smith, Chief Information Officer - \$278,371, and Douglas D Weldon, Chief Financial Officer - \$196,438.
Schedule J, Part I, Line 7 Non-fixed payments	NorthShore University HealthSystem provides incentive payments to certain employees after operating and performance goals are achieved. Incentive payment plans are reviewed and approved by the Compensation Committee of the Board of Directors.

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 36-2167060  
Name: NorthShore University HealthSystem

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Gerald P Gallagher	(i)	1,122,910	538,500	6,360	1,262,059	30,514	2,960,343	0
President and Chief Executive Officer	(ii)	0	0	0	0	0	0	0
1Jason L Koh	(i)	634,612	179,000	0	11,219	20,841	845,672	0
Director and Clinical Chairman	(ii)	489,913	226,763	7,732	8,661	16,089	749,158	0
2Theodore Mazzone	(i)	747,397	83,000	0	18,220	22,544	871,161	0
Director and Clinical Chairman	(ii)	68,079	0	38,862	1,660	2,053	110,654	0
3Samuel M Parnass	(i)	19,999	0	0	1,078	1,613	22,690	0
Director and Physician	(ii)	348,974	267,600	18,434	18,802	28,144	681,954	0
4Mark S Talamonti	(i)	1,004,613	146,000	0	15,495	20,091	1,186,199	0
Director and Clinical Chairman	(ii)	284,299	0	25,208	4,385	5,686	319,578	0
5Kristen Murtos	(i)	607,821	272,000	6,775	497,111	33,167	1,416,874	0
Chief Administrative and Strategy Officer	(ii)	0	0	0	0	0	0	0
6Sean O'Grady	(i)	729,610	329,000	9,310	611,055	33,460	1,712,435	0
Chief Clinical Operations Officer	(ii)	0	0	0	0	0	0	0
7Douglas D Welday	(i)	642,265	288,000	13,315	481,165	30,984	1,455,729	0
Board Treasurer and Chief Financial Officer	(ii)	0	0	0	0	0	0	0
8Julian E Bailes	(i)	1,098,465	79,000	0	12,940	23,889	1,214,294	0
Clinical Chairman	(ii)	589,134	0	28,438	6,940	12,813	637,325	0
9William D Bloomer	(i)	393,030	0	0	11,966	16,310	421,306	0
Clinical Chairman	(ii)	259,946	221,300	63,036	7,914	10,787	562,983	0
10Michael S Caplan	(i)	666,921	158,000	0	17,065	8,386	850,372	0
Clinical Chairman	(ii)	110,002	0	21,960	2,815	1,383	136,160	0
11Gabrielle Cummings	(i)	381,482	167,000	1,888	177,800	11,136	739,306	0
President, Highland Park Hospital	(ii)	0	0	0	0	0	0	0
12Robert R Edelman	(i)	886,425	100,000	0	19,132	40,134	1,045,691	0
Clinical Chairman	(ii)	34,635	150,000	32,196	748	1,568	219,147	0
13Bernard G Ewigman	(i)	126,922	125,000	0	6,536	21,737	280,195	0
Clinical Chairman	(ii)	259,131	0	7,591	13,344	44,379	324,445	0
14Mahalakshmi Halasyamani	(i)	548,077	225,000	5,955	327,788	3,742	1,110,562	0
Chief Quality and Transformation Officer	(ii)	0	0	0	0	0	0	0
15Karen L Kaul	(i)	380,230	75,000	0	11,462	19,970	486,662	0
Clinical Chairman	(ii)	279,263	100,000	17,477	8,418	14,667	419,825	0
16Mary Keegan	(i)	365,523	150,000	15,904	139,485	17,530	688,442	0
Chief Nursing Officer	(ii)	0	0	0	0	0	0	0
17Scott Kenagy	(i)	434,341	198,000	1,850	19,880	31,550	685,621	0
Chief Investment Officer	(ii)	0	0	0	0	0	0	0
18William R Luehrs	(i)	462,082	206,000	29,011	211,202	20,886	929,181	0
Chief Human Resources Officer	(ii)	0	0	0	0	0	0	0
19Frederick E Miller	(i)	393,616	83,000	0	15,766	20,213	512,595	0
Clinical Chairman	(ii)	102,717	0	22,309	4,114	5,275	134,415	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> Jesse Peterson Hall	(i)	484,002	220,000	16,272	217,132	29,683	967,089	0
President, Glenbrook Park Hospital	(ii)	0	0	0	0	0	0	0
<b>1</b> David Rahija	(i)	377,375	170,000	1,901	180,765	26,981	757,022	0
President, Skokie Hospital	(ii)	0	0	0	0	0	0	0
<b>2</b> Susan Rubin	(i)	325,044	100,000	0	13,931	4,355	443,330	0
Clinical Chairman	(ii)	138,802	10,271	7,999	5,949	1,860	164,881	0
<b>3</b> Richard K Silver	(i)	786,615	100,000	0	17,274	24,304	928,193	0
Clinical Chairman	(ii)	118,672	0	25,208	2,606	3,667	150,153	0
<b>4</b> Douglas M Silverstein	(i)	611,444	275,000	194,744	267,136	14,207	1,362,531	0
President, Evanston Hospital	(ii)	0	0	0	0	0	0	0
<b>5</b> Steven Smith	(i)	499,438	225,000	20,636	503,606	28,808	1,277,488	0
Chief Information Officer	(ii)	0	0	0	0	0	0	0
<b>6</b> Joseph Szokol	(i)	350,002	83,000	0	12,263	17,794	463,059	0
Clinical Chairman	(ii)	217,397	250,000	31,119	7,617	11,053	517,186	0
<b>7</b> Brian Washa	(i)	367,782	132,300	2,312	19,880	33,684	555,958	0
Senior Vice President, Business Services and Purchasing	(ii)	0	0	0	0	0	0	0
<b>8</b> Pablo Gejman	(i)	430,852	108,600	29,227	19,880	24,679	613,238	0
Vice President, Genomic Research	(ii)	0	0	0	0	0	0	0
<b>9</b> Harry L Jones	(i)	314,738	145,000	8,068	19,880	28,798	516,484	0
Chief Compliance Officer	(ii)	0	0	0	0	0	0	0
<b>10</b> Janardan D Khandekar	(i)	321,008	80,000	23,730	18,080	15,438	458,256	0
Medical Director, Molecular Medical Center	(ii)	31,968	5,000	0	1,800	1,537	40,305	0
<b>11</b> Sharon L Walcott	(i)	285,072	0	316,131	19,880	15,262	636,345	0
Vice President, Talent Management & Organizational Development	(ii)	0	0	0	0	0	0	0
<b>12</b> Jianfeng Xu	(i)	415,868	105,400	5,321	19,880	29,895	576,364	0
Vice President, Translational Research	(ii)	0	0	0	0	0	0	0
<b>13</b> Mark R Neaman	(i)	0	0	482,000	0	0	482,000	0
Former Executive Chairman	(ii)	0	0	0	0	0	0	0
<b>14</b> Gary E Weiss	(i)	0	381,800	24,500	0	0	406,300	32,249
Former Board Treasurer and Chief Financial Officer	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Illinois Finance Authority	86-1091967	45204FBG9	04-30-2020	560,804,233	See Part VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	5,750,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	560,804,233							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	4,365,812							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	242,130,000							
11	Other spent proceeds . . . . .	314,308,421							
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2020							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

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

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.5 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0.5 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Schedule K, Part I, Column (c) Bond A - CUSIP #	In addition to the CUSIP number shown here, Form 8038 lists the following CUSIP numbers: 45204FAG0 and 45204FAH8.

Return Reference	Explanation
Schedule K, Part I, Column (f) Bond A - Description of Purpose	The 2020 ABC issue refinanced NorthShore University HealthSystem issues dated 7/7/1995, 8/28/1996, 7/3/2001, 12/11/2008, and 7/14/2010, acquired assets of Swedish Covenant Health, and financed new capital projects of the health system.



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

Total . . . . . ▶ \$

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Substantial Contributor #77	Substantial Contributor	3,886,036	Property Management		No
(2) Substantial Contributor #133	Substantial Contributor	368,832	Investments Management		No
(3) Jamie Dohnalek	Family Member - David Dohnalek	53,501	Employment		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**  
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	2	785	Cost
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		14,500	Cost
5 Clothing and household goods . . . . .	X		67,092	Cost
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	27	1,284,163	Other - Sales Proceeds
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	3	975	Other - Comparables
19 Food inventory . . . . .	X	50	445,052	Cost
20 Drugs and medical supplies . . . . .	X	44	586,675	Cost
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
Gift	X	182	97,306	Cost
25 Other ▶ ( Cards/Certificates )	X	27	27,922	Other - Comparables
26 Other ▶ ( Vacation/Property )	X	1	1,200	Cost
27 Other ▶ ( Events/Entertainment )				
28 Other ▶ ( )				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

Return Reference	Explanation
Schedule M, Part I Column (b) - Number of Contributions or Items Contributed	The amounts reported on Part I, Column (b) represent the number of contributions.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization

NorthShore University HealthSystem

**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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

36-2167060

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 1 Organization's Mission	The core mission of NorthShore University HealthSystem (NorthShore) is to "preserve and improve human life." This mission will be achieved through the provision of superior clinical care, academic excellence and innovative research. NorthShore is a not-for-profit organization principally formed to provide quality healthcare services for the communities it serves. The delivery of healthcare services is provided in a wide range of inpatient and ambulatory healthcare settings, community-wide, employing modern technology and expertise. Support for qualified patients who may not be able to pay the entire cost of their care is a part of the organization's commitment. In support of its primary mission of patient care, the organization engages in a wide range of academic activities in medical education and research. This statement recognizes the Board of Directors' responsibility to maintain the organization's viability to meet its long-term commitment to the communities it serves. It further recognizes the responsibility to maintain technologically current assets for this purpose. This includes the cultivation and development of our physicians, graduate medical students, employees, physical plant, equipment and other resources to assure orderly growth of our services.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Patient Care	<p>NorthShore University HealthSystem (NorthShore) is an integrated, healthcare delivery system. NorthShore, headquartered in Evanston, Illinois, includes five hospitals - Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, Skokie Hospital, and Swedish Hospital. NorthShore also includes a 900 physician multispecialty group practice, NorthShore University HealthSystem Faculty Practice Associates, with more than 140 locations in the Chicago land area. NorthShore is a Magnet-recognized organization, the first in Illinois to receive this prestigious honor as an entire system that demonstrates excellence in nursing and high standards in patient care. NorthShore also is a national leader in the implementation of innovative technologies, including an Electronic Medical Record (EMR) system. In 2003, NorthShore was among the first in the country to successfully implement a system-wide EMR with demonstrable benefits in quality, safety, efficiency and service to patients. NorthShore has been recognized by multiple national organizations for this notable achievement. As the principal teaching affiliate for the University of Chicago Pritzker School of Medicine, NorthShore is dedicated to excellence in medical education and research. Combined with NorthShore's established reputation for advanced information technology and its strong clinical environment, this affiliation represents an exciting advancement in patient care for the Chicagoland area. NorthShore's health system includes significant capabilities in a wide spectrum of leading clinical programs, including Kellogg Cancer Center, NorthShore Neurological Institute, NorthShore Orthopaedic Institute, NorthShore Cardiovascular Institute, Neaman Center for Personalized Medicine and High-Risk Maternity. All four NorthShore hospitals receive "A" grades in new ratings from The Leapfrog Group, a national organization that focuses on quality and safety in American health care. The Leapfrog Hospital Safety Grade uses 28 measures of publicly available hospital safety data to assign grades to more than 2,600 U.S. hospitals twice per year. NorthShore achieves Magnet recognition, the highest honor in nursing, for the third time in a decade. In March 2010, NorthShore became the first in Illinois designated as a system to receive Magnet recognition and then re-designation in 2015. Once awarded Magnet status, organizations must reapply every four years. The Magnet honor is determined by the American Nurses Credentialing Center's Magnet Recognition Program, which recognizes health care organizations that demonstrate excellence in nursing and the highest standards in patient care. NorthShore hospitals are named to the Healthgrades America's Best Hospitals list for 2020. NorthShore is among the 250 Best Hospitals in the U.S., and among 14 in Illinois for clinical excellence. NorthShore is recognized for being in the top 5% of hospitals nationwide demonstrating superior clinical outcomes across the majority of common</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Patient Care	<p>inpatient conditions and procedures, according to Healthgrades. NorthShore is recognized in the 2020 edition of Becker's Healthcare list of "100 great hospitals in America." The list includes nationally recognized and industry leading healthcare institutions for their excellence in clinical care, patient outcomes, and staff and physician satisfaction. The list also includes industry innovators that have sparked trends in healthcare technology, hospital management and patient satisfaction. NorthShore is named to the 2020 Fortune/IBM Watson Health 100 Top Hospitals list for a record 21st time, more than any other hospital or health system in the United States during the award's 27-year history. NorthShore is also listed among the Top 15 Major Teaching Hospitals in the country. The annual list recognizes excellence in clinical outcomes, operational efficiency, patient experience and financial health. The Health Information and Management Systems Society (HIMSS) awards NorthShore Stage 7 status for the Adoption Model for Analytics Maturity - the apex of leveraging data driven platforms such as CAPE and CART to provide better care and operational performance. Also, HIMSS revalidates NorthShore's Stage 7 status on the EMR Adoption Model and Outpatient EMR Adoption Model. Both models are used to improve patient care while reducing costs in case studies on predicting medical spend; and also developing an inpatient antibiotic stewardship assistance program using real-time EMR data. NorthShore is one of only five organizations worldwide that has achieved Stage 7 status on these three maturity models. NorthShore is ranked as the #6 hospital in both the Chicago metro area and the State of Illinois in the 2020-21 U.S. News &amp; World Report's Annual Best Hospitals survey. NorthShore also receives "high-performing" marks in six clinical specialties: Gastroenterology and GI surgery, Geriatrics, Nephrology, Neurology and Neurosurgery, Orthopedics, and Urology - and in eight complex procedures and conditions. The annual Best Hospitals rankings recognize hospitals that excel in treating patients with the most challenging medical conditions. Nearly 5,000 hospitals nationwide are analyzed and ranked in 25 different adult specialties, procedures and conditions. NorthShore recognizes and embraces its responsibility to ensure that it fulfills its charitable obligations in the most cost-effective and sustainable manner. In order to achieve this goal, NorthShore has aligned its community benefits program with the guiding principles outlined in Advancing the State of the Art of Community Benefit for nonprofit hospitals, which provides a set of uniform standards to increase accountability and align governance, management, and operations to return benefit to local communities. NorthShore is guided and its initiatives measured by five guiding principles, including: 1) Disproportionate Unmet Health-Related Needs, 2) Primary Prevention, 3) Seamless Continuum of Care, 4) Build Com</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Patient Care	<p>munity Capacity, and 5) Community Collaboration. NorthShore informs and educates low-income patients of our Financial Assistance program across many points within the system. We have posted signs--both English and Spanish--in all our facilities' Emergency Departments and at our Central Registration areas. The NorthShore patient information television channel is available to all patients upon admission and a section describes how to obtain Financial Assistance. The NorthShore billing statements describes the Financial Assistance program and necessary contact information. Our collection agencies and billing offices also coordinate charity care to potentially eligible patients. Finally, the NorthShore website (<a href="http://northshore.org">northshore.org</a>) is another useful resource that informs patients about the Financial Assistance program with links to the application process and the actual financial application. NorthShore also has approximately 16 full-time financial counselors and 38 Customer Service agents representing our hospitals, clinics, and physician offices. These counselors and representatives are responsible for helping patients understand their bills and coordinating financial assistance and insurance eligibility when appropriate. Any uninsured patient admitted to our hospitals will have their case reviewed by a financial counselor. NorthShore has also earned Certified Application Counselor Organization (CACO) status with the Centers for Medicare and Medicaid Services (CMS). Our counselors are certified and capable of helping patients navigate Medicaid and Insurance Exchange options. Any patient having difficulty paying their portion of the bill or wanting to know if they are eligible for financial assistance will have their case reviewed by calling our centralized Customer Service billing department. Our Customer Service department responds to approximately 1,400 calls per day from patients with questions about their bill or that are unable to pay. In addition to the formal application process for Financial Assistance, NorthShore may also grant Financial Assistance on a presumptive basis. Presumptive Financial Assistance approvals are based upon individual life circumstances such as enrollment in low-income government programs with income eligibility below 200 percent of federal poverty level income guidelines or verification of financial indigence through a credit rating agency and their calculated healthcare credit score.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Patient Care (continued)	<p>NorthShore Evanston Hospital - Evanston Hospital continues to serve the community as a comprehensive acute-care facility and the nucleus of NorthShore. Principal home to NorthShore Cardiovascular Institute and Kellogg Cancer Center, Evanston Hospital also offers a variety of surgical specialties: neurosurgery, gynecological surgery, robot-assisted surgery, surgical oncology and urology surgery. Evanston Hospital is certified by the Joint Commission in palliative care and as a Primary Stroke Center - providing an acute stroke team 24 hours a day, seven days a week for rapid diagnosis and treatment. Evanston Hospital also is a premier Level I Trauma Center in the northern suburbs with a recently renovated and expanded Emergency Department. Physicians work alongside leading researchers to translate the latest technology, treatment and research into improved patient care. As the regional center for high-risk obstetrics, the Infant Special Care Unit and the Women's Hospital offer a comfortable birthing environment where high-risk mothers and their babies have access to the latest technology and a highly trained staff. Evanston Hospital also offers leading-edge lab capabilities and serves as a home base for NorthShore's pioneering Neuman Center for Personalized Medicine, which customizes a patient's care and treatment plan based on the individual's unique genetic characteristics and health history. It also houses the Grainger Center for Simulation and Innovation, which provides nurses, physicians, residents, paramedics, firefighters and police with simulated clinical care, trauma and emergency preparedness training in a controlled environment. During fiscal year 2020, Evanston Hospital total admissions were 21,087, and total patient days were 105,050. NorthShore Glenbrook Hospital - Glenbrook Hospital is well known in the northern suburbs as a comprehensive medical center providing advanced diagnostic and therapeutic interventions - particularly focused on advanced ophthalmology and outpatient surgery, and the specialized needs of geriatric patients. In addition to being a Level II Trauma Center, Glenbrook Hospital is certified by the Joint Commission as a Primary Stroke Center - providing an acute stroke team 24 hours a day, seven days a week for rapid diagnosis and treatment. Glenbrook Hospital provides advanced medical and surgical care in a beautiful healing environment. Notable specialties include NorthShore Kellogg Cancer Center, NorthShore Neurological Institute, NorthShore Cardiovascular Institute, the John and Carol Walter Center for Urological Health, Patricia Nolan Center for Breast Health, Simms Family GI Lab, and the Eye and Vision Center. In addition, the hospital offers leading-edge interventional radiology and diagnostic radiology services. During fiscal year 2020, Glenbrook Hospital total admissions were 8,064, and total patient days were 43,865. NorthShore Highland Park Hospital - Highland Park Hospital includes an updated surgical pa</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Patient Care (continued)	<p>vilion offering the latest technology and leading-edge operating rooms. Construction of th e Women's Hospital was completed in 2017, providing the only dedicated Labor, Delivery and Post-Partum Unit in Lake County. Highland Park Hospital is the site of the first open-hea rt surgery in Lake County and continues to provide a full range of cardiac diagnosis and i ntervention services. Highland Park Hospital's Kellogg Cancer Center offers the most compr ehensive subspecialty care in the northern suburbs including: thoracic and lung, hematolog y, breast, ovarian, head and neck, melanoma and sarcoma, gastrointestinal, prostate and st omach. Highland Park Hospital is a Joint Commission-certified Primary Stroke Center - prov iding an acute stroke team 24/7 for rapid diagnosis and treatment. Highland Park Hospital' s Emergency Department also is the region's "pod" hospital for disaster-response activitie s across Lake County. During fiscal year 2020, Highland Park Hospital total admissions wer e 9,200, and total patient days were 41,243. NorthShore Skokie Hospital - Skokie Hospital is not only home to Illinois' only destination hospital dedicated to orthopaedic and spine care, but it also offers emergency and outpatient services to meet the needs of the local community. The Orthopaedic &amp; Spine Institute provides advanced care and is designed for b oth outpatient and inpatient procedures, including joint replacement, fracture care and co mplex spine surgeries. The Institute's team is comprised of trained experts, from orthopae dic surgeons, neurosurgeons and anesthesiologists, to nurses, physical and occupational th erapists. Each member of the team is highly experienced in using the latest innovations an d leading-edge techniques, including Enhanced Recovery After Surgery (ERAS) protocols to m inimize opioid use and achieve a higher level of patient satisfaction pre- and post- surger y. Established in 1963, Skokie Hospital also provides patients access to a vast network of outpatient clinical resources as well, from multispecialty physician offices to cardiac i maging, radiology and gastrointestinal services - and a Level II Trauma Center and Emergen cy Department. During fiscal year 2020, Skokie Hospital total admissions were 2,834, and t otal patient days were 10,355. Swedish Hospital - Part of NorthShore - Swedish Hospital ha s served the diverse communities of Chicago's North Side for more than 130 years, and on J anuary 1, 2020, Swedish Hospital and its various clinical entities became part of NorthSho re University. Swedish Hospital provides the full range of comprehensive health and wellne ss services including an acute care 312-bed hospital, a talented team of primary and speci alty care physicians in the Swedish Medical Group, strong community outreach programs, and Chicago's only certified medical fitness center - Galter LifeCenter. Swedish Hospital off ers advanced clinical care in more than 50 academic-level medical specialties. This includ es the Mayora Rosenberg Women'</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Patient Care (continued)	<p>s Health Center, which offers 3-D mammography and is home to the region's top midwifery program. Swedish Hospital also is certified by the Joint Commission as a Primary Stroke Center. NorthShore University HealthSystem Faculty Practice Associates - NorthShore University HealthSystem Faculty Practice Associates (FPA) is comprised of about 900 primary and specialty care physicians located in Chicago and many of the northern suburbs. With more than 140 locations, the primary care team includes experts in internal medicine, family medicine, pediatrics and obstetrics and gynecology. Our primary care team works in close collaboration with physicians in over 50 specialty services in every field of medicine, including cancer, orthopaedics, neurological and cardiovascular care. Additionally, in late 2017, NorthShore advanced primary care by integrating genetics into patient care plans to more precisely guide medical management. Patients who see a FPA primary care physician, now receive a Genetic and Wellness Assessment as part of a patient's annual physical. This personalized medicine tool helps the doctor better identify risk factors and detect diseases at the earliest, most treatable stages. Through NorthShore's teaching affiliation with the University of Chicago Pritzker School of Medicine, FPA physicians hold academic appointments at the Pritzker School of Medicine, helping to teach and train the physicians of tomorrow. NorthShore University HealthSystem Foundation - NorthShore University HealthSystem Foundation (Foundation) is dedicated to attracting and stewarding philanthropy in support of the integrated healthcare delivery system's mission to "preserve and improve human life." Generous donations of time, talent and treasure - from individuals, foundations and corporations - help to ensure that world-class healthcare is available close to home. Philanthropy was integral to the founding of NorthShore in 1891, and is simply a part of NorthShore - past, present and future. NorthShore University HealthSystem Home and Hospice Services - NorthShore University HealthSystem Home and Hospice Services (Home and Hospice) offers the full spectrum of home and hospice care, including skilled nursing, physical and occupational therapy and home medical equipment. Home and Hospice caregivers represent a wide range of medical specialties and work with the patient, family and physician to tailor home care to meet the individual needs of each patient.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description - Education	<p>As a primary teaching affiliate for University of Chicago Pritzker School of Medicine, NorthShore University HealthSystem (NorthShore) is dedicated to excellence in medical education and research. NorthShore also has additional teaching affiliation agreements with Rush University Medical Center, University of Illinois-Chicago, Stroger Hospital, and Northwestern University Feinberg School of Medicine. NorthShore physician-educators connect and innovate with the next generation of medical specialists to help shape the future of healthcare. Combined with NorthShore's established reputation for advanced information technology and its strong clinical environment, this affiliation represents an exciting advancement in academic medicine for the Chicagoland area and for future physician leaders. NorthShore has an extensive selection of training programs and fellowships to offer physicians at its teaching and research facilities. During fiscal year 2020, 220 resident and fellow full-time equivalents (FTEs) participated in NorthShore and affiliate-based programs. The NorthShore residency program areas include: Dentistry, Family Medicine, Internal Medicine (Categorical, Preliminary, and Transitional), and Pathology. The NorthShore fellowship program areas include: Cardiology, Endocrine Surgery, Family Medicine-Sports Medicine, Gastroenterology, Maternal-Fetal Medicine, Musculoskeletal Imaging, Simulation-Emergency Medicine, and Urogynecology. The affiliate-based residency program areas include: Anesthesiology, Emergency Medicine, General Surgery, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pediatrics, Plastic Surgery, Podiatry, Psychiatry, Radiology, and Urology. The affiliate-based fellowship program areas include: Cardiothoracic Surgery, Child Psychiatry, Colon Rectal Surgery, Gynecology-Oncology, Hematology -Oncology, Mammography, Maternal-Fetal Medicine, Medical Microbiology, Molecular Genetics Pathology, Neonatal-Perinatal Medicine, Nephrology, Neuroradiology, Orthopaedic Hand, Orthopaedic Sports, Palliative Medicine, Peripheral Vascular Surgery, and Surgical Oncology. NorthShore also offers a comprehensive Pharmacy residency program, with resident positions located at all four hospitals. The Pharmacy residency program includes both clinical and administrative exposure focusing on inpatient and ambulatory practice. The program also includes specialty residencies in oncology, pharmacy informatics, and pharmacy administration. The program consists of a multitude of experiences that reinforce residents' knowledge and skills and help them advance into well-rounded practitioners. In fiscal year 2020, 19 residents participated in the program. The NorthShore School of Nurse Anesthesia operates out of Evanston Hospital and is affiliated with DePaul University. The program has full accreditation from the Council of Accreditation of Nurse Anesthesia Educational Programs. The mission of the school is to p</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description - Education	prepare qualified professional registered nurses for the advanced practice of nurse anesthesia in a variety of practice settings. The graduate nurse anesthetist demonstrates the knowledge, skills, and attitude necessary to take on leadership roles in the practice of nurse anesthesia. In fiscal year 2020, 72 students participated in the program. NorthShore also provided clinical training and internships during the 2020 academic year for 117 high school and college students. Students interned in the following areas: Nursing, Physical Therapy, Laboratory, Radiology, Occupational Therapy, Medical Social Work and Speech Pathology.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4c Program Service Description - Research	<p>The NorthShore University HealthSystem Research Institute (Research Institute) was organized in 1996 to provide a means for integrating leading-edge research into improved clinical care. The Research Institute also creates an environment to recruit and retain externally-funded research leadership in order to achieve the mission and goals of the organization. The Research Institute now houses more than 250 principal investigators who currently occupy 95,000 net square feet of research space and work on 1,000 active research protocols. The Research Institute builds on NorthShore's promise to deliver excellence in all aspects of patient care. Efforts are directed to research initiatives that make a difference across multiple disciplines. From oncology and neurology to orthopaedics and cardiovascular care, the Research Institute focuses on areas of inquiry that have the potential to make the greatest impact on improving and saving lives. NorthShore offers some 1,000 active clinical trials of various types, from innovative surgical procedures to the latest drug therapies. NorthShore's clinical research portfolio focuses on a range of conditions, including cancer, neurologic disorders and stroke, cardiovascular disorders, and a wide range of pediatric and gynecologic conditions. Additionally, major clinical trial programs in advanced imaging and medical genetics are also offered. The Research Institute is also a member of the Illinois Precision Medicine Consortium (IPMC), which is part of a national landmark longitudinal All of Us Research Program (AoURP) cohort program to improve the ability to prevent and treat disease based on individual lifestyle, environment, and genetics. NorthShore will enroll over 9,000 NorthShore patients in the study, and participants in NorthShore's AoURP will be asked to share a wide-range of health, environmental, and lifestyle information. The NorthShore Program for Personalized Cancer Care (PPCC) is pioneering new strategies in cancer care. The PPCC uniquely focuses on the genetic pattern of an individual's hereditary DNA to derive a personalized cancer risk assessment profile. Based on the inherited risk of developing a given cancer, the PPCC is beginning to implement personalized cancer care strategies that encompass the entire spectrum of disease. The PPCC believes this approach will lead to more efficient use of health care resources by targeting prevention and screenings toward individuals at greater risk of developing cancer, earlier cancer detection, and, ultimately and most importantly, reduced cancer deaths and suffering.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15 Process to Establish Compensation of Top Official and Other Employees	<p>A detailed compensation review of the top 17 executives, including the Chief Executive Officer, is conducted annually. Market data is collected and assessed by an external independent compensation consultant who specializes in compensation consulting within the healthcare industry. The work product from this study is reviewed separately with Board-retained legal counsel. Market data for base and variable compensation is assessed annually for local, regional and national hospitals, integrated delivery systems, and academic medical centers. A detailed total compensation market review is conducted every two years. The market assessment includes assessing job content in order to make appropriate market data comparisons. Specific recommendations are then reviewed, discussed and approved as appropriate with the Compensation Committee of the Board, in session with legal counsel present, in advance of implementation. A detailed compensation review of the 13 Clinical Chairs is also conducted annually. Market data is collected and assessed by an external independent compensation consultant who specializes in compensation consulting for physicians within the healthcare industry. The work product from this study is reviewed separately with Board-retained legal counsel. Market compensation data for each physician's specialized area of training is assessed annually. A detailed total compensation and Fair Market Value review is conducted every two years. Specific recommendations are then reviewed, discussed and approved as appropriate with the Compensation Committee of the Board, in session with legal counsel present, in advance of implementation.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Toure S Claiborne, A Steven Crown, David A Dohnalek, Connie K Duckworth, William M Farrow III, Gerald P Gallagher, Catherine Guthrie, Gregory K Jones, Jason L Koh, Harry M Jansen Kraemer Jr, Theodore Mazzone, Samuel M Mencoﬀ, Kristen Murtos, Christopher J Olson, Bea Reyna-Hickey, Scott C Schweighauser, Susan B Sentell, Mark S Talamonti, Gregory Wallman, Kevin Willer, John G Zern, David F Zucker - Business relationship, Harry M Jansen Kraemer Jr and Samuel M Mencoﬀ - Business relationship, Gerald P Gallagher, Mahalakshmi Halasyamani, Harry L Jones - Business relationship, Kristen Murtos and David Rahija - Business relationship, Kristen Murtos and Sean O'Grady - Business relationship, Mahalakshmi Halasyamani, Karen L Kaul, Kristen Murtos, Gregory A Wallman - Business relationship, Gerald P Gallagher and Douglas Welday - Business relationship



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The NorthShore University HealthSystem (NorthShore) Form 990 was reviewed by executive management and an outside accounting firm. The NorthShore Form 990 was then provided to each member of the Board of Directors via email for their review and ability to ask questions of management prior to filing.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>All officers, directors and employees are required to report any potential or actual conflicts of interest as they arise, promptly and in writing, to the Chief Compliance Officer. In addition, on an annual basis, the Chief Compliance officer requires all officers, directors, and key employees to complete, sign and return a Conflict of Interest Disclosure Statement requiring information about any and all potential or actual conflicts. Timely and accurate completion of the Statement is mandatory, and completed Statements must be returned to the Chief Compliance Officer within 15 days. Any disclosures included on the Statements are reviewed and acted upon as necessary by the Chief Compliance Officer and the Corporate Compliance Committee.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The NorthShore University HealthSystem (NorthShore) governing documents, conflict of interest policy, and financial statements are available to the public upon request. The NorthShore annual audit report and financial statements are also available to the public through GuideStar and the Illinois Attorney General's Office websites as part of the federal and state tax return filings. The NorthShore quarterly and annual financial statements and annual audit are also made available to the public through the Electronic Municipal Market Access (EMMA) website as part of the tax-exempt bond offerings.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Grant Income - Total Revenue: 6190767, Related or Exempt Function Revenue: 6190767, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Tuition Revenue - Total Revenue: 1435476, Related or Exempt Function Revenue: 1435476, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	NCSI Fees - Total Revenue: 580366, Related or Exempt Function Revenue: 48769, Unrelated Business Revenue: 531597, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Wellness Shop - Total Revenue: 533308, Related or Exempt Function Revenue: , Unrelated Business Revenue: 533308, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Growth Initiatives - Total Revenue: 452398, Related or Exempt Function Revenue: 452398, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Computer Services - Total Revenue: 173815, Related or Exempt Function Revenue: , Unrelated Business Revenue: 173815, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Noncompete Amortization - Total Revenue: 107309, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 107309; Application Fees - Total Revenue: 59850, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 59850; Other - Total Revenue: 236546, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 236546;

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Equity adjustments for the Pension Plan - -9497121; Equity adjustments for the Supplemental Executive Retirement Plans - -272530; Cumulative fair value adjustments for investments - 160894089; Inherent contribution - Swedish Hospital acquisition - 78490742; Inherent gain - Swedish Hospital acquisition - -119593088; Loss on debt refinancing - -12839052; Net Assets Transferred - 99834799;

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226003031

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
NorthShore University HealthSystem

Employer identification number  
36-2167060

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)NorthShore University HealthSystem Faculty Practice Associates 1301 Central Street  Evanston, IL 60201 36-3738206	Healthcare	IL	501(c)(3)	Type I	NorthShore University HealthSystem	Yes	
(2)Radiation Medicine Institute 1301 Central Street  Evanston, IL 60201 36-3815543	Healthcare	IL	501(c)(3)	Type I	NorthShore University HealthSystem	Yes	
(3)Healthcare Foundation of Highland Park 610 Central Avenue  Highland Park, IL 60035 36-3196647	Fundraising	IL	501(c)(3)	Type II	NA		No
(4)Swedish Covenant Health 5145 N California Avenue  Chicago, IL 60625 36-2179813	Hospital	IL	501(c)(3)	3	NorthShore University HealthSystem	Yes	
(5)Swedish Covenant Hospital Foundation 5145 N California Avenue  Chicago, IL 60625 20-5055155	Support of Swedish Covenant Hospital	IL	501(c)(3)	7	Swedish Covenant Health	Yes	
(6)SC Insurance Company 6970 E Chauncey Lane Suite 100 Phoenix, AZ 85054 27-3312053	Insurance	AZ	501(c)(3)	Type I	Swedish Covenant Health	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Ravine Way Surgery Center LLC  2401 Ravine Way Glenview, IL 60025 20-1245279	Healthcare	IL	NorthShore University HealthSystem	Related	797,122	1,015,955		No	0	Yes		27 %
<b>(2)</b> HPMOB Limited Partnership  1301 Central Street Evanston, IL 60201 36-3497502	Healthcare	IL	NorthShore University HealthSystem	Excluded	123,576	140,382		No	0	Yes		38.66 %
<b>(3)</b> NorthShore-Northwest Community CollaborationCo LLC  1301 Central Street Evanston, IL 60201 84-2017997	Healthcare	IL	NA	Related	0	0		No	0	Yes		50 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> NorthShore Physician Associates Inc  1301 Central Street Evanston, IL 60201 36-3648026	Healthcare	IL	NorthShore University HealthSystem Faculty Practice Associates	C Corporation	-11,552,466	9,086,284	100 %	Yes	
<b>(2)</b> Community Care Partners LLC  1301 Central Street Evanston, IL 60201 47-1374487	Healthcare	IL	NorthShore Physician Associates Inc	C Corporation	60	0	100 %	Yes	
<b>(3)</b> NorthShore Physician Associates Value Based Care LLC  1301 Central Street Evanston, IL 60201 82-2268872	Healthcare	IL	NorthShore Physician Associates Inc	C Corporation	-41,078	0	100 %	Yes	
<b>(4)</b> NorthShore University HealthSystem Insurance International  98-0419452	Insurance	CJ	NorthShore University HealthSystem	C Corporation	39,146	12,403,567	100 %	Yes	
<b>(5)</b> Swedish Covenant Management Services Inc  5145 N California Avenue cHICAGO, IL 60625 36-4073303	Physician Practice Management	IL	Swedish Covenant Health	C Corporation	-28,842,788	66,133,325	100 %	Yes	
<b>(6)</b> Swedish Covenant Physician Partners Ltd  5145 N California Avenue Chicago, IL 60625 36-3120220	Physician Practice Management	IL	Swedish Covenant Health	C Corporation	255,951	6,905,240	100 %	Yes	



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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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.

See Additional Data Table

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

Schedule R (Form 990) 2019

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 36-2167060  
Name: NorthShore University HealthSystem

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NorthShore University HealthSystem Faculty Practice Associates	A	23,020,729	FMV
NorthShore University HealthSystem Faculty Practice Associates	B	87,414,604	FMV
Swedish Covenant Hospital Foundation	B	20,200,000	FMV
NorthShore University HealthSystem Faculty Practice Associates	C	3,987,426	FMV
Healthcare Foundation of Highland Park	C	2,625,000	FMV
HPMOB Limited Partnership	K	105,827	FMV
NorthShore University HealthSystem Faculty Practice Associates	P	62,005,190	COST
NorthShore University HealthSystem Faculty Practice Associates	Q	12,182,413	COST
NorthShore University HealthSystem Faculty Practice Associates	R	526,400,035	FMV
Radiation Medicine Institute	R	4,678,436	FMV
NorthShore Physician Associates Inc	R	110,824,935	FMV
NorthShore University HealthSystem Insurance International	R	3,488,770	FMV
Swedish Covenant Health	R	6,816,248	FMV
NorthShore University HealthSystem Faculty Practice Associates	S	445,220,538	FMV
Radiation Medicine Institute	S	4,678,440	FMV
HPMOB Limited Partnership	S	86,676	FMV
Ravine Way Surgery Center LLC	S	864,000	FMV
NorthShore Physician Associates Inc	S	74,388,595	FMV