

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493197020140

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019

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

C Name of organization
Northwestern Memorial HealthCare

Doing business as

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

541 N Fairbanks Ct 1630

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

Chicago, IL 606113319

F Name and address of principal officer
Dean M Harrison
251 E Huron St
Chicago, IL 60611

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

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

H(c) Group exemption number ▶ 5878

D Employer identification number
36-3152959

E Telephone number
(312) 926-4237

G Gross receipts \$ 2,978,203,241

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

J Website: ▶ www.nm.org

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

L Year of formation 1982

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Northwestern Memorial HealthCare's exempt purpose is to provide support to its hospitals, physician care practices, its Foundation and their affiliates

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)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

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)

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) ▶0

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

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

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

John Orsini SVP/CFO

Type or print name and title

2020-07-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01564049

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 155 N WACKER DRIVE

CHICAGO, IL 60606

Phone no (312) 879-2000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

WE ARE AN ORGANIZATION OF CAREGIVERS WHO ASPIRE TO CONSISTENTLY HIGH STANDARDS OF QUALITY, COST-EFFECTIVENESS AND PATIENT SATISFACTION. WE SEEK TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE BY DELIVERING A BROAD RANGE OF SERVICES WITH SENSITIVITY TO THE INDIVIDUAL NEEDS OF OUR PATIENTS AND THEIR FAMILIES. WE ARE BONDED IN AN ESSENTIAL ACADEMIC AND SERVICE RELATIONSHIP WITH FEINBERG SCHOOL OF MEDICINE OF NORTHWESTERN UNIVERSITY. THE QUALITY OF OUR SERVICES IS ENHANCED THROUGH THEIR INTEGRATION WITH EDUCATION AND RESEARCH IN AN ENVIRONMENT THAT ENCOURAGES EXCELLENCE OF PRACTICE, CRITICAL INQUIRY AND LEARNING.

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 \$ 862,041,057	including grants of \$ 29,287,926)	(Revenue \$ 1,017,446,443)
See Additional Data				












4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
-----------	---------	--------------	------------------------	---------------

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

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

4e	Total program service expenses ▶	862,041,057
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	330
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	4,326	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 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 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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.
 ► Robert Gerecke 541 N Fairbanks Ct Rm 1630 Chicago, IL 60611 (312) 926-9495

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

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

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

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

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

[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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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 ► 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Per Regulation 16033-2(D)(5) This information is found on the group return (Group #5878) 541 N Fairbanks Rm 1630 Chicago, IL 60611		

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 ► 0

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a - 1f \$				
h Total. Add lines 1a-1f	0			

Program Service Revenue

	Business Code				
2a MANAGEMENT SERVICES	561000	967,608,173	966,291,044	1,317,129	
b COMMUNICATION SERVICE FEES	561000	472,018	472,018		
c PROFESSIONAL SERVICE FEES	561000	30,909,457	30,909,457		
d Quality Improvement Program	561000	5,732,239	5,732,239		
e REGISTRATION & FEES	561000	1,855,863	1,855,863		
f All other program service revenue		1,168,376	1,168,376	0	0
g Total. Add lines 2a-2f		1,007,746,126			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		72,460,235		17,006,618	55,453,617
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	1,888,296,563				
c Gain or (loss)	1,751,625,306				
d Net gain or (loss)	136,671,257	0	136,671,257		136,671,257
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a SYSTEM DISCOUNTS AND REBATES	900099	9,700,317	9,700,317		
b					
c					
d All other revenue		0	0	0	0
e Total. Add lines 11a-11d		9,700,317			
12 Total revenue. See Instructions		1,226,577,935	1,016,129,314	18,323,747	192,124,874

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	29,287,926	29,287,926		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	12,997,829	11,331,552	1,666,277	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	110,945	96,722	14,223	
7 Other salaries and wages.	357,840,293	311,966,402	45,873,891	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	19,896,385	17,345,737	2,550,648	
9 Other employee benefits.	29,767,219	25,951,165	3,816,054	
10 Payroll taxes.	22,846,145	19,917,347	2,928,798	
11 Fees for services (non-employees):				
a Management.				
b Legal.	6,071,004		6,071,004	
c Accounting.	3,046,814		3,046,814	
d Lobbying.	89,800		89,800	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	26,085,312		26,085,312	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	197,656,844	117,159,773	80,497,071	0
12 Advertising and promotion.	27,351,151	1,375,718	25,975,433	
13 Office expenses.	24,957,818	11,027,604	13,930,214	
14 Information technology.	93,967,534	84,387,179	9,580,355	
15 Royalties.				
16 Occupancy.	26,749,796	11,623,956	15,125,840	
17 Travel.	2,211,564	1,086,974	1,124,590	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,254,479	2,946,018	2,308,461	
20 Interest.	38,334,101	38,334,101		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	93,042,111	93,042,111		
23 Insurance.	1,891,367		1,891,367	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Employee Health & Wellness.	1,518,692	757,400	761,292	
b Research & Education Support.	85,711,417	82,160,020	3,551,397	
c Bad Debt.	407,830	246,058	161,772	
d Income Taxes.	1,281,540		1,281,540	
e All other expenses.	5,363,438	1,997,294	3,366,144	0
25 Total functional expenses. Add lines 1 through 24e.	1,113,739,354	862,041,057	251,698,297	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	380,347,588	2	450,019,642
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	1,446,212	4	2,512,493
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	31,486	8	
	9 Prepaid expenses and deferred charges	30,218,880	9	36,481,743
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 688,659,320		
	b Less: accumulated depreciation	10b 351,250,621		
		322,514,251	10c	337,408,699
	11 Investments—publicly traded securities	2,056,570,263	11	1,612,658,460
	12 Investments—other securities. See Part IV, line 11	3,951,027,878	12	4,157,242,398
	13 Investments—program-related. See Part IV, line 11	0	13	2,010,613
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	411,922,477	15	1,201,039,548	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,154,079,035	16	7,799,373,596	
Liabilities	17 Accounts payable and accrued expenses	1,279,505,976	17	1,798,580,882
	18 Grants payable	38,441,248	18	33,562,900
	19 Deferred revenue	2,654,080	19	688,780
	20 Tax-exempt bond liabilities	771,820,750	20	1,006,960,137
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	105,000,000	24	55,000,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	3,990,207,415	25	4,327,913,983
	26 Total liabilities. Add lines 17 through 25	6,187,629,469	26	7,222,706,682
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	966,449,566	27	576,666,914
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	966,449,566	33	576,666,914	
34 Total liabilities and net assets/fund balances	7,154,079,035	34	7,799,373,596	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,226,577,935
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,113,739,354
3	Revenue less expenses Subtract line 2 from line 1	3	112,838,581
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	966,449,566
5	Net unrealized gains (losses) on investments	5	-112,722,531
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-389,898,702
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	576,666,914

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-3152959
Name: Northwestern Memorial HealthCare

Form 990 (2018)

Form 990, Part III, Line 4a:

NORTHWESTERN MEMORIAL HEALTHCARE (NMHC) IS THE NOT-FOR-PROFIT CORPORATE DIRECT OR INDIRECT PARENT OF NORTHWESTERN MEMORIAL HOSPITAL (NMH), NORTHWESTERN LAKE FOREST HOSPITAL (NLFH), CENTRAL DUPAGE HOSPITAL ASSOCIATION (CDHA), DELNOR-COMMUNITY HOSPITAL (DCH), VALLEY WEST COMMUNITY HOSPITAL (VWCH), KISHWAUKEE COMMUNITY HOSPITAL (KCH), MARIANJOY REHABILITATION HOSPITAL & CLINICS (MJHRH), NORTHERN ILLINOIS MEDICAL CENTER (NIMC), NORTHWESTERN MEDICAL FACULTY FOUNDATION, CENTRAL DUPAGE PHYSICIAN GROUP, REHABILITATION MEDICINE CLINIC, INC AND THEIR VARIOUS AFFILIATES AS LISTED IN THIS FORM 990, SCHEDULE R. WORKING TOGETHER UNDER THE BRAND NORTHWESTERN MEDICINE, NMHC AND NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE (FEINBERG) SHARE A VISION TO TRANSFORM MEDICAL CARE THROUGH CLINICAL INNOVATION, BREAKTHROUGH RESEARCH AND ACADEMIC EXCELLENCE TO MAKE A POSITIVE DIFFERENCE IN PEOPLE'S LIVES AND THE HEALTH OF OUR COMMUNITIES. NMHC PROVIDES COMPREHENSIVE INPATIENT CARE AT TEN HOSPITALS. AS THE PARENT OF THE NORTHWESTERN MEMORIAL HEALTH SYSTEM, NMHC PROVIDES GOVERNANCE SUPPORT AND CENTRALIZED SERVICES TO THE SYSTEM AS A WHOLE. NMHC IS POSITIONED TO ADVANCE GROUNDBREAKING WORK THAT CAN ONLY BE ACCOMPLISHED WITH THE RESOURCES OF AN INTEGRATED ACADEMIC MEDICAL HEALTH SYSTEM. AS AN INTEGRATED ACADEMIC MEDICAL HEALTH SYSTEM, NMHC CAN TAKE ACTION BEYOND PROVIDING CLINICAL CARE. WORKING WITH SCIENTISTS AND EXPERTS IN PUBLIC HEALTH, WE ARE STRIVING TO DETERMINE ROOT CAUSES AND DEVELOP SOLUTIONS TO ERADICATE SOME OF THE MOST WIDESPREAD, GROWING AND COMPLEX PUBLIC HEALTH ISSUES FACING THE UNITED STATES TODAY - FROM CHRONIC DISEASES INCLUDING CARDIOVASCULAR DISEASE, CANCER AND DIABETES, TO THE UNDERLYING CAUSES OF OBESITY, POOR MENTAL HEALTH AND PERSISTENT VIOLENCE IN OUR COMMUNITIES. NMHC SUPPORTS SOME OF THE NATION'S MOST ADVANCED RESEARCH PROGRAMS, LED BY PHYSICIAN SCIENTISTS AT FEINBERG, WHO ARE PUSHING THE BOUNDARIES OF SCIENCE AND MEDICINE THROUGH NATIONALLY RECOGNIZED RESEARCH PROGRAMS AS WELL AS ENTIRELY NEW SCIENTIFIC DISCIPLINES THAT ARE PIONEERING DIRECTIONS FOR PREVENTING AND CURING DISEASE.

SCHEDULE A
(Form 990 or 990-EZ)

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Northwestern Memorial HealthCare

Employer identification number
36-3152959

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

8
- 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		
See Additional Data Table						
Total	8				0	692,857,081

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	Yes	
3a	Yes	
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>		
3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12 LINE 12G, COLUMNS V & VI	<p>THE ORGANIZATION EXISTS SOLELY TO SUPPORT THE MISSION AND OPERATIONS OF ITS SUPPORTED ORGANIZATIONS AND THEIR AFFILIATES, WHICH ARE ALL PART OF THE SAME INTEGRATED HEALTH CARE SYSTEM. AS A RESULT, ALL OF ITS ACTIVITIES AND EXPENSES DIRECTLY OR INDIRECTLY SUPPORT ITS SUPPORTED ORGANIZATIONS. SUPPORT INCLUDES INFORMATION SERVICES, LEGAL, GOVERNMENT AND COMMUNITY RELATIONS, SUPPLY CHAIN MANAGEMENT AND PURCHASING, HUMAN RESOURCES, FINANCIAL PLANNING, REPORTING AND INTERNAL AUDIT, INVESTMENT MANAGEMENT, REAL ESTATE MANAGEMENT, MARKETING, COMMUNICATIONS AND MEDIA RELATIONS, MANAGED CARE, QUALITY, REVENUE CYCLE MANAGEMENT, MEDICAL AFFAIRS AND RESEARCH, GOVERNANCE AND CORPORATE INTEGRITY, INSURANCE CLAIMS AND RISK MANAGEMENT, ANALYTICS, INNOVATION, INTEGRATION AND PERFORMANCE AMONG OTHER SHARED SERVICES.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 2 Section D, Line 2	THE CORPORATION SHARES SOME BOARD OVERLAP WITH SOME OF ITS SUPPORTED ORGANIZATIONS THE CO RPORATION ALSO HAS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH ITS SUPPORTED ORGANIZA TIONS, AS IT SERVES AS THE DIRECT OR INDIRECT SOLE CORPORATE MEMBER OF ALL OF ITS SUPPORTE D ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Section E, Line 3a & 3b	AS THE DIRECT OR INDIRECT SOLE CORPORATE MEMBER OF ITS SUPPORTED ORGANIZATIONS, THE CORPORATION HAS ULTIMATE AUTHORITY TO APPOINT ALL MEMBERS OF THEIR RESPECTIVE BOARDS OF DIRECTORS IN ADDITION, THE CORPORATION AS SOLE MEMBER HAS ULTIMATE AUTHORITY OVER ALL POLICIES, PROGRAMS, AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup Org	THE CORPORATION AMENDED ITS ARTICLES OF INCORPORATION TO ADD NORTHERN ILLINOIS MEDICAL CENTER (36-2338884) AS A SUPPORTED ORGANIZATION AMONG THE HEALTH SYSTEM'S HOSPITAL ORGANIZATIONS THIS WAS THE RESULT OF AN AFFILIATION AGREEMENT WITH THE CENTEGRA HEALTH SYSTEM EFFECTIVE AS OF SEPTEMBER 1, 2018

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6 Support to other supported orgs	NMHC PROVIDED GRANT FUNDS TO NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE AS INDICATED ON SCHEDULE I SUPPORT IS ALSO PROVIDED PER SCHEDULE I DETAIL TO ORGANIZATIONS SERVING ANCILLARY NEEDS TO THE HEALTH SYSTEM OR TO THAT OF NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3 Supp Org Have Significant Voice In Investment Policies	THE CORPORATION SERVES AS THE DIRECT OR INDIRECT SOLE CORPORATE MEMBER OF ALL ITS SUPPORTED ORGANIZATIONS, WHICH FURTHERS THE ACCOUNTABILITY WITHIN THE INTEGRATED HEALTH SYSTEM AS A WHOLE ALL OF THE CORPORATION'S SUPPORTED ORGANIZATIONS HAVE A SIGNIFICANT VOICE IN THE CORPORATION'S OPERATIONS, THROUGH THEIR SHARED COMMON OFFICERS AND MANAGEMENT REPORTING STRUCTURES AUTHORITY TO APPOINT ALL OF THE OFFICERS AND DIRECTORS OF SUPPORTED ORGANIZATIONS, AND DIRECTION OVER POLICIES, PROGRAMS, AND ACTIVITIES OF SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Power To Appoint/Elect Majority of Officer/Director/Trustee	<p>NMHC as sole member of its supported organizations may exercise its reserved powers by taking either of the following actions (a) The board of directors of the member may act on the members behalf in exercising the members reserved powers over this corporation The action of the board of directors of the member may be communicated in writing to the chair of the board, the president and chief executive officer, or the secretary of the corporation by any reasonable means (b) The board of directors of the member may by resolution appoint any two (2) officers of the member to act on the members behalf, and such authorization may be general or limited to specific instances In the absence of such resolution, the president and chief executive officer and the treasurer of the member may act together on behalf of the member without action by the board of directors of the member The appropriate officers of the member shall execute and deliver to the chair, the president and chief executive officer or the secretary of the corporation a written instrument or instruments setting forth the action taken and the authorizations or directions from the board of directors of the member to such officers, If applicable The action of the member shall be deemed to have been taken on the dates the written instruments are so delivered unless the instruments provide otherwise</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	NMHC APPOINTED OFFICERS WERE INVOLVED IN REVIEWING THE PERFORMANCE OF EACH SUPPORTED ORGANIZATION

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-3152959
Name: Northwestern Memorial HealthCare

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) NORTHWESTERN LAKE FOREST HOSPITAL	362179779	3	Yes		0	57,920,812
(A) NORTHWESTERN MEMORIAL HOSPITAL	370960170	3	Yes		0	334,765,387
(B) CENTRAL DUPAGE HOSPITAL ASSOCIATION	362513909	3	Yes		0	169,046,200
(C) DELNOR-COMMUNITY HOSPITAL	363484281	3	Yes		0	65,962,832
(D) KISHWAUKEE COMMUNITY HOSPITAL	237087041	3	Yes		0	37,849,238
(E) MARIANJOY REHABILITATION HOSPITAL AND CLINICS INC	362680776	3	Yes		0	8,464,299
(F) VALLEY WEST COMMUNITY HOSPITAL	364244337	3	Yes		0	9,252,587
(G) NORTHERN ILLINOIS MEDICAL CENTER	362338884	3	Yes		0	9,595,726

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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Northwestern Memorial HealthCare	Employer identification number 36-3152959
--	--

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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing organization's totals**(b)** Affiliated group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

0

b Total lobbying expenditures to influence a legislative body (direct lobbying)

89,800

c Total lobbying expenditures (add lines 1a and 1b)

89,800

d Other exempt purpose expenditures

1,113,649,554

e Total exempt purpose expenditures (add lines 1c and 1d)

1,113,739,354

f Lobbying nontaxable amount Enter the amount from the following table in both columns

1,000,000

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

g Grassroots nontaxable amount (enter 25% of line 1f)

250,000

h Subtract line 1g from line 1a. If zero or less, enter -0-

0

i Subtract line 1f from line 1c. If zero or less, enter -0-

0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	412,411	394,401	376,949	455,640	1,639,401
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		0	0	0	0

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-A, Line 1b, Column (a) Filing Organization	ORGANIZATION NAME NORTHWESTERN MEMORIAL HEALTHCARE ADDRESS 251 E HURON CHICAGO, Illinois 60611 EIN 36-3152959 ORGANIZATION IS AN ELECTING ORGANIZATION GRASSROOTS LOBBYING AMOUNT DIRECT LOBBYING AMOUNT 89,800 TOTAL LOBBYING EXPENDITURES 89,800 OTHER EXEMPT PURPOSE EXPENDITURES 1,113,649,554 TOTAL EXEMPT PURPOSE EXPENDITURES 1,113,739,354 LOBBYING NONTAXABLE AMOUNT 1,000,000 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT 250,000 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT SHARE OF EXCESS LOBBYING EXPENDITURES

TY 2018 Affiliated Group Schedule

Name:

Northwestern Memorial HealthCare

EIN:

36-3152959

Software ID:

18007697

Software Version:

2018v3.1

Affiliated Group Business Name:	Northwestern Memorial HealthCare
Address. Either US or Foreign Type:	541 N Fairbanks Ct 1630 Chicago, IL 606113319
EIN:	36-3152959
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	89,800
Total Lobbying Expenditures:	89,800
Other Exempt Purpose Expenditures:	1,113,649,554
Total Exempt Purpose Expenditures:	1,113,739,354
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	NORTHWESTERN MEMORIAL HOSPITAL
Address. Either US or Foreign Type:	251 E HURON CHICAGO, IL 60611
EIN:	37-0960170
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	90,775
Total Lobbying Expenditures:	90,775
Other Exempt Purpose Expenditures:	1,786,834,700
Total Exempt Purpose Expenditures:	1,786,925,475
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	NORTHWESTERN LAKE FOREST HOSPITAL		
Address. Either US or Foreign Type:	1000 N WESTMORELAND ROAD LAKE FOREST, IL 60645		
EIN:	36-2179779		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:	0		
Total Direct Lobbying:	36,982		
Total Lobbying Expenditures:	36,982		
Other Exempt Purpose Expenditures:	417,518,051		
Total Exempt Purpose Expenditures:	417,555,033		
Lobbying Nontaxable Amount:	1,000,000		
Grassroots Nontaxable Amount:	250,000		
Tot Lobbying Grassroot Minus Non Tx:	0		
Tot Lobby Expend Mns Lobbying Non Tx:	0		
Share Of Excess Lobbying:	0		
Affiliated Group Business Name:	NORTHWESTERN MEDICAL FACULTY FOUNDATION		
Address. Either US or Foreign Type:	251 E HURON CHICAGO, IL 60611		
EIN:	36-3097297		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:	0		
Total Direct Lobbying:	0		
Total Lobbying Expenditures:	0		
Other Exempt Purpose Expenditures:	1,207,020,899		
Total Exempt Purpose Expenditures:	1,207,020,899		
Lobbying Nontaxable Amount:	1,000,000		
Grassroots Nontaxable Amount:	250,000		
Tot Lobbying Grassroot Minus Non Tx:	0		
Tot Lobby Expend Mns Lobbying Non Tx:	0		
Share Of Excess Lobbying:	0		

Affiliated Group Business Name:	LAKE FOREST HEALTH & FITNESS INSTITUTE		
Address. Either US or Foreign Type:	1200 N WESTMORELAND ROAD LAKE FOREST, IL 60645		
EIN:	36-3835030		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		6,161,412	
Total Exempt Purpose Expenditures:		6,161,412	
Lobbying Nontaxable Amount:		458,071	
Grassroots Nontaxable Amount:		114,518	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	NORTHWESTERN MEMORIAL FOUNDATION		
Address. Either US or Foreign Type:	251 E HURON CHICAGO, IL 60611		
EIN:	36-3155315		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		14,880,099	
Total Exempt Purpose Expenditures:		14,880,099	
Lobbying Nontaxable Amount:		894,005	
Grassroots Nontaxable Amount:		223,501	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name: CENTRAL DUPAGE HOSPITAL ASSOCIATION
Address. Either US or Foreign Type: 25 N WINFIELD ROAD
WINFIELD, IL 60190
EIN: 36-2513909
Electing Organization Checkbox: ☒

Total Grassroots Lobbying: 0
Total Direct Lobbying: 75,442
Total Lobbying Expenditures: 75,442
Other Exempt Purpose Expenditures: 961,353,238
Total Exempt Purpose Expenditures: 961,428,680
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: DELNOR-COMMUNITY HOSPITAL
Address. Either US or Foreign Type: 300 RANDALL ROAD
GENEVA, IL 60134
EIN: 36-3484281
Electing Organization Checkbox: ☒

Total Grassroots Lobbying: 0
Total Direct Lobbying: 38,984
Total Lobbying Expenditures: 38,984
Other Exempt Purpose Expenditures: 352,711,034
Total Exempt Purpose Expenditures: 352,750,018
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name:	CENTRAL DUPAGE PHYSICIAN GROUP
Address. Either US or Foreign Type:	25 N WINFIELD ROAD WINFIELD, IL 60190
EIN:	36-3149833
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	380,766,987
Total Exempt Purpose Expenditures:	380,766,987
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	COMMUNITY NURSING SERVICES OF DUPAGE COUNTY
Address. Either US or Foreign Type:	690 E NORTH AVE CAROL STREAM, IL 60188
EIN:	36-6080833
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	17,394,737
Total Exempt Purpose Expenditures:	17,394,737
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CENTRAL DUPAGE SPECIAL HEALTH ASSOCIATION		
Address. Either US or Foreign Type:	27W353 JEWELL RD WINFIELD, IL 60190		
EIN:	36-4310557		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		4,444,779	
Total Exempt Purpose Expenditures:		4,444,779	
Lobbying Nontaxable Amount:		372,239	
Grassroots Nontaxable Amount:		93,060	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	PAHCS II		
Address. Either US or Foreign Type:	27W353 JEWELL RD WINFIELD, IL 60190		
EIN:	36-3887234		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		40,305	
Total Exempt Purpose Expenditures:		40,305	
Lobbying Nontaxable Amount:		8,061	
Grassroots Nontaxable Amount:		2,015	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	KISHHEALTH SYSTEM HOMECARE	
Address. Either US or Foreign Type:	100 E WASHINGTON ST SPRINGFIELD, IL 62701	
EIN:	37-1703513	
Electing Organization Checkbox:	<input checked="" type="checkbox"/>	
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	2,316,022	
Total Exempt Purpose Expenditures:	2,316,022	
Lobbying Nontaxable Amount:	265,801	
Grassroots Nontaxable Amount:	66,450	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:	KISHWAUKEE COMMUNITY HOSPITAL	
Address. Either US or Foreign Type:	ONE KISH HOSPITAL DR DEKALB, IL 60115	
EIN:	23-7087041	
Electing Organization Checkbox:	<input checked="" type="checkbox"/>	
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	31,519	
Total Lobbying Expenditures:	31,519	
Other Exempt Purpose Expenditures:	209,333,045	
Total Exempt Purpose Expenditures:	209,364,564	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:	VALLEY WEST COMMUNITY HOSPITAL		
Address. Either US or Foreign Type:	ONE KISH HOSPITAL DR DEKALB, IL 60115		
EIN:	36-4244337		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			15,544
Total Lobbying Expenditures:			15,544
Other Exempt Purpose Expenditures:			47,433,494
Total Exempt Purpose Expenditures:			47,449,038
Lobbying Nontaxable Amount:			1,000,000
Grassroots Nontaxable Amount:			250,000
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	MARIANJOY REHAB HOSPITAL & CLINICS INC		
Address. Either US or Foreign Type:	26W171 ROOSEVELT RD WHEATON, IL 60187		
EIN:	36-2680776		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			10,601
Total Lobbying Expenditures:			10,601
Other Exempt Purpose Expenditures:			77,088,789
Total Exempt Purpose Expenditures:			77,099,390
Lobbying Nontaxable Amount:			1,000,000
Grassroots Nontaxable Amount:			250,000
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	KISHHEALTH PHYSICIAN GROUP		
Address. Either US or Foreign Type:	541 N FAIRBANKS CT RM 1639 CHICAGO, IL 60611		
EIN:	65-1293967		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:			0
Total Exempt Purpose Expenditures:			0
Lobbying Nontaxable Amount:			0
Grassroots Nontaxable Amount:			0
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: DEKALB BEHAVIORAL HEALTH FOUNDATION			
Address. Either US or Foreign Type:	541 N FAIRBANKS CT RM 1639 CHICAGO, IL 60611		
EIN:	47-4579189		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		6,507,890	
Total Exempt Purpose Expenditures:		6,507,890	
Lobbying Nontaxable Amount:		475,395	
Grassroots Nontaxable Amount:		118,849	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	CENTER FOR FAMILY HEALTH - MALTA
Address. Either US or Foreign Type:	541 N FAIRBANKS CT RM 1639 CHICAGO, IL 60611
EIN:	80-0869393
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	10,212
Total Exempt Purpose Expenditures:	10,212
Lobbying Nontaxable Amount:	2,042
Grassroots Nontaxable Amount:	511
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	KISHHEALTH SYSTEM HOSPICE
Address. Either US or Foreign Type:	541 N FAIRBANKS CT RM 1639 CHICAGO, IL 60611
EIN:	36-3164329
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,842,841
Total Exempt Purpose Expenditures:	1,842,841
Lobbying Nontaxable Amount:	242,142
Grassroots Nontaxable Amount:	60,536
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	REHABILITATION MEDICINE CLINIC		
Address. Either US or Foreign Type:	541 N FAIRBANKS CT RM 1639 CHICAGO, IL 60611		
EIN:	36-3236791		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		13,488,332	
Total Exempt Purpose Expenditures:		13,488,332	
Lobbying Nontaxable Amount:		824,417	
Grassroots Nontaxable Amount:		206,104	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: MARIANJOY AUXILIARY			
Address. Either US or Foreign Type: 541 N FAIRBANKS CT RM 1639 CHICAGO, IL 60611			
EIN: 36-3896976			
Electing Organization Checkbox: <input checked="" type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:			0
Total Exempt Purpose Expenditures:			0
Lobbying Nontaxable Amount:			0
Grassroots Nontaxable Amount:			0
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	NORTHERN ILLINOIS MEDICAL CENTER
Address. Either US or Foreign Type:	4201 W MEDICAL CENTER DR MCHENRY, IL 60050
EIN:	36-2338884
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	65,993
Total Lobbying Expenditures:	65,993
Other Exempt Purpose Expenditures:	475,393,406
Total Exempt Purpose Expenditures:	475,459,399
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	MEMORIAL MEDICAL CENTER
Address. Either US or Foreign Type:	3703 DOTY RD WOODSTOCK, IL 60098
EIN:	36-2179764
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	56,110,799
Total Exempt Purpose Expenditures:	56,110,799
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CENTEGRA HEALTH SYSTEM		
Address. Either US or Foreign Type:	10350 HALIGUS RD HUNTLEY, IL 60142		
EIN:	36-3196559		
Electing Organization Checkbox:	<input checked="" type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		95,536,736	
Total Exempt Purpose Expenditures:		95,536,736	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name: CENTEGRA HEALTH AND WELLNESS NETWORK			
Address. Either US or Foreign Type: 10350 HALIGUS RD HUNTLEY, IL 60142			
EIN: 36-4740459			
Electing Organization Checkbox: <input checked="" type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		9,952,770	
Total Exempt Purpose Expenditures:		9,952,770	
Lobbying Nontaxable Amount:		647,639	
Grassroots Nontaxable Amount:		161,910	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:

Address. Either US or Foreign Type:

EIN:

Electing Organization Checkbox:

Total Grassroots Lobbying:

Total Direct Lobbying:

Total Lobbying Expenditures:

Other Exempt Purpose Expenditures:

Total Exempt Purpose Expenditures:

Lobbying Nontaxable Amount:

Grassroots Nontaxable Amount:

Tot Lobbying Grassroot Minus Non Tx:

Tot Lobby Expend Mns Lobbying Non Tx:

Share Of Excess Lobbying:

HEALTH BRIDGE CORPORATION

200 CONGRESS PKWY
CRYSTAL LAKE, IL 60014

36-3196550

☒

0

0

0

4,630,853

4,630,853

381,543

95,386

0

0

0

Affiliated Group Business Name:

Address. Either US or Foreign Type:

EIN:

Electing Organization Checkbox:

Total Grassroots Lobbying:

Total Direct Lobbying:

Total Lobbying Expenditures:

Other Exempt Purpose Expenditures:

Total Exempt Purpose Expenditures:

Lobbying Nontaxable Amount:

Grassroots Nontaxable Amount:

Tot Lobbying Grassroot Minus Non Tx:

Tot Lobby Expend Mns Lobbying Non Tx:

Share Of Excess Lobbying:

NIMED CORPORATION

10350 HALIGUS RD
HUNTLEY, IL 60142

36-3199111

☒

0

0

0

942,117

942,117

166,318

41,579

0

0

0

Affiliated Group Business Name:	CENTEGRA HOSPITAL HUNTLEY HOLDINGS
Address. Either US or Foreign Type:	10350 HALIGUS RD HUNTLEY, IL 60142
EIN:	45-3449737
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Northwestern Memorial HealthCare

Employer identification number
36-3152959

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

► \$

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages 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

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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		2,570,000		2,570,000
b Buildings		79,224,285	17,986,890	61,237,395
c Leasehold improvements				
d Equipment		557,788,133	333,263,731	224,524,402
e Other		49,076,902		49,076,902
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				337,408,699

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) Securities	4,157,242,398	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	4,157,242,398	

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) INVESTMENT IN SUBS	265,384,050
(2) DUE FROM AFFILIATES	371,160,821
(3) EMPLOYEE BENEFIT PLAN ASSET	33,646,327
(4) OTHER	5,915,571
(5) ARTWORK	584,002
(6) OTHER RETIREMENT	13,350,228
(7) OTHER ACCOUNTS RECEIVABLE	14,446,448
(8) Workers Comp Trust	14,480,538
(9) General Liability Trust	482,071,563
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,201,039,548

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	1,323,622
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,327,913,983

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-3152959
Name: Northwestern Memorial HealthCare

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

(a) Description	(b) Book value
(1) INVESTMENT IN SUBS	265,384,050
(1) DUE FROM AFFILIATES	371,160,821
(2) EMPLOYEE BENEFIT PLAN ASSET	33,646,327
(3) OTHER	5,915,571
(4) ARTWORK	584,002
(5) OTHER RETIREMENT	13,350,228
(6) OTHER ACCOUNTS RECEIVABLE	14,446,448
(7) Workers Comp Trust	14,480,538
(8) General Liability Trust	482,071,563

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

1	(a) Description of Liability	(b) Book Value
	I/C DUE TO AFFILIATES	4,116,760,912
	ACCRUED SERP LIABILITY	26,408,992
	ACCRUED RETIRE PLAN LIABILITY	33,646,327
	LONG TERM INCENTIVE	3,646,299
	CAPITAL ACCUMULATION	2,364,716
	ACCRUED POST RETIREMENT HEALTH /DENTAL	871,254
	ACCRUED POST RETIRE LIFE INSURANCE	771,378
	OTHER	11,092,027
	THIRD PARTY PAYOR SETTLEMENT	2,472,185
	SELF INSURANCE RESERVES	87,207,374

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
INTEREST RATE SWAPS	40,042,571
ACCRUED BOND INTEREST	364,689
STATE INCOME TAXES	941,637

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	The arts program was developed in response to research that demonstrates the value of representational art depicting natural landscapes and positive human interactions. Our art collection provides comfort, evokes positive emotions and can help promote productivity in our office spaces.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	ASC 740, 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 is recognized 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 August 31, 2019 or 2018.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Northwestern Memorial HealthCare

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 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-3152959

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

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

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

3 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 region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			1,634,235,040
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			1,634,235,040

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[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).

ReturnReference	Explanation

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 36-3152959

Name: Northwestern Memorial HealthCare

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	Investments		50,067,642
Central America and the Caribbean	0	0	Investments		1,495,144,696

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	LIABILITY RISK FUNDING	88,378,148
Sub-Saharan Africa	0	0	Investments		644,554

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 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Northwestern Memorial HealthCare

Employer identification number

36-3152959

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 25

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS FROM NORTHWESTERN MEMORIAL HEALTHCARE ARE ADMINISTERED THROUGH NORTHWESTERN MEMORIAL FOUNDATION (NMF) NMF MAINTAINS DETAILED RECORDS AND INTERNAL CONTROL PROCEDURES TO ENSURE GRANT RECIPIENTS ARE QUALIFIED, AWARD AMOUNTS ARE DOCUMENTED AND SELECTION CRITERIA ARE CLEAR ONCE A GRANT HAS BEEN AWARDED, NMF INITIATES A WRITTEN AGREEMENT WITH THE GRANT RECIPIENT THAT INCORPORATES A BUDGET AND TIME PERIOD FOR SPENDING THE GRANT DOLLARS REASONABLE DIRECT COSTS, SUPPORTED BY DIRECT BUDGET JUSTIFICATION AND RELATED TO THE PROJECT'S PURPOSE, ARE ALLOWABLE RECIPIENTS AGREE TO ABIDE BY THE BUDGET AND ALL RELEVANT POLICIES IN EFFECT AT NORTHWESTERN MEMORIAL HEALTHCARE GRANT EXPENDITURES ARE MONITORED FOR COMPLIANCE WITH THEIR RESPECTIVE AGREEMENTS, AT LEAST ONCE A YEAR TO ENSURE THAT BUDGETS ARE FOLLOWED AND EXPENSES ARE APPROPRIATE AT THE END OF EACH BUDGET PERIOD, NMF REQUIRES THE GRANT RECIPIENT TO SUBMIT A WRITTEN NARRATIVE AND FINANCIAL REPORT OUTLINING PROJECT ACCOMPLISHMENTS AND HOW THE GRANT DOLLARS WERE EXPENDED

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-3152959
Name: Northwestern Memorial HealthCare

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 750 N Lake Shore Dr Chicago, IL 60611	36-2167817	501c3	28,852,048				Academic and other support
The DuPage Community Foundation 3000 Woodcreek Downers Grove, IL 60515	36-3978733	501c3	50,000				Community support for youth health

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 Heart Association PO Box 4002902 Des Moines, IA 503402902	13-5613797	501c3	50,000				Research and education
American Cancer Society Ill Div Inc 225 N Michigan Ave Chicago, IL 60601	13-1788491	501c3	45,000				Research and education

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
VNA Healthcare 400 N Highland Ave Aurora, IL 60506	36-2182095	501c3	40,000				Healthcare support
Family Health Partnership 401 E Congress Pkwy Crystal Lake, IL 60014	36-4277029	501c3	20,000				Access to healthcare

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
National Multiple Sclerosis Society 733 Third Ave New York, NY 10017	13-5661935	501c3	17,500				Research and support
Making Kane County Fit for Kids 1240 N Highland Ave Aurora, IL 60506	82-0791501	501c3	15,000				Community 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
Illinois Hospital Research & Education Fnd 1151 E Warrenville Rd Naperville, IL 60563	23-7421930	501c3	14,259				Healthcare education
Urban Alliance 2030 Q Street NW Washington, DC 20009	52-1938443	501c3	12,500				Training programs for economically-disadvantaged urban youth

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
Northern Illinois Food Bank 273 Dearborn Ct Geneva, IL 601343587	36-3203648	501c3	12,000				Nutritious meals for those in need
Home of the Sparrow 5342 W Elm St McHenry, IL 60050	36-3494491	501c3	10,000				Shelter for homeless individuals

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
CARA Chicago 237 S Desplaines Chicago, IL 60661	36-4268095	501c3	10,000				Community support
United Way of Metro Chicago 205 W Wacker Dr Chicago, IL 60606	30-0200478	501c3	9,200				Community 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
CASA of McHenry County 518 S Route 31 McHenry, IL 60050	20-1387762	501c3	7,500				Advocates for children
Facial Pain Research Foundation 2653 SW 87th Dr Gainesville, FL 326089313	82-1317992	501c3	7,500				Research and 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
Raue Center for the Arts Inc 108 Minnie St Crystal Lake, IL 60014	36-4147140	501c3	6,800				Community support
Mental Health Leadership Initiative Inc 124 Washington St Foxboro, MA 02035	46-5714524	501c3	6,000				Access to mental health care

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
Pioneer Center for Human Services 4031 W Dayton St McHenry, IL 600508377	36-2480845	501c3	5,000				Support for individuals with disabilities
Turning Point PO Box 723 Woodstock, IL 600980723	36-3163296	501c3	5,000				Support for victims of domestic violence

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
United Way of McHenry County 4508 Prime Pkwy McHenry, IL 600507004	36-6147909	501c3	5,000				Community support
The City of Woodstock 121 W Calhoun St Woodstock, IL 60098	36-6006165	Government	5,000				Community 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
Girls on the Run of Northwest Illinois 111 Erick St Crystal Lake, IL 60014	26-0294648	501c3	5,000				Support for community health
Chicago Urban League 4510 S Michigan Ave Chicago, IL 60653	36-2225483	501c3	5,000				Support for civil rights and human services

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
Girl Scouts of Northern Illinois 353 Randall Rd South Elgin, IL 60177	36-2358083	501c3	5,000				Community support for youth

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization
Northwestern Memorial HealthCare

Employer identification number
36-3152959

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	45204EA40	12-19-2017	790,239,841	SEE SUPPLEMENTAL INFORMATION		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967		08-05-2011	127,150,000	REFUND SERIES 2004A BONDS		X		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967		08-24-2011	58,415,000	REFUND SERIES 2008 BONDS		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967	45203HPT3	02-27-2013	119,589,286	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	21,195,000		14,250,000		2,975,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	797,763,512		127,150,000		58,415,000		119,738,878	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	252,438,981							
7	Issuance costs from proceeds	5,352,623						1,667,403	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	185,000,000						65,004,825	
11	Other spent proceeds	354,971,908		127,150,000		58,415,000		53,066,650	
12	Other unspent proceeds								
13	Year of substantial completion	2017		2006		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (f) LINE A, COLUMN F, GROUP I	Construction of health facility, refund a portion of 2009 bonds (NMH and CDH) and 2009B bonds (CDH), repay taxable notes

Return Reference	Explanation
Schedule K, Part II, Line 3 BOND TOTAL PROCEEDS	The total proceeds of issues reported at Part II, Line 3, exceed the issue price of Part I due to interest earnings related to the issues

Return Reference	Explanation
Schedule K, Part I, Column (f) LINE A, COLUMN F, GROUP IV	REFUND SERIES 2009B, REIMBURSE FOR THE CONSTRUCTION OF HEALTH FACILITIES

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 04/05/2018

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
Northwestern Memorial HealthCare

Employer identification number
36-3152959

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		03-02-2015	12,300,000	BUILDING ACQUISITION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,149,316							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	12,300,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	12,300,000							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of 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)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Northwestern Memorial HealthCare

Employer identification number
36-3152959

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) KELLY FLESCH	KELLY FLESCH, EMPLOYEE OF THE ORGANIZATION AND DAUGHTER OF WILLIAM FLESCH, A DIRECTOR OF NMHC	110,945	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

Northwestern Memorial HealthCare

Employer identification number

36-3152959

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 2 New program services	ON SEPTEMBER 1, 2018, CENTEGRA HEALTH SYSTEM BECAME A MEMBER OF NMHC THE HEALTH SYSTEM IS COMPRISED OF THREE HOSPITAL FACILITIES OPERATING UNDER THE NORTHERN ILLINOIS MEDICAL CENTER ENTITY - HUNTLEY HOSPITAL, MCHENRY HOSPITAL, AND WOODSTOCK HOSPITAL ADDITIONAL CENTEGRA HEALTH SYSTEM SUBSIDIARIES INCLUDE THE MEMORIAL MEDICAL CENTER, THE LEGACY OPERATIONS OF WOODSTOCK HOSPITAL, HEALTH BRIDGE CORPORATION OF CRYSTAL LAKE, A FITNESS CENTER FACILITY, CENTEGRA HEALTH SYSTEM FOUNDATION, WHICH HAS SUBSEQUENTLY BEEN MERGED INTO THE EXISTING NORTHWESTERN MEMORIAL FOUNDATION, AND, NIMED CORPORATION, A PROPERTY-HOLDING ENTITY SERVING THE LEGACY CENTEGRA HEALTH SYSTEM THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD UNANIMOUSLY APPROVED THE APPLICATION FOR CENTEGRA TO JOIN NMHC IN JUNE 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	TIMOTHY P SULLIVAN AND JOHN CANNING, JR - Business relationship, PATRICIA A WOERTZ AND W JAMES MCNERNEY - Business relationship, DEAN M HARRISON, JOHN CANNING, JR AND J CHRI STOPHER REYES - Business relationship, GLENN F TILTON AND WILLIAM A OSBORN - Business re lationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	AS A RESULT OF THE CENTEGRA HEALTH SYSTEM AFFILIATION INTO THE NM SYSTEM, SIGNIFICANT CHANGES WERE MADE TO THE ARTICLES OF INCORPORATION OF NMHC ON SEPTEMBER 1, 2018, NMHC AMENDED ITS BYLAWS AND FILED AMENDED AND RESTATED ARTICLES OF INCORPORATION WITH THE SECRETARY OF STATE OF ILLINOIS, EFFECTIVE AS OF THAT DATE THE AMENDED BYLAWS AND AMENDED AND RESTATED ARTICLES OF INCORPORATION WERE REVISED TO INDICATE THAT NMHC OPERATES EXCLUSIVELY TO PROMOTE AND SUPPORT, DIRECTLY OR INDIRECTLY, BY DONATION, LOAN OR OTHERWISE, THE INTERESTS AND PURPOSES OF CENTRAL DUPAGE HOSPITAL ASSOCIATION, DELNOR-COMMUNITY HOSPITAL, KISHWAUKEE COMMUNITY HOSPITAL, MARIANJOY REHABILITATION HOSPITAL AND CLINICS, INC , NORTHWESTERN LAKE FOREST HOSPITAL, NORTHWESTERN MEMORIAL HOSPITAL, VALLEY WEST COMMUNITY HOSPITAL, AND NORTHERN ILLINOIS MEDICAL CENTER (D/B/A NORTHWESTERN MEDICINE MCHENRY HOSPITAL, D/B/A NORTHWESTERN MEDICINE HUNTLEY HOSPITAL, AND D/B/A NORTHWESTERN MEDICINE WOODSTOCK HOSPITAL)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 WAS GENERATED INTERNALLY BY THE FINANCE DEPARTMENT WITH SUPPORT FROM VARIOUS DEPARTMENTS WITHIN THE ORGANIZATION VARIOUS SECTIONS OF THE FORM WERE REVIEWED BY SENIOR MANAGEMENT OF NORTHWESTERN MEMORIAL HEALTHCARE ("NMHC"), AS THE PARENT ORGANIZATION, AND VARIOUS COMMITTEES FOR EXAMPLE, THE CHIEF INTEGRITY EXECUTIVE REVIEWED DISCLOSURES FOR RELATED PARTY TRANSACTIONS, THE TAX AND REGULATORY REVIEW COMMITTEE REVIEWED THE COMMUNITY BENEFIT REPORT THAT DESCRIBES THE EXEMPT PURPOSE ACHIEVEMENTS, AND LOBBYING EXPENDITURES WERE REVIEWED BY THE VP EXTERNAL AFFAIRS THE EXECUTIVE COMPENSATION SUBCOMMITTEE OF THE BOARD OF DIRECTORS OF NMHC WAS PROVIDED THE COMPENSATION DISCLOSURES THE ORGANIZATION THEN WORKED WITH A NATIONAL, INDEPENDENT PUBLIC AUDITING AND ACCOUNTING FIRM AS PAID PREPARER OF THE FORM FILING THE FINAL FORM WAS REVIEWED BY MEMBERS OF THE FINANCE DEPARTMENT PRIOR TO REVIEW BY THE NMHC VICE PRESIDENT, FINANCE AND THE NMHC SENIOR VP AND CHIEF FINANCIAL OFFICER PRIOR TO FILING, THE COMPLETED FORM WAS PROVIDED TO THE BOARD OF DIRECTORS THROUGH A SECURE WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	NORTHWESTERN MEMORIAL HEALTHCARE (NMHC) MAINTAINS BOTH A CONFLICT OF INTEREST POLICY AND A N INTERMEDIATE SANCTIONS POLICY THESE POLICIES HAVE BEEN APPROVED BY ITS BOARD OF DIRECTORS AND APPLY TO ALL ENTITIES, DIRECTORS, OFFICERS, EMPLOYEES AND TRANSACTIONS WHICH TAKE PLACE WITHIN THE NMHC SYSTEM THE POLICIES WERE WRITTEN TO ASSIST BOARD MEMBERS AND MANAGEMENT WITH THE IDENTIFICATION OF THOSE TRANSACTIONS THAT WARRANT ATTENTION AND CONSIDERATION TO ENSURE PROPER ADHERENCE TO THE TAX LAWS IMPACTING TAX-EXEMPT ORGANIZATIONS THE CONFLICT OF INTEREST POLICY REQUIRES COMPLETION OF AN ANNUAL CERTIFICATION WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED, READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY, HAS AGREED TO COMPLY, HAS DISCLOSED ANY MATTERS REQUIRED TO BE DISCLOSED UNDER THE POLICY, AND AGREES TO REPORT ANY CHANGES PROMPTLY TO THE CHIEF INTEGRITY EXECUTIVE ONCE THE ANNUAL CERTIFICATIONS ARE COMPLETE, THE CHIEF INTEGRITY EXECUTIVE REVIEWS THE DISCLOSURES FOR COMPLIANCE WITH THE POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	AS A MEMBER OF THE NORTHWESTERN MEMORIAL HEALTHCARE ORGANIZATION, NMHC IS INCLUDED IN THE OVERALL BOARD-LED EXECUTIVE COMPENSATION REVIEW AND APPROVAL PROCESS THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION AT NORTHWESTERN MEMORIAL COMPLIES WITH IRS GUIDELINES FOR TAX-EXEMPT ORGANIZATIONS, IS DETERMINED BY A SEPARATE COMMITTEE OF THE BOARD OF DIRECTORS WHOSE MEMBERS ARE ALL INDEPENDENT AND UNPAID, AND IS ANNUALLY EVALUATED IN THE CONTEXT OF COMPENSATION DATA GATHERED BY EXTERNAL CONSULTANTS FROM A PEER GROUP COMPRISED OF SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS, AND (4) ALL COMPENSATION DECISIONS AND SUPPORT ARE RECORDED IN THE MINUTES OF THE COMMITTEE'S MEETINGS IN ADDITION, A SIGNIFICANT PORTION OF COMPENSATION IS AT RISK AND IS PAYABLE ONLY UPON ACHIEVEMENT OF A BROAD ARRAY OF DIFFICULT PERFORMANCE GOALS TIED TO THE STRATEGIC VISION OF NORTHWESTERN MEDICINE AND ACHIEVEMENT OF ITS TAX-EXEMPT PURPOSES THE BOARD PLACES A HIGH PRIORITY ON ITS ABILITY TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM TO ENSURE WE SERVE OUR MISSION AND ACHIEVE OUR GOALS THE OFFICERS OF NORTHWESTERN MEMORIAL HEALTHCARE ALSO FULFILL OFFICER AND EXECUTIVE FUNCTIONS FOR NMHC'S SUBSIDIARIES ALL OF THE COMPENSATION DISCLOSED IN THE GROUP RETURN IS ALLOCATED TO THE SUBSIDIARIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE ABOVE RESPONSE TO 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE CONSOLIDATED FINANCIAL STATEMENTS OF NORTHWESTERN MEMORIAL HEALTHCARE AND SUBSIDIARIES ARE AVAILABLE ON THE HEALTH SYSTEM WEBSITE, NM.ORG THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM THE ILLINOIS ATTORNEY GENERAL'S OFFICE AS PART OF ITS ANNUAL COMMUNITY BENEFITS REPORT AND THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS SYSTEM OF THE MUNICIPAL SECURITIES RULEMAKING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue 420825, Related or Exempt Function Revenue 420825, Unrelated Busin ess Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , INTERCOMPANY R ENT - Total Revenue 747551, Related or Exempt Function Revenue 747551, Unrelated Busines s Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	<p>MEDICAL SERVICES - Total Expense 37821375, Program Service Expense 37821375, Management and General Expenses , Fundraising Expenses , CONSULTING - Total Expense 47910630, Program Service Expense 42416482, Management and General Expenses 5494148, Fundraising Expenses , HUMAN RESOURCES - Total Expense 3732247, Program Service Expense , Management and General Expenses 3732247, Fundraising Expenses , EDUCATION - Total Expense 1171227, Program Service Expense 1036917, Management and General Expenses 134310, Fundraising Expenses , REVENUE CYCLE - Total Expense 4041008, Program Service Expense , Management and General Expenses 4041008, Fundraising Expenses , BILLING/COLLECTIONS - Total Expense 60165713, Program Service Expense , Management and General Expenses 60165713, Fundraising Expenses , EMPLOYEE RELATED - Total Expense 6954851, Program Service Expense 6157304, Management and General Expenses 797547, Fundraising Expenses , Boncura Management Fees - Total Expense 2431653, Program Service Expense , Management and General Expenses 2431653 , Fundraising Expenses , PURCHASED PERSONNEL - Total Expense 3974280, Program Service Expense 3518530, Management and General Expenses 455750, Fundraising Expenses , CLEANING - Total Expense 2209000, Program Service Expense 1955683, Management and General Expenses 253317, Fundraising Expenses , LANGUAGE INTERPRETERS - Total Expense 1159136, Program Service Expense 1159136, Management and General Expenses , Fundraising Expenses , OTHER PURCHASED SERVICES - Total Expense 26085724, Program Service Expense 23094346, Management and General Expenses 2991378, Fundraising Expenses ,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in Investment Pool - -45010759, Change in Pension - -167626, TRANSFER TO/FROM AFFIL IATES - -315192485, CHANGE IN INTEREST RATE SWAPS - -16063596, Investment in Northwestern Medicine Physician Network, LLC - -13464236,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Northwestern Memorial HealthCare

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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
36-3152959

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KISHWAUKEE AREA PHYSICIAN HOSPITAL ORGANIZATION LLC 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 36-4205273	HEALTHCARE	IL	NA	N/A								
(2) ILLINOIS REGIONAL CANCER CENTER LLP 10 HEALTH SERVICES DR DEKALB, IL 60115 36-3847273	HEALTHCARE	IL	NA	N/A								
(3) NORTHWESTERN MEDICAL FACULTY FOUNDATION DIALYSIS CENTER 541 N FAIRBANKS CT RM 1630 CHICAGO, IL 60611 46-2159685	HEALTHCARE	DE	NA	N/A								
(4) MIDLAND SURGICAL CENTER LLC 3085 WOLF CT DEKALB, IL 60115 35-2194610	HEALTHCARE	IL	NA	N/A								

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

See Additional Data Table

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

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

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: 18007697

Software Version: 2018v3.1

EIN: 36-3152959

Name: Northwestern Memorial HealthCare

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CADENCE AMBULATORY SURGERY CENTER LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 80-0838376	HEALTHCARE	IL			CENTRAL DUPAGE HOSPITAL
(1) NORTHWESTERN MEDICINE PHYSICIAN NETWORK LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 90-0917479	HEALTHCARE	IL	28,292,783	8,113,573	NORTHWESTERN MEMORIAL HEALTHCARE
(2) CADENCE HEALTH ACO 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 35-2507700	HEALTHCARE	IL	0	0	NORTHWESTERN MEDICINE PHYSICIAN NETWORK LLC
(3) ILLINOIS PROTON CENTER LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 26-0876468	HEALTHCARE	DE			ILLINOIS PROTON CENTER HOLDINGS LLC
(4) ILLINOIS PROTON CENTER HOLDING LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 26-0876420	HEALTHCARE	DE			CENTRAL DUPAGE HOSPITAL
(5) FVFPDELNOR PROPERTIES LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 45-1147062	MANAGEMENT	IL			DELCOM CORPORATION
(6) CENTEGRA PRIMARY CARE LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 36-4085398	HEALTHCARE	DE			CENTEGRA HEALTH SYSTEM
(7) CENTEGRA CLINICAL LABORATORIES LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 36-4706465	HEALTHCARE	DE			CENTEGRA HEALTH SYSTEM
(8) CENTEGRA HEALTH & WELLNESS NETWORK LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 36-4740459	HEALTHCARE	DE			CENTEGRA HEALTH SYSTEM
(9) CENTEGRA HEALTH & WELLNESS NETWORK ACO LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 38-3936176	HEALTHCARE	DE			CENTEGRA HEALTH AND WELLNESS NETWORK LLC
(10) CENTEGRA HEALTH BRIDGE FITNESS CENTER LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 26-1277524	HEALTHCARE	DE			HEALTH BRIDGE CORPORATION
(11) NORTHWESTERN MEDICINE INNOVATION LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 84-1833690	INVESTING	IL			NORTHWESTERN MEMORIAL HEALTHCARE
(12) NORTHWESTERN HOSPITALITY LLC 541 N Fairbanks Ct Rm 1630 CHICAGO, IL 60611 84-2302820	MANAGEMENT	IL			NORTHWESTERN MEMORIAL HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2179764	HOSPITAL	IL	501(c)(3)	3	CENTEGRA HEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2179779	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2338884	HOSPITAL	IL	501(c)(3)	3	CENTEGRA HEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2513909	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-2680776	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3097297	HEALTHCARE	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3149833	HEALTHCARE	IL	501(c)(3)	10	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3155315	FUNDRAISING	IL	501(c)(3)	7	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3164329	HOSPICE	IL	501(c)(3)	7	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3196550	HEALTH	IL	501(c)(3)	10	CENTEGRA HEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3196559	MANAGEMENT	IL	501(c)(3)	10	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3199111	MANAGEMENT	IL	501(c)(3)	Type II	CENTEGRA HEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3236791	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3484281	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3649080	MANAGEMENT	IL	501(c)(3)	Type II	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3726310	FUNDRAISING	IL	501(c)(3)	7	CENTEGRA HEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3835030	HEALTH	IL	501(c)(3)	10	NORTHWESTERN LAKE FOREST HOSP	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3887234	OCCUPATIONAL HEALTH	IL	501(c)(3)	10	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3896976	SUPPORTING	IL	501(c)(3)	Type I	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-4244337	HOSPITAL	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-4310557	PHARMACY	IL	501(c)(3)	10	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-6080833	HOME HEALTH	IL	501(c)(3)	10	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 37-0960170	HOSPITAL	IL	501(c)(3)	3	NMHC	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 37-1703513	HOME HEALTH	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 45-3449737	SUPPORTING	IL	501(c)(3)	Type I	CENTEGRA HEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 47-4579189	BEHAVIORAL HEALTH	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	
541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 80-0869393	HEALTHCARE	IL	501(c)(3)	3	KISHHEALTH SYSTEM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NORTHWESTERN HEALTHCARE CORPORATION 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3382383	HEALTHCARE	IL	NORTHWESTERN MEMORIAL HOSPITAL	C Corporation					
(1) NORTHWESTERN MEMORIAL INSURANCE COMPANY 98-0384611	RISK TRANSFER	CJ	NORTHWESTERN MEMORIAL HEALTHCARE	C Corporation	127,604,119	692,389,280	100 %	Yes	
(2) DUPAGE HEALTH SERVICES INC 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3270521	HEALTHCARE	DE	HEALTH PROGRESS INC	C Corporation					
(3) HEALTH PROGRESS INC 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3824138	HEALTHCARE	IL	KISHHEALTH SYSTEM	C Corporation					
(4) CENTEGRA MANAGEMENT SERVICES 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-4028114	MANAGEMENT	IL	CENTEGRA HEALTH SYSTEM	C Corporation					
(5) NORTHWESTERN MEDICINE HOLDINGS CO 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 83-4687208	MANAGEMENT	IL	NORTHWESTERN MEMORIAL HEALTHCARE	C Corporation	0	0	100 %	Yes	
(6) DELCOM CORPORATION 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 36-3334711	HEALTH MGMT	IL	HEALTH PROGRESS INC	C Corporation					
(7) CENTEGRA INSURANCE SERVICES LTD 541 N FAIRBANKS CT Rm 1630 CHICAGO, IL 60611 98-0525109	RISK TRANSFER	CJ	CENTEGRA HEALTH SYSTEM	C Corporation					

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	NORTHWESTERN LAKE FOREST HOSPITAL	L	57,920,812	COST
(1)	MARIANJOY REHABILITATION HOSPITAL AND CLINICS	L	8,464,299	COST
(2)	NORTHWESTERN MEMORIAL HOSPITAL	L	334,765,387	COST
(3)	NORTHWESTERN MEDICINE INSURANCE COMPANY	L	851,560	COST
(4)	NORTHWESTERN MEDICAL FACULTY FOUNDATION	L	51,561,386	COST
(5)	KISHWAUKEE COMMUNITY HOSPITAL	L	37,849,238	COST
(6)	HEALTH PROGRESS INC	L	564,719	COST
(7)	DEKALB COUNTY HOSPICE INC	L	506,280	COST
(8)	KISHHEALTH SYSTEM HOME CARE	L	538,107	COST
(9)	VALLEY WEST HOSPITAL	L	9,252,587	COST
(10)	CENTRAL DUPAGE HOSPITAL ASSOCIATION	L	169,046,200	COST
(11)	COMMUNITY NURSING SERVICES OF DUPAGE COUNTY	L	4,902,161	COST
(12)	CENTRAL DUPAGE SPECIAL HEALTH ASSOCIATION	L	916,005	COST
(13)	DELNOR COMMUNITY HOSPITAL	L	65,962,832	COST
(14)	DELCOM CORPORATION	L	725,515	COST
(15)	CENTRAL DUPAGE PHYSICIAN GROUP	L	14,066,747	COST
(16)	CADENCE AMBULATORY SURGERY CENTER	L	1,465,614	COST
(17)	REHABILITATION MEDICINE CLINIC	L	1,120,488	COST
(18)	Illinois Proton Center LLC	L	429,846	Cost
(19)	Northern Illinois Medical Center	L	9,595,726	Cost
(20)	Centegra Primary Care LLC	L	573,659	Cost
(21)	Centegra Health System	L	59,722,814	Cost