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Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2016**

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.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** 10/01, 2016, and ending 09/30, 2017

**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated return
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Doing business as

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

Room/suite

1301 CENTRAL STREET

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

EVANSTON, IL 60201

**F** Name and address of principal officer

JOSEPH GOLBUS

SAME AS C ABOVE

**D** Employer identification number

36-3738206

**E** Telephone number

(847) 570-2000

**G** Gross receipts \$ 541,378,737.

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

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status

☒ 501(c)(3)

☐ 501(c)( )

(insert no)

4947(a)(1) or

527

**J** Website: NORTHSHORE.ORG

**K** Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission

ATTACHMENT 1

**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 \$ 492,525,551. including grants of \$ 5,746,516. ) (Revenue \$ 448,670,014. )

ATTACHMENT 2

**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 ► 492,525,551.

**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. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
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. . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	X	
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. . . . .		X
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. . . . .		X
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. . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .		X
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. . . . .		X
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. . . . .		X
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. . . . .	X	
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. . . . .		X
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. . . . .		X
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. . . . .	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .		X
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. . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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. . . . .	X	
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. . . . .		X
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. . . . .		X
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). . . . .		X
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. . . . .		X
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. . . . .		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>25b</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> . . . . .		X
<b>26</b> 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> . . . . .		X
<b>27</b> 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> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28b</b> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>28c</b> 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> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> 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> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a 0.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		X
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		
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		X
b If "Yes," enter the name of the foreign country ▶ . . . . .			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X
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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X
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		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a 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		
<b>10 Section 501(c)(7) organizations.</b> 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		
<b>11 Section 501(c)(12) organizations.</b> 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		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a		
Note: See the instructions for additional information the organization must report on Schedule O			
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		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	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>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records JEFF BIESZCZAT 1301 CENTRAL STREET EVANSTON, IL 60201 847-570-5798

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ILLHAM ALGAYED DIRECTOR AND PHYSICIAN	41.00 0.	X						230,341.	0.	32,587.
(2) JULIAN E BAILES DIRECTOR AND PHYSICIAN	18.00 23.00	X						645,690.	1,087,920.	54,972.
(3) ERVIN (WOODY) DENHAM DIRECTOR AND PHYSICIAN	36.00 5.00	X						718,911.	104,303.	53,657.
(4) ROBERT R EDELMAN DIRECTOR AND PHYSICIAN	3.00 38.00	X						210,878.	861,686.	59,972.
(5) BERNARD G EWIGMAN DIRECTOR AND PHYSICIAN	1.00 40.00	X						0.	457,299.	136,492.
(6) ALAN B FRYDMAN DIRECTOR AND PHYSICIAN	37.00 4.00	X						280,383.	19,887.	49,187.
(7) KAREN L KAUL DIRECTOR AND PHYSICIAN	22.00 20.00	X						405,114.	341,220.	51,732.
(8) MORRIS S KHARASCH DIRECTOR AND PHYSICIAN	35.00 7.00	X						473,564.	69,995.	49,090.
(9) JASON L KOH DIRECTOR AND PHYSICIAN	20.00 21.00	X						693,597.	636,639.	60,450.
(10) DEMETRIUS MARAGANORE DIRECTOR AND PHYSICIAN	11.00 30.00	X						159,680.	514,774.	50,342.
(11) MICHAEL S MCGUIRE DIRECTOR AND PHYSICIAN	38.00 3.00	X						918,009.	81,314.	51,269.
(12) FREDERICK E MILLER DIRECTOR AND PHYSICIAN	3.00 38.00	X						26,694.	477,804.	43,381.
(13) MARK R NEAMAN DIRECTOR	1.00 42.00	X						0.	2,159,754.	381,453.
(14) SHARON ROBINSON DIRECTOR AND PHYSICIAN	41.00 0.	X						260,607.	0.	24,760.

**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			
(15) JORGE SAUCEDO DIRECTOR AND PHYSICIAN	31.00 10.00	X						669,637.	300,000.	54,494.
(16) PAULINE SHIPLEY DIRECTOR AND PHYSICIAN	28.00 13.00	X						148,322.	53,333.	32,206.
(17) RICHARD K SILVER DIRECTOR AND PHYSICIAN	6.00 35.00	X						133,365.	763,777.	53,829.
(18) DAVID SOO DIRECTOR AND PHYSICIAN	30.00 11.00	X						336,870.	108,908.	40,637.
(19) JOSEPH SZOKOL DIRECTOR AND PHYSICIAN	16.00 25.00	X						490,759.	425,002.	53,071.
(20) KATHARINE YAO DIRECTOR AND PHYSICIAN	41.00 0.	X						542,052.	10,000.	26,458.
(21) MICHAEL S CAPLAN BOARD CHAIRMAN AND PHYSICIAN	8.00 33.00	X		X				123,007.	642,581.	28,986.
(22) THEODORE MAZZONE BD VICE CHAIRMAN AND PHYSICIAN	4.00 38.00	X		X				102,245.	842,015.	49,957.
(23) MARK S TALAMONTI BD PAST CHAIRMAN AND PHYSICIAN	11.00 31.00	X		X				308,922.	886,588.	52,700.
(24) JOSEPH GOLBUS PRESIDENT AND PHYSICIAN	41.00 0.	X		X				758,623.	654,388.	186,360.
(25) PATRICIA LEONARD BOARD SECRETARY	41.00 0.			X				300,580.	152,000.	104,239.
<b>1b Sub-total</b>								5,023,468.	6,812,595.	1,099,344.
<b>c Total from continuation sheets to Part VII, Section A</b>								12,537,054.	5,958,710.	1,280,092.
<b>d Total (add lines 1b and 1c)</b>								17,560,522.	12,771,305.	2,379,436.

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 **927**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
3	X	
4	X	
5		X

**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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **13**



**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			
( 26) BRIAN M SCHOEN BOARD TREASURER	1.00 40.00			X				0.	422,957.	46,114.
( 27) TYLER BAUER VICE PRESIDENT, MEDICAL GROUP	4.00 36.00				X			16,216.	173,528.	25,864.
( 28) KELLY EIDEN VICE PRESIDENT, MEDICAL GROUP	40.00 0.				X			202,236.	45,000.	27,946.
( 29) KATHLEEN GAFFNEY VICE PRESIDENT, MEDICAL GROUP	40.00 0.				X			244,604.	59,500.	29,854.
( 30) DEBORAH L KIRKORSKY VICE PRESIDENT, MEDICAL GROUP	40.00 0.				X			231,705.	87,800.	29,962.
( 31) CORY TABACHOW VICE PRESIDENT, MEDICAL GROUP	40.00 0.				X			192,951.	59,900.	49,491.
( 32) MARK KEVIN BOWEN PHYSICIAN	37.00 3.00					X		1,646,121.	93,743.	52,472.
( 33) CHARLES CARROLL IV PHYSICIAN	40.00 0.					X		1,525,654.	0.	52,631.
( 34) GREGG MENAKER PHYSICIAN	40.00 0.					X		1,375,065.	0.	57,832.
( 35) JOEL E RETSKY PHYSICIAN	40.00 0.					X		1,315,992.	0.	54,972.
( 36) JEREMY P WARNER PHYSICIAN	40.00 0.					X		1,414,480.	0.	50,902.

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

**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 **927**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

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	927
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	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 X	
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 X	
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	X

## 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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	92,708,723			
	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	<b>Total.</b> Add lines 1a-1f . . . . .		92,708,723			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a	PATIENT REVENUE . . . . .	621110	326,696,927	326,696,927		
	b	MEDICARE AND MEDICAID REVENUE . . . . .	621110	121,973,087	121,973,087		
	c	. . . . .					
	d	. . . . .					
	e	. . . . .					
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		448,670,014			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . .		0			
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	6a	Gross rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0			
	b	Less direct expenses . . . . .	b	0			
	c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a	0			
	b	Less direct expenses . . . . .	b	0			
	c	Net income or (loss) from gaming activities . . . . .		0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a	0			
	b	Less cost of goods sold . . . . .	b	0			
c	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a	. . . . .						
b	. . . . .						
c	. . . . .						
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		0				
12	<b>Total revenue.</b> See instructions . . . . .		541,378,737	448,670,014			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,746,516.	5,746,516.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	10,796,756.	9,335,263.	1,461,493.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	14,222,532.	14,194,996.	27,536.	
7 Other salaries and wages . . . . .	341,774,564.	331,210,486.	10,564,078.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	25,424,913.	23,778,152.	1,646,761.	
10 Payroll taxes . . . . .	17,385,156.	16,655,048.	730,108.	
11 Fees for services (non-employees)				
a Management . . . . .	21,918,187.		21,918,187.	
b Legal . . . . .	32,646.		32,646.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	9,551,137.	8,590,307.	960,830.	
12 Advertising and promotion . . . . .	14,398.		14,398.	
13 Office expenses . . . . .	2,793,177.	2,149,702.	643,475.	
14 Information technology . . . . .	887,646.	840,011.	47,635.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	35,290,484.	35,290,484.		
17 Travel . . . . .	399,138.	334,835.	64,303.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	1,720,291.	1,687,010.	33,281.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,825,912.	818,820.	3,007,092.	
23 Insurance . . . . .	23,193,288.	23,193,288.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
a MEDICAL SUPPLIES . . . . .	18,641,800.	18,641,800.		
b DUES AND SUBSCRIPTIONS . . . . .	2,165,532.		2,165,532.	
c SALES TAX . . . . .	58,833.	58,833.		
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	535,842,906.	492,525,551.	43,317,355.	
<b>26 Joint costs.</b> 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) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	1,111,320.	1	3,052,472.
	2 Savings and temporary cash investments . . . . .	0.	2	0.
	3 Pledges and grants receivable, net . . . . .	0.	3	0.
	4 Accounts receivable, net . . . . .	51,873,061.	4	58,441,256.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees . . . . . Complete Part II of Schedule L . . . . .	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0.	6	0.
	7 Notes and loans receivable, net . . . . .	0.	7	0.
	8 Inventories for sale or use . . . . .	0.	8	0.
	9 Prepaid expenses and deferred charges . . . . .	573,373.	9	500,000.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 60,648,824.		
	b Less accumulated depreciation . . . . .	10b 18,262,116.	10c	42,386,708.
	11 Investments - publicly traded securities . . . . .	0.	11	0.
	12 Investments - other securities See Part IV, line 11 . . . . .	0.	12	0.
	13 Investments - program-related See Part IV, line 11 . . . . .	0.	13	0.
	14 Intangible assets . . . . .	0.	14	0.
	15 Other assets See Part IV, line 11 . . . . .	346,964,930.	15	314,591,287.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	412,760,130.	16	418,971,723.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	42,338,993.	17	43,014,755.
	18 Grants payable . . . . .	0.	18	0.
	19 Deferred revenue . . . . .	0.	19	0.
	20 Tax-exempt bond liabilities . . . . .	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	811,853.	25	811,853.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	43,150,846.	26	43,826,608.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	369,609,284.	27	375,145,115.
	28 Temporarily restricted net assets . . . . .	0.	28	0.
	29 Permanently restricted net assets . . . . .	0.	29	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances</b> . . . . .	369,609,284.	33	375,145,115.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	412,760,130.	34	418,971,723.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	541,378,737.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	535,842,906.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	5,535,831.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	369,609,284.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	375,145,115.

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2016)

**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.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Employer identification number

36-3738206

**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 **section 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. . . . . 1
- 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		
ATTACHMENT 1						
(A)		3				
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					492,525,551.	

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

Schedule A (Form 990 or 990-EZ) 2016

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	16	%

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

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

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>	X	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		X

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2016

**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 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

**Section E - Distribution Allocations** (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c <b>Remainder</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 <b>Excess distributions carryover to 2017</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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**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.)

## ATTACHMENT 1

## SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
NORTHSHORE UNIVERSITY HEALTHSYSTEM	36-2167060 3		X	492,525,551 ✓	0.
TOTAL AMOUNT OF SUPPORT				<u>492,525,551</u>	<u>0</u>

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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 organization	Employer identification number
NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.	36-3738206

**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)				

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

Schedule C (Form 990 or 990-EZ) 2016

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		66,336.
<b>j</b> Total. Add lines 1c through 1i			66,336.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912.			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## PART II-B LINE 1I - LOBBYING ACTIVITIES

NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES (FPA) AND ITS EMPLOYEES ARE MEMBERS OF VARIOUS ORGANIZATIONS THAT ADVOCATE ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE. A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID BY FPA TO THESE ORGANIZATIONS ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Employer identification number

36-3738206

**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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2016

**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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 ☐ Yes ☐ No
- (ii) related organizations ☐ Yes ☐ No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		31,443,517.	3,753,731.	27,689,786.
c Leasehold improvements		14,729,949.	6,449,136.	8,280,813.
d Equipment		14,475,358.	8,059,249.	6,416,109.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				42,386,708.

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	314,591,287.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15).	314,591,287.

**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		
(2) INVESTMENT-NPA INC	811,853.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	811,853.	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	535,637,121.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>	535,637,121.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	5,741,616.
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>	5,741,616.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	541,378,737.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	530,101,290.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>	530,101,290.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	5,741,616.
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>	5,741,616.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	535,842,906.

**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.

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

## PART X LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS

THE CORPORATION AND ITS RELATED AFFILIATES, EXCEPT FOR NORTHSHORE PHYSICIAN ASSOCIATES, INC. (NPA) AND COMMUNITY CARE PARTNERS, LLC (CCP), KNOWN AS NORTHSHORE EXEMPT GROUP, HAVE BEEN DETERMINED TO QUALIFY AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). MOST OF THE INCOME RECEIVED BY NORTHSHORE EXEMPT GROUP IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE IRC, AS INCOME RELATED TO THE MISSION OF THE ORGANIZATION. ACCORDINGLY, THERE IS NO MATERIAL PROVISION FOR INCOME TAX FOR THESE ENTITIES. SOME OF THE INCOME RECEIVED BY EXEMPT ENTITIES IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. NORTHSHORE AND ITS SUBSIDIARIES FILE FEDERAL INCOME TAX RETURNS AND RETURNS FOR VARIOUS STATES IN THE U.S.

ASC 740, 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 SEPTEMBER 30, 2017 OR 2016.

FOR THE YEAR ENDED SEPTEMBER 30, 2017, THE CORPORATION HAS A NET OPERATING LOSS CARRYFORWARD OF \$9,493,513, WHICH GENERATED ASSETS OF \$3,823,037. THESE ASSETS ARE OFFSET BY A VALUATION ALLOWANCE OF \$2,379,695.

**Part XIII Supplemental Information (continued)**

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FOR THE YEAR ENDED SEPTEMBER 30, 2016, THE CORPORATION HAD A NET OPERATING LOSS CARRYFORWARD OF \$6,808,926, WHICH GENERATED ASSETS OF \$2,663,311. THESE ASSETS WERE OFFSET BY A VALUATION ALLOWANCE OF \$1,219,969.

PART XI LINE 4B - OTHER

AMOUNT REPRESENTS TRANSFERS TO NORTHSHORE UNIVERSITY HEALTHSYSTEM.

PART XII LINE 4B - OTHER

AMOUNT REPRESENTS TRANSFERS TO NORTHSHORE UNIVERSITY HEALTHSYSTEM.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

Employer identification number

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

36-3738206

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	MEDICAL CONFERENCES	4,095.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	MEDICAL SERVICES	1,635.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	MEDICAL CONFERENCES	22,309.
(4) EUROPE			PROGRAM SERVICES	MEDICAL CONFERENCES	42,986.
(5) EUROPE			PROGRAM SERVICES	MEDICAL SUPPLIES	824.
(6) NORTH AMERICA			PROGRAM SERVICES	MEDICAL CONFERENCES	8,521.
(7) NORTH AMERICA			PROGRAM SERVICES	MEDICAL SUPPLIES	3,955.
(8) NORTH AMERICA			PROGRAM SERVICES	MEDICAL SERVICES	518.
(9) SOUTH AMERICA			PROGRAM SERVICES	MEDICAL CONFERENCES	5,067
(10) SOUTH ASIA			PROGRAM SERVICES	MEDICAL CONFERENCES	4,807
(11) SUB-SAHARAN AFRICA			PROGRAM SERVICES	MEDICAL CONFERENCES	4,608
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total, . . . . .</b>					99,325.
<b>b Total from continuation sheets to Part I . . . . .</b>					
<b>c Totals (add lines 3a and 3b)</b>					99,325

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on Form 990, Part IV, line 16  
Part III can be duplicated if additional space is needed

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

Schedule F (Form 990) 2016

**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, do not file with Form 990). . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471). . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). . . . . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990). . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2016

**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).

**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

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

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Employer identification number

36-3738206

**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

1 (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) NORTHSHORE UNIVERSITY HEALTHSYSTEM 1301 CENTRAL STREET EVANSTON, IL 60201	36-2167060	501(C)(3)	5,741,616				GENERAL SUPPORT
(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 1.

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

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

Schedule I (Form 990) (2016)

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

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

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

## PART I LINE 2 - MONITORING USE OF GRANT FUNDS

NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES (FPA)

PROVIDES CASH SUPPORT TO NORTHSHORE UNIVERSITY HEALTHSYSTEM (NORTHSHORE).

SUPPORT TO NORTHSHORE IS MONITORED THROUGH THE FPA BUDGET AND REPORTING

PROCEDURES FOR THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

36-3738206

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016



Schedule J (Form 990) 2016

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ILLHAM ALGAYED	(i)	190,114.	17,169.	23,058.	17,345.	15,242.	262,928.	0.
1 DIRECTOR AND PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIAN E BAILES	(i)	625,494.	0.	20,196.	8,247.	14,473.	668,410.	0.
2 DIRECTOR AND PHYSICIAN	(ii)	887,920.	200,000.	0.	11,708.	20,544.	1,120,172.	0.
ERVIN (WOODY) DENHAM	(i)	554,309.	130,219.	34,383.	17,573.	29,679.	766,163.	0.
3 DIRECTOR AND PHYSICIAN	(ii)	75,136.	29,167.	0.	2,382.	4,023.	110,708.	0.
ROBERT R EDELMAN	(i)	35,882.	142,800.	32,196.	868.	1,741.	213,487.	0.
4 DIRECTOR AND PHYSICIAN	(ii)	788,686.	73,000.	0.	19,087.	38,276.	919,049.	0.
BERNARD G EWIGMAN	(i)	0.	0.	0.	0.	0.	0.	0.
5 DIRECTOR AND PHYSICIAN	(ii)	432,299.	25,000.	0.	68,246.	68,246.	593,791.	0.
ALAN B FRYDMAN	(i)	197,316.	60,620.	22,447.	18,128.	26,555.	325,066.	0.
6 DIRECTOR AND PHYSICIAN	(ii)	19,887.	0.	0.	1,827.	2,677.	24,391.	0.
KAREN L KAUL	(i)	287,898.	100,000.	17,216.	10,368.	16,510.	431,992.	0.
7 DIRECTOR AND PHYSICIAN	(ii)	266,220.	75,000.	0.	9,587.	15,267.	366,074.	0.
MORRIS S KHARASCH	(i)	363,392.	102,000.	8,172.	17,127.	25,006.	515,697.	0.
8 DIRECTOR AND PHYSICIAN	(ii)	59,995.	10,000.	0.	2,828.	4,129.	76,952.	0.
JASON L KOH	(i)	508,103.	165,777.	19,717.	9,478.	19,234.	722,309.	0.
9 DIRECTOR AND PHYSICIAN	(ii)	561,639.	75,000.	0.	10,477.	21,261.	668,377.	0.
DEMETRIUS MARAGANORE	(i)	148,605.	0.	11,075.	5,040.	7,675.	172,395.	0.
10 DIRECTOR AND PHYSICIAN	(ii)	439,774.	75,000.	0.	14,915.	22,712.	552,401.	0.
MICHAEL S MCGUIRE	(i)	873,028.	37,943.	7,038.	18,377.	28,837.	965,223.	0.
11 DIRECTOR AND PHYSICIAN	(ii)	74,981.	6,333.	0.	1,578.	2,477.	85,369.	0.
FREDERICK E MILLER	(i)	16,677.	0.	10,017.	749.	879.	28,322.	0.
12 DIRECTOR AND PHYSICIAN	(ii)	427,804.	50,000.	0.	19,206.	22,547.	519,557.	0.
MARK R NEAMAN	(i)	0.	0.	0.	0.	0.	0.	0.
13 DIRECTOR	(ii)	1,155,560.	572,500.	431,694.	363,955.	17,498.	2,541,207.	0.
SHARON ROBINSON	(i)	236,750.	14,356.	9,501.	19,623.	5,137.	285,367.	0.
14 DIRECTOR AND PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
JORGE SAUCEDO	(i)	590,287.	72,170.	7,180.	14,905.	25,798.	710,340.	0.
15 DIRECTOR AND PHYSICIAN	(ii)	200,000.	100,000.	0.	5,050.	8,741.	313,791.	0.
PAULINE SHIPLEY	(i)	107,815.	36,009.	4,498.	10,373.	11,629.	170,324.	0.
16 DIRECTOR AND PHYSICIAN	(ii)	50,000.	3,333.	0.	4,811.	5,393.	63,537.	0.

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD K SILVER	(i)	116,473.	0.	16,892.	2,743.	4,657.	140,765.	0.
1 DIRECTOR AND PHYSICIAN	(ii)	730,777.	33,000.	0.	17,212.	29,217.	810,206.	0.
DAVID SOO	(i)	271,881.	47,259.	17,730.	14,672.	15,206.	366,748.	0.
2 DIRECTOR AND PHYSICIAN	(ii)	97,908.	11,000.	0.	5,283.	5,476.	119,667.	0.
JOSEPH SZOKOL	(i)	216,417.	250,000.	24,342.	7,624.	12,653.	511,036.	0.
3 DIRECTOR AND PHYSICIAN	(ii)	350,002.	75,000.	0.	12,331.	20,463.	457,796.	0.
KATHARINE YAO	(i)	467,734.	72,331.	1,987.	19,955.	6,503.	568,510.	0.
4 DIRECTOR AND PHYSICIAN	(ii)	0.	10,000.	0.	0.	0.	10,000.	0.
MICHAEL S CAPLAN	(i)	109,389.	0.	13,618.	3,348.	1,515.	127,870.	0.
5 BOARD CHAIRMAN AND PHYSICIAN	(ii)	542,581.	100,000.	0.	16,607.	7,516.	666,704.	0.
THEODORE MAZZONE	(i)	66,819.	0.	35,426.	1,690.	2,541.	106,476.	0.
6 BD VICE CHAIRMAN AND PHYSICIAN	(ii)	722,015.	120,000.	0.	18,265.	27,461.	887,741.	0.
MARK S TALAMONTI	(i)	282,368.	0.	26,554.	5,036.	8,263.	322,221.	0.
7 BD PAST CHAIRMAN AND PHYSICIAN	(ii)	836,588.	50,000.	0.	14,919.	24,482.	925,989.	0.
JOSEPH GOLBUS	(i)	724,617.	0.	34,006.	159,422.	26,938.	944,983.	0.
8 PRESIDENT AND PHYSICIAN	(ii)	0.	365,000.	289,388.	0.	0.	654,388.	0.
PATRICIA LEONARD	(i)	293,048.	0.	7,532.	79,088.	25,151.	404,819.	0.
9 BOARD SECRETARY	(ii)	0.	152,000.	0.	0.	0.	152,000.	0.
BRIAN M SCHOEN	(i)	0.	0.	0.	0.	0.	0.	0.
10 BOARD TREASURER	(ii)	285,969.	131,900.	5,088.	19,955.	26,159.	469,071.	0.
TYLER BAUER	(i)	16,216.	0.	0.	1,478.	1,197.	18,891.	0.
11 VICE PRESIDENT, MEDICAL GROUP	(ii)	140,597.	32,300.	631.	12,810.	10,379.	196,717.	0.
KELLY EIDEN	(i)	201,441.	0.	795.	18,616.	9,330.	230,182.	0.
12 VICE PRESIDENT, MEDICAL GROUP	(ii)	0.	45,000.	0.	0.	0.	45,000.	0.
KATHLEEN GAFFNEY	(i)	238,019.	0.	6,585.	19,955.	9,899.	274,458.	0.
13 VICE PRESIDENT, MEDICAL GROUP	(ii)	0.	59,500.	0.	0.	0.	59,500.	0.
DEBORAH L KIRKORSKY	(i)	230,550.	0.	1,155.	19,955.	10,007.	261,667.	0.
14 VICE PRESIDENT, MEDICAL GROUP	(ii)	0.	87,800.	0.	0.	0.	87,800.	0.
CORY TABACHOW	(i)	192,220.	0.	731.	19,040.	30,451.	242,442.	0.
15 VICE PRESIDENT, MEDICAL GROUP	(ii)	0.	59,900.	0.	0.	0.	59,900.	0.
MARK KEVIN BOWEN	(i)	1,327,684.	305,279.	13,158.	18,639.	30,373.	1,695,133.	0.
16 PHYSICIAN	(ii)	93,743.	0.	0.	1,316.	2,144.	97,203.	0.

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JSA

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Schedule J (Form 990) 2016

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES CARROLL IV	(i)	1,397,036.	108,272.	20,346.	19,955.	32,676.	1,578,285.	0.
1 PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
GREGG MENAKER	(i)	1,346,659.	23,666.	4,740.	19,955.	37,877.	1,432,897.	0.
2 PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
JOEL E RETSKY	(i)	1,060,195.	248,759.	7,038.	19,955.	35,017.	1,370,964.	0.
3 PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
JEREMY P WARNER	(i)	920,884.	491,249.	2,347.	19,955.	30,947.	1,465,382.	0.
4 PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
MARSHA J MILLER	(i)	0.	0.	0.	0.	0.	0.	0.
5 FORMER BOARD SECRETARY	(ii)	133,519.	43,500.	671.	13,380.	26,049.	217,119.	0.
LYNN PEREZ	(i)	127,972.	0.	15,171.	10,779.	21,401.	175,323.	0.
6 FORMER VP, MEDICAL GROUP	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS A VICTOR	(i)	202,086.	87,669.	24,750.	19,955.	27,551.	362,011.	0.
7 FORMER BOARD CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I LINE 3 - COMPENSATION OF CEO/EXECUTIVE DIRECTOR

THE PRESIDENT OF NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES IS INCLUDED IN THE COMPENSATION REVIEW OF NORTHSHORE UNIVERSITY HEALTHSYSTEM. A DETAILED COMPENSATION REVIEW OF THE TOP 15 EXECUTIVES, INCLUDING THE CHIEF EXECUTIVE OFFICER, IS CONDUCTED ANNUALLY.

MARKET DATA IS COLLECTED AND ASSESSED BY AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT WHO SPECIALIZES IN COMPENSATION CONSULTING WITHIN THE HEALTHCARE INDUSTRY. THE WORK PRODUCT FROM THIS STUDY IS REVIEWED SEPARATELY WITH BOARD-RETAINED LEGAL COUNSEL. MARKET DATA FOR BASE AND VARIABLE COMPENSATION IS ASSESSED ANNUALLY FOR LOCAL, REGIONAL AND NATIONAL HOSPITALS, INTEGRATED DELIVERY SYSTEMS, AND ACADEMIC MEDICAL CENTERS. A DETAILED TOTAL COMPENSATION MARKET REVIEW IS CONDUCTED EVERY TWO YEARS. THE MARKET ASSESSMENT INCLUDES ASSESSING JOB CONTENT IN ORDER TO MAKE APPROPRIATE MARKET DATA COMPARISONS. SPECIFIC RECOMMENDATIONS ARE THEN REVIEWED, DISCUSSED AND APPROVED AS APPROPRIATE WITH THE COMPENSATION COMMITTEE OF THE BOARD, IN SESSION WITH LEGAL COUNSEL PRESENT, IN ADVANCE OF IMPLEMENTATION.

A DETAILED COMPENSATION REVIEW OF THE 13 CLINICAL CHAIRS IS ALSO

Schedule J (Form 990) 2016

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CONDUCTED ANNUALLY. MARKET DATA IS COLLECTED AND ASSESSED BY AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT WHO SPECIALIZES IN COMPENSATION CONSULTING FOR PHYSICIANS WITHIN THE HEALTHCARE INDUSTRY. THE WORK PRODUCT FROM THIS STUDY IS REVIEWED SEPARATELY WITH BOARD-RETAINED LEGAL COUNSEL. MARKET COMPENSATION DATA FOR EACH PHYSICIAN'S SPECIALIZED AREA OF TRAINING IS ASSESSED ANNUALLY. A DETAILED TOTAL COMPENSATION AND FAIR MARKET VALUE REVIEW IS CONDUCTED EVERY TWO YEARS. SPECIFIC RECOMMENDATIONS ARE THEN REVIEWED, DISCUSSED AND APPROVED AS APPROPRIATE WITH THE COMPENSATION COMMITTEE OF THE BOARD, IN SESSION WITH LEGAL COUNSEL PRESENT, IN ADVANCE OF IMPLEMENTATION.

**PART I LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN**

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND ACCRUED THE FOLLOWING BENEFITS: JOSEPH GOLBUS, PRESIDENT, NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES - \$289,388, MARK R NEAMAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NORTHSHORE UNIVERSITY HEALTHSYSTEM - \$389,537.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I LINE 5 - COMPENSATION CONTINGENT ON REVENUES

CERTAIN PHYSICIANS RECEIVE BONUSES BASED ON A PERCENTAGE OF THEIR  
INDIVIDUAL COLLECTIONS. THE REVENUES ARE RECEIVED BY NORTHSHORE  
UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES.

## PART I LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS

CERTAIN PHYSICIANS RECEIVE BONUSES BASED ON THEIR INDIVIDUAL NET EARNINGS  
OR THE NET EARNINGS OF THEIR PRACTICE GROUP. THE NET EARNINGS ARE  
RECEIVED BY NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE  
ASSOCIATES.

## Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

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NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Employer identification number

36-3738206

**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

<b>2</b>	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . .	▶	\$	
<b>3</b>	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . .	▶	\$	

**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

[illegible]

### Grants or Assistance Benefiting Interested Persons.

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

Page **2****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) JACQUELINE D DAVID	FAMILY MBR - DR MAZZONE	165,400	EMPLOYMENT		X
(2) ROBERTA FRIGERIO	FAMILY MBR-DR MARAGANORE	112,368.	EMPLOYMENT		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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



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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

36-3738206

PART VI SECTION A LINE 2 - BUSINESS RELATIONSHIPS

THE FOLLOWING DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE EMPLOYEES OF  
NORTHSHORE UNIVERSITY HEALTHSYSTEM OR ITS RELATED ORGANIZATIONS AND HAVE  
A BUSINESS RELATIONSHIP: ILLHAM ALGAYED, JULIAN E BAILES, TYLER BAUER,  
MICHAEL S CAPLAN, ERVIN (WOODY) DENHAM, ROBERT R EDELMAN, KELLY EIDEN,  
ALAN B FRYDMAN, KATHLEEN GAFFNEY, JOSEPH GOLBUS, KAREN L KAUL, MORRIS S  
KHARASCH, DEBORAH L KIRKORSKY, JASON L KOH, PATRICIA LEONARD, DEMETRIUS  
(JIM) MARAGANORE, THEODORE MAZZONE, MICHAEL S MCGUIRE, FREDERICK E  
MILLER, MARK R NEAMAN, SHARON ROBINSON, JORGE SAUCEDO, BRIAN M SCHOEN,  
PAULINE SHIPLEY, RICHARD K SILVER, DAVID SOO, JOSEPH SZOKOL, CORY  
TABACHOW, MARK S TALAMONTI, KATHARINE YAO

THE FOLLOWING DIRECTORS AND OFFICERS ARE DIRECTORS OR OFFICERS OF  
NORTHSHORE PHYSICIAN ASSOCIATES, INC., A RELATED FOR-PROFIT CORPORATION,  
AND HAVE A BUSINESS RELATIONSHIP: MORRIS S KHARASCH, THEODORE MAZZONE,  
MARK R NEAMAN, BRIAN M SCHOEN, MARK S TALAMONTI

THE FOLLOWING DIRECTORS AND KEY EMPLOYEES ARE DIRECTORS OF NORTHSHORE  
PHYSICIAN ASSOCIATES VALUE BASED CARE, LLC, A RELATED FOR-PROFIT  
CORPORATION, AND HAVE A BUSINESS RELATIONSHIP: ERVIN (WOODY) DENHAM,  
KAREN L KAUL, DEBORAH L KIRKORSKY

PART VI SECTION A LINES 6 AND 7 - MEMBER OF GOVERNING BODY

THE SOLE MEMBER OF NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE

Name of the organization

Employer identification number

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

36-3738206

ASSOCIATES (FPA) IS NORTHSHORE UNIVERSITY HEALTHSYSTEM (NORTHSHORE), A NOT-FOR-PROFIT CORPORATION. THE BOARD OF DIRECTORS OF FPA IS APPOINTED BY NORTHSHORE. THE ELECTION OF THE FPA CHAIRMAN OF THE BOARD, THE VICE CHAIRMAN, AND THE PRESIDENT ARE ALSO SUBJECT TO THE APPROVAL OF NORTHSHORE. IN ADDITION, THE COMPENSATION OF THE FPA OFFICERS MUST BE APPROVED BY NORTHSHORE. ANY AMENDMENTS TO THE FPA BYLAWS MUST ALSO BE APPROVED BY NORTHSHORE.

## PART VI SECTION A LINE 11B - REVIEW OF FORM 990

THE NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES FORM 990 WAS REVIEWED BY EXECUTIVE MANAGEMENT AND AN OUTSIDE ACCOUNTING FIRM PRIOR TO FILING.

## PART VI SECTION B LINE 12C - CONFLICT OF INTEREST POLICY ENFORCEMENT

NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES FOLLOWS THE CONFLICT OF INTEREST POLICY AND PROCEDURES OF NORTHSHORE UNIVERSITY HEALTHSYSTEM. ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REPORT ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST AS THEY ARISE, PROMPTLY AND IN WRITING, TO THE CHIEF COMPLIANCE OFFICER. IN ADDITION, ON AN ANNUAL BASIS, THE CHIEF COMPLIANCE OFFICER REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO COMPLETE, SIGN AND RETURN A CONFLICT OF INTEREST DISCLOSURE STATEMENT REQUIRING INFORMATION ABOUT ANY AND ALL POTENTIAL OR ACTUAL CONFLICTS. TIMELY AND ACCURATE COMPLETION OF THE STATEMENT IS MANDATORY, AND COMPLETED STATEMENTS MUST BE RETURNED TO THE CHIEF COMPLIANCE OFFICER WITHIN 15 DAYS. ANY DISCLOSURES INCLUDED ON THE STATEMENTS ARE REVIEWED AND ACTED UPON AS NECESSARY BY THE CHIEF

Name of the organization

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Employer identification number

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COMPLIANCE OFFICER AND THE CORPORATE COMPLIANCE COMMITTEE.

PART VI SECTION B LINE 15A AND B - DETERMINATION OF COMPENSATION

THE PRESIDENT AND OFFICERS OF NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES ARE INCLUDED IN THE COMPENSATION REVIEW OF NORTHSHORE UNIVERSITY HEALTHSYSTEM. A DETAILED COMPENSATION REVIEW OF THE TOP 15 EXECUTIVES, INCLUDING THE CHIEF EXECUTIVE OFFICER, IS CONDUCTED ANNUALLY.

MARKET DATA IS COLLECTED AND ASSESSED BY AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT WHO SPECIALIZES IN COMPENSATION CONSULTING WITHIN THE HEALTHCARE INDUSTRY. THE WORK PRODUCT FROM THIS STUDY IS REVIEWED SEPARATELY WITH BOARD-RETAINED LEGAL COUNSEL. MARKET DATA FOR BASE AND VARIABLE COMPENSATION IS ASSESSED ANNUALLY FOR LOCAL, REGIONAL AND NATIONAL HOSPITALS, INTEGRATED DELIVERY SYSTEMS, AND ACADEMIC MEDICAL CENTERS. A DETAILED TOTAL COMPENSATION MARKET REVIEW IS CONDUCTED EVERY TWO YEARS. THE MARKET ASSESSMENT INCLUDES ASSESSING JOB CONTENT IN ORDER TO MAKE APPROPRIATE MARKET DATA COMPARISONS. SPECIFIC RECOMMENDATIONS ARE THEN REVIEWED, DISCUSSED AND APPROVED AS APPROPRIATE WITH THE COMPENSATION COMMITTEE OF THE BOARD, IN SESSION WITH LEGAL COUNSEL PRESENT, IN ADVANCE OF IMPLEMENTATION.

A DETAILED COMPENSATION REVIEW OF THE 13 CLINICAL CHAIRS IS ALSO CONDUCTED ANNUALLY. MARKET DATA IS COLLECTED AND ASSESSED BY AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT WHO SPECIALIZES IN COMPENSATION CONSULTING FOR PHYSICIANS WITHIN THE HEALTHCARE INDUSTRY. THE WORK PRODUCT FROM THIS STUDY IS REVIEWED SEPARATELY WITH BOARD-RETAINED LEGAL COUNSEL. MARKET COMPENSATION DATA FOR EACH PHYSICIAN'S SPECIALIZED AREA

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OF TRAINING IS ASSESSED ANNUALLY. A DETAILED TOTAL COMPENSATION AND FAIR MARKET VALUE REVIEW IS CONDUCTED EVERY TWO YEARS. SPECIFIC RECOMMENDATIONS ARE THEN REVIEWED, DISCUSSED AND APPROVED AS APPROPRIATE WITH THE COMPENSATION COMMITTEE OF THE BOARD, IN SESSION WITH LEGAL COUNSEL PRESENT, IN ADVANCE OF IMPLEMENTATION.

## PART VI SECTION C LINE 19 - PUBLIC DISCLOSURE OF DOCUMENTS

THE NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES (FPA) GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FPA FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC THROUGH THE ILLINOIS ATTORNEY GENERAL'S OFFICE WEBSITE AS PART OF THE STATE TAX RETURN FILINGS.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES FOLLOWS THE MISSION OF NORTHSHORE UNIVERSITY HEALTHSYSTEM (NORTHSHORE). THE CORE MISSION OF NORTHSHORE IS TO "PRESERVE AND IMPROVE HUMAN LIFE." THIS MISSION WILL BE ACHIEVED THROUGH THE PROVISION OF SUPERIOR CLINICAL CARE, ACADEMIC EXCELLENCE, AND INNOVATIVE RESEARCH.

NORTHSHORE IS A NOT-FOR-PROFIT ORGANIZATION PRINCIPALLY FORMED TO PROVIDE QUALITY HEALTHCARE SERVICES FOR THE COMMUNITIES IT SERVES. THE DELIVERY OF HEALTHCARE SERVICES IS PROVIDED IN A WIDE RANGE OF INPATIENT AND AMBULATORY HEALTHCARE SETTINGS, COMMUNITY-WIDE, EMPLOYING MODERN TECHNOLOGY AND EXPERTISE. SUPPORT FOR QUALIFIED PATIENTS WHO MAY NOT BE ABLE TO PAY THE ENTIRE COST OF THEIR CARE IS

Name of the organization

Employer identification number

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

A PART OF THE ORGANIZATION'S COMMITMENT. IN SUPPORT OF ITS PRIMARY MISSION OF PATIENT CARE, THE ORGANIZATION ENGAGES IN A WIDE RANGE OF ACADEMIC ACTIVITIES IN MEDICAL EDUCATION AND RESEARCH.

THIS STATEMENT RECOGNIZES THE BOARD OF DIRECTORS' RESPONSIBILITY TO MAINTAIN THE ORGANIZATION'S VIABILITY TO MEET ITS LONG-TERM COMMITMENT TO THE COMMUNITIES IT SERVES. IT FURTHER RECOGNIZES THE RESPONSIBILITY TO MAINTAIN TECHNOLOGICALLY CURRENT ASSETS FOR THIS PURPOSE. THIS INCLUDES THE CULTIVATION AND DEVELOPMENT OF OUR PHYSICIANS, GRADUATE MEDICAL STUDENTS, EMPLOYEES, PHYSICAL PLANT, EQUIPMENT AND OTHER RESOURCES TO ASSURE ORDERLY GROWTH OF OUR SERVICES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PATIENT CARE - NORTHSHORE UNIVERSITY HEALTHSYSTEM FACULTY PRACTICE ASSOCIATES (FPA) IS BEING OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. FPA CONDUCTS HEALTH CARE AND HEALTH CARE RELATED ACTIVITIES WHICH SUPPORT AND BENEFIT THE OPERATION OF NORTHSHORE UNIVERSITY HEALTHSYSTEM (NORTHSHORE). NORTHSHORE IS A COMPREHENSIVE, FULLY INTEGRATED, HEALTHCARE DELIVERY SYSTEM THAT SERVES THE CHICAGO REGION. NORTHSHORE INCLUDES FOUR HOSPITALS: EVANSTON HOSPITAL, GLENBROOK HOSPITAL, HIGHLAND PARK HOSPITAL, AND SKOKIE HOSPITAL. NORTHSHORE IS THE

Name of the organization

Employer identification number

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

36-3738206

ATTACHMENT 2 (CONT'D)

SOLE CORPORATE MEMBER OF FPA, AND THE NORTHSHORE PRESIDENT AND CHIEF EXECUTIVE OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS OF FPA.

IN ORDER TO INCREASE THE EFFICIENCY AND QUALITY OF HEALTH CARE NORTHSHORE PROVIDES, FPA WAS ORGANIZED TO SERVE AS AN INTEGRAL PART OF ITS HEALTH CARE MISSION AND ACTIVITIES. FPA REPRESENTS MORE THAN 900 PHYSICIANS WITH OVER 130 OFFICES IN VIRTUALLY EVERY SPECIALTY ALL ON STAFF AT THE HOSPITALS OF NORTHSHORE. FPA PHYSICIANS PROVIDE PROFESSIONAL HEALTH CARE SERVICES FOR PATIENTS OF NORTHSHORE, AS WELL AS CONDUCT MEDICAL EDUCATION AND RESEARCH ACTIVITIES ON BEHALF OF NORTHSHORE.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CONIFER HEALTH SOLUTIONS 2960 PROFESSIONAL DRIVE SPRINGFIELD, IL 62703	PATIENT BILLING SVCS	21,295,006.
STERICYCLE COMM SOLUTIONS INC 26604 NETWORK PLACE CHICAGO, IL 60673	ANSWERING SERVICES	408,688.
UPTODATE INC 230 THIRD AVENUE WALTHAM, MA 02451	INFO TECH SERVICES	287,501.
OPTUMINSIGHT PO BOX 84019 CHICAGO, IL 60659	CLAIMS MGMT SERVICES	279,878.
ARAMARK MANAGEMENT SERVICES 27310 NETWORK PLACE	FACILITIES/DIET MGMT	265,116.

Name of the organization

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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

CHICAGO, IL 60673

NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

36-3738206

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Related Organizations and Unrelated Partnerships**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37  
▶ Attach to Form 990▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2016**Open to Public  
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NORTHSHORE UNIVERSITY HEALTHSYSTEM F.P.A.

Employer identification number  
36-3738206**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTHSHORE UNIVERSITY HEALTHSYSTEM 36-2167060 1301 CENTRAL STREET EVANSTON, IL 60201	HEALTHCARE	IL	501(C)(3)	3	N/A		X
(2) RADIATION MEDICINE INSTITUTE 36-3815543 1301 CENTRAL STREET EVANSTON, IL 60201	HEALTHCARE	IL	501(C)(3)	12 TYPE I ✓	NORTHSHORE	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016



**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) RAVINE WAY LLC 20-1245279 2401 RAVINE GLENVIEW, IL 60025	HEALTHCARE	IL	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(2) HPMOB LIMITED PTR 36-3497502 1301 CENTRAL EVANSTON, IL 60201	HEALTHCARE	IL	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTHSHORE PHYSICIAN ASSOCIATES, INC 36-3648026 1301 CENTRAL STREET EVANSTON, IL 60201	HEALTHCARE	IL	NORTHSHORE FPA	C CORP	0	7,969,375	100.0000		X
(2) COMMUNITY CARE PARTNERS LLC 47-1374487 1301 CENTRAL STREET EVANSTON, IL 60201	HEALTHCARE	IL	NPA	C CORP	-2,113,355	0	100.0000		X
(3) NPA VALUE BASED CARE LLC 82-2268872 1301 CENTRAL STREET EVANSTON, IL 60201	HEALTHCARE	IL	NPA	C CORP	0	0	100.0000		X
(4) NORTHSHORE INSURANCE INTERNATIONAL 98-0419452 GOVERNORS SQ BLDG 4 GRAND CAYMAN, CJ	INSURANCE	CJ	N/A	C CORP	N/A	N/A	N/A		X
(5)									
(6)									
(7)									

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHSHORE UNIVERSITY HEALTHSYSTEM	B	5,741,616.	FMV
(2) NORTHSHORE UNIVERSITY HEALTHSYSTEM	C	92,708,723.	FMV
(3) NORTHSHORE UNIVERSITY HEALTHSYSTEM	K	22,633,759. ✓	FMV
(4) NORTHSHORE UNIVERSITY HEALTHSYSTEM	P	22,624,849.	COST
(5) NORTHSHORE UNIVERSITY HEALTHSYSTEM	Q	60,316,839.	COST
(6) NORTHSHORE UNIVERSITY HEALTHSYSTEM	R	430,961,099.	FMV

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHSHORE UNIVERSITY HEALTHSYSTEM	S	415,029,727.	FMV
(2) NORTHSHORE PHYSICIAN ASSOCIATES INC	S	34,315,140.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.