

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, **and ending** , 20

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

C Name of organization THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE
 Doing business as CENTER FOR TRANSFORMING HEALTHCARE
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE RENAISSANCE BLVD
 City or town, state or province, country, and ZIP or foreign postal code
OAKBROOK TERRACE, IL 60181

D Employer identification number
26-3020947

E Telephone number
(630) 792-5000

F Name and address of principal officer: DR. MARK CHASSIN
SAME AS C ABOVE

G Gross receipts \$ 8,907,253

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

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

J Website: ▶ WWW.CENTERFORTRANSFORMINGHEALTHCARE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2008

M State of legal domicile: IL

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE CENTER FOR TRANSFORMING HEALTHCARE'S (THE CENTER) MISSION IS TO PERFORM THE FUNCTIONS OF AND TO SUPPORT THE MISSION OF (CONTINUED ON SCHEDULE O)</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>5</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>3</u>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 <u>23</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>3</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a <u>0</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>0</u> Current Year <u>0</u>
	9	Program service revenue (Part VIII, line 2g)	<u>1,244,213</u> <u>749,342</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,846,810</u> <u>1,643,439</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u> <u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,091,023</u> <u>2,392,781</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u> <u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>3,373,346</u> <u>3,284,648</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u> <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>2,782,125</u> <u>2,419,697</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>6,155,471</u> <u>5,704,345</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(3,064,448)</u> <u>(3,311,564)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>49,358,429</u> End of Year <u>41,996,069</u>
	21	Total liabilities (Part X, line 26)	<u>826,987</u> <u>727,693</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>48,531,442</u> <u>41,268,376</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: PAIGE RODGERS, CFO/TREASURER Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RACHEL SPURLOCK Preparer's signature: _____ Date: 11/15/2021 Check if self-employed PTIN: P00520729
 Firm's name: ▶ CROWE LLP Firm's EIN: ▶ 35-0921680
 Firm's address: ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no.: (312) 899-7000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
THE CENTER FOR TRANSFORMING HEALTHCARE WAS ESTABLISHED TO SOLVE THE MOST PRESSING QUALITY AND SAFETY PROBLEMS THAT ARE PREVALENT IN HEALTH CARE TODAY. (SEE SCHEDULE O FOR CONTINUATION).

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 \$ 3,475,928 including grants of \$) (Revenue \$ 1,000)
QUALITY OF CARE/PATIENT SAFETY - THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE WORKS WITH A NETWORK OF LEADING HOSPITALS AND HEALTH SYSTEMS TO DEVELOP SOLUTIONS TO THE MOST PRESSING QUALITY AND SAFETY PROBLEMS FACING HEALTH CARE ORGANIZATIONS TODAY. THESE HOSPITALS AND HEALTH SYSTEMS HAVE A COMMITMENT AND COMPETENCY IN APPLYING ROBUST PROCESS IMPROVEMENT (RPI) METHODS AND TOOLS TO IMPROVE HEALTH CARE QUALITY AND PATIENT SAFETY. THESE METHODS INCLUDE LEAN SIX SIGMA AND CHANGE MANAGEMENT TOOLS TO ACHIEVE HIGH RELIABILITY. SOLUTIONS AND TOOLS DEVELOPED AS A RESULT OF THESE PROJECTS ARE AVAILABLE AT NO CHARGE TO JOINT COMMISSION-ACCREDITED ORGANIZATIONS.

THERE ARE THIRTEEN PROJECTS UNDER THIS PROGRAM:

1) HAND HYGIENE PROJECT FOR IMPROVING PATIENT SAFETY TO LIMIT HOSPITAL ACQUIRED INFECTIONS THROUGH THE INCREASED USE OF HAND HYGIENE TECHNIQUES.
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 897,435 including grants of \$) (Revenue \$ 748,342)
PATIENT SAFETY & QUALITY PROGRAM (HIGH RELIABILITY HEALTH CARE) - HIGH RELIABILITY HEALTH CARE REFERS TO PATIENT CARE THAT IS CONSISTENTLY EXCELLENT AND SAFE OVER LONG PERIODS ACROSS ALL SERVICES AND SETTINGS. THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTH CARE DEVELOPED THE ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT TO HELP HOSPITALS REFLECT ON 14 AREAS OF PERFORMANCE THAT ARE CRITICAL ASPECTS OF THE HIGH RELIABILITY JOURNEY, INCLUDING LEADERSHIP COMMITMENT TO ACHIEVING THE ULTIMATE GOAL OF ZERO PATIENT HARM, ACTING ON THIS COMMITMENT BY EMBEDDING A FULLY FUNCTIONAL CULTURE OF SAFETY THROUGHOUT THE ORGANIZATION, AND PROMOTING WIDESPREAD DEPLOYMENT OF HIGHLY EFFECTIVE PROCESS IMPROVEMENT TOOLS. ORO 2.0 ALLOWS SENIOR LEADERS IN A HOSPITAL TO SELF-ASSESS THEIR STAGE OF MATURITY IN 14 AREAS OF PERFORMANCE THAT ARE CRITICAL FOR ADVANCING FROM LOW TO HIGH RELIABILITY AND THE GOAL OF ZERO PREVENTABLE HARM THROUGH A SERIES OF COMPREHENSIVE REPORTS THAT PROVIDE IMPORTANT INFORMATION ABOUT ORGANIZATIONAL STRENGTHS, GROWTH OPPORTUNITIES, AND TARGET
(CONTINUED ON SCHEDULE O)

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

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

4e Total program service expenses **4,373,363**

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

		Yes	No
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 23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		✓
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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
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?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		✓

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ►
PAIGE RODGERS, ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181, (630) 792-5685

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

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

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

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

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

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

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

(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) MARK R. CHASSIN, MD, FACP, MPP, MPH PRESIDENT & BOARD MEMBER	2.0 38.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) PAIGE RODGERS, CPA TREASURER & CHIEF FINANCIAL OFFICER	1.0 39.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) LISA DIEHL VANDECAVEYE, JD, HRM, FACHE SECRETARY & GENERAL COUNSEL	2.0 38.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) ANNE MARIE BENEDICTO, MPP, MPH VICE PRESIDENT	39.0 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) JOHN CULLINAN DIR DATA ANALYSIS & APPLICATIONS	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) KLAUS NETHER EXEC DIR HIGH RELIABILITY PRODUCT DELIVERY	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) DAWN ALLBEE EXEC DIR CUSTOMER ENGAGEMENT	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) ANNE MARIE J. KILPATRICK CENTER BLACK BELT CLINICAL II	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) LORI B. HANNON CENTER ASSOC DIRECTOR BUSINESS DEVELOPMENT	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) DAVID PERROTT, DDS, MD, MBA, FACS CHAIR	1.0 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(11) JANE D. ENGLEBRIGHT, PHD, RN, CENP, FAAN DIRECTOR	1.0 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) ERIC LANGSHUR DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(13) NAJMEDIN MESHKATI, PHD DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(14)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
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 **▶** 13

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

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
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181	SHARED SERVICES FEE	1,008,491
FLEISHMAN-HILLARD INC., 200 N. BROADWAYST, ST. LOUIS, MO 63102	CONSULTING SERVICES- MARKETING	816,568
COGNIZANT TECHNOLOGY SOLUTIONS, 24721 NETWORK PLACE, CHICAGO, IL 60673	IT CONSULTING	153,680

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above					
	1g	Noncash contributions included in lines 1a-1f	\$				
	1g						
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	FEE FOR SERVICES	611430	748,342	748,342		
	b	HONORARIUM	900099	1,000	1,000		
	c						
	d						
	e						
	f	All other program service revenue				0	
	g	Total. Add lines 2a-2f ▶		749,342			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		819,439		819,439	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7,338,472			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	6,514,472				
	7c	Gain or (loss)	824,000				
	d	Net gain or (loss) ▶		824,000		824,000	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	8b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances	10a					
10b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue				0	
	e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions ▶		2,392,781	749,342		1,643,439	

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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,680,844	2,153,759	527,085	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,715		20,715	
9	Other employee benefits	394,393	321,098	73,295	
10	Payroll taxes	188,696	156,964	31,732	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	4,950		4,950	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,648,790	1,054,379	594,411	0
12	Advertising and promotion	247,575	247,575		
13	Office expenses	75,814	56,485	19,329	
14	Information technology				
15	Royalties				
16	Occupancy	67,729	51,474	16,255	
17	Travel	18,767	17,518	1,249	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,983		1,983	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	339,690	299,712	39,978	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUNDRY EXPENSES	14,399	14,399		
b	-----				
c	-----				
d	-----				
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	5,704,345	4,373,363	1,330,982	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,395,184	1	2,042,851
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,857,736	4	84,332
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,901	9	27,694
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,070,394		
	b Less: accumulated depreciation	10b 2,256,073	865,322	10c 814,321
	11 Investments—publicly traded securities	34,972,987	11	32,014,351
	12 Investments—other securities. See Part IV, line 11	7,244,299	12	7,012,520
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,358,429	16	41,996,069	
Liabilities	17 Accounts payable and accrued expenses	514,764	17	362,291
	18 Grants payable		18	
	19 Deferred revenue	312,223	19	365,402
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	826,987	26	727,693
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,935,615	27	30,755,666
	28 Net assets with donor restrictions	10,595,827	28	10,512,710
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	48,531,442	32	41,268,376	
33 Total liabilities and net assets/fund balances	49,358,429	33	41,996,069	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,392,781
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,704,345
3	Revenue less expenses. Subtract line 2 from line 1	3	(3,311,564)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,531,442
5	Net unrealized gains (losses) on investments	5	(301,502)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(3,650,000)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,268,376

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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 on Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	Employer identification number 26-3020947
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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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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		
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1** 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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) 2020

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.)

Return Reference - Identifier	Explanation
<p>SCHEDULE A, PART I, LINE 12 - TYPE 1</p>	<p>THE BOARD OF DIRECTORS OF THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE (THE CENTER), A CORPORATION ORGANIZED UNDER THE LAWS OF ILLINOIS, DULY ADOPTED THE FOLLOWING RESOLUTION AT ITS REGULARLY SCHEDULED MEETING ON THE 21ST DAY OF OCTOBER, 2015 WHERE A QUORUM WAS PRESENT AND PARTICIPATING THROUGHOUT AND THAT SUCH RESOLUTION IS IN FULL FORCE AND EFFECT:</p> <p>WHEREAS, THE CENTER APPLIED FOR AND RECEIVED TAX EXEMPT STATUS IN 2008 UNDER SECTION 501(C)(3) OF THE IRS CODE AND ALSO RECEIVED RECOGNITION AS A PUBLIC CHARITY UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRS CODE.</p> <p>WHEREAS, AT ITS CURRENT LEVEL AND TYPE OF FUNDING STARTING IN 2015, WHILE THE CENTER MAY CONTINUE TO MAINTAIN ITS 501(C)(3) STATUS IT WILL NO LONGER QUALIFY AS A PUBLIC CHARITY UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRS CODE.</p> <p>WHEREAS, IN REVIEW OF THE OTHER AVAILABLE PUBLIC CHARITY CLASSIFICATIONS, AND IN LIGHT OF THE CENTER'S STRONG RELATIONSHIP AND SUPPORT OF THE CHARITABLE MISSION OF THE JOINT COMMISSION, ITS SOLE CORPORATE MEMBER, THE BOARD HAS DETERMINED THAT THE MOST APPROPRIATE OPTION FOR THE CENTER IS TO BE DESIGNATED AS 509(A)(3) SUPPORTING ORGANIZATION.</p> <p>WHEREAS, THE CENTER, AS A SUPPORTING ORGANIZATION, WILL CONTINUE TO BE ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES AS DESCRIBED IN SECTION 501(C)(3) BUT WILL NOW ALSO BE ORGANIZED AND OPERATED EXCLUSIVELY TO SUPPORT THE JOINT COMMISSION. THE CENTER'S ARTICLES OF INCORPORATION AND BYLAWS CHANGED TO ADD A PROVISION TO THE FOLLOWING: "THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE SHALL OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF AND TO CARRY OUT THE PURPOSES OF THE JOINT COMMISSION, AN ILLINOIS NOT FOR PROFIT CORPORATION, DURING ITS EXISTENCE AND PROVIDED IT IS AND REMAINS QUALIFIED AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986 (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW) (THE "CODE") AND A PUBLIC CHARITY WITHIN THE MEANING OF SECTION 509(A)(1) OR 509(A)(2) OF THE CODE".</p>

Part I

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.)

Part I Line 12g. **Information about the supported organization(s).** (continued)

(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		
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	36-2229255	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		0	0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE; Employer identification number: 26-3020947

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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 make significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

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

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	41,132,986	39,211,789	41,419,118	39,606,407	38,721,173
b Contributions				0	
c Net investment earnings, gains, and losses	(301,502)	1,921,197	(2,207,329)	1,812,711	885,234
d Grants or scholarships					
e Other expenditures for facilities and programs	3,650,000				
f Administrative expenses					
g End of year balance	37,181,484	41,132,986	39,211,789	41,419,118	39,606,407

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

- a** Board designated or quasi-endowment ▶ 71.73 %
- b** Permanent endowment ▶ 28.27 %
- c** Term 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:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		33,462	3,508	29,954
c Leasehold improvements				
d Equipment		3,036,932	2,252,565	784,367
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				814,321

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	7,012,520	END OF YEAR MARKET VALUE
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	7,012,520	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RETURN OF NET ASSETS TO PARENT CO - THE JOINT COMMISSION EIN 36-2229255	3,650,000

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE CENTER WILL RELY ON THESE ENDOWMENT FUNDS AND ITS INVESTMENT EARNINGS TO PARTIALLY FINANCE ITS PROJECTS AND ENGAGE IN THE DISSEMINATION OF THE KNOWLEDGE GAINED.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE JOINT COMMISSION AND ITS AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE JOINT COMMISSION AND ITS AFFILIATES ARE SUBJECT TO INCOME TAXES ON INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME.</p> <p>THE JOINT COMMISSION CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740 10, INCOME TAXES - OVERALL. AS OF DECEMBER 31, 2020 AND 2019, THE JOINT COMMISSION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.</p> <p>THE JOINT COMMISSION AND EACH OF ITS AFFILIATES HAVE BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS UNDER SECTION 170(C). THE CENTER IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSE OF THE JOINT COMMISSION UNDER IRC SECTION 509(A)(3).</p> <p>BOTH THE JOINT COMMISSION AND JCR ARE ORGANIZATIONS THAT NORMALLY RECEIVE MORE THAN 33 1/3% OF THEIR SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS AND NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME UNDER IRC SECTION 509(A)(2).</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE

Employer identification number

26-3020947

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax 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) </p>		
<p>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</p>	✓	
<p>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?</p>	✓	
<p>3 Indicate which, if any, of the following the 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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	✓	
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	✓	
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p>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:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p>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</p>		✓
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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				
1 MARK R. CHASSIN, MD, FACP, MPP, MPH PRESIDENT & BOARD MEMBER	(i)							
	(ii)							
2 PAIGE RODGERS, CPA TREASURER & CHIEF FINANCIAL OFFICER	(i)							
	(ii)							
3 LISA DIEHL VANDECAVEYE, JD, HRM, FACHE SECRETARY & GENERAL COUNSEL	(i)							
	(ii)							
4 ANNE MARIE BENEDICTO, MPP, MPH VICE PRESIDENT	(i)							
	(ii)							
5 JOHN CULLINAN DIR DATA ANALYSIS & APPLICATIONS	(i)							
	(ii)							
6 KLAUS NETHER EXEC DIR HIGH RELIABILITY PRODUCT DELIVERY	(i)							
	(ii)							
7 DAWN ALLBEE EXEC DIR CUSTOMER ENGAGEMENT	(i)							
	(ii)							
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)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	THE CENTER BOARD TRAVEL POLICY PERMITS REIMBURSEMENT FOR THE PURCHASE OF UPGRADE COUPONS FOR FIRST-CLASS AIR TRAVEL. THE CENTER'S STAFF TRAVEL POLICY PERMITS STAFF TO FLY BUSINESS CLASS ON INTERNATIONAL FLIGHTS, EXCLUDING EUROPE. FIRST CLASS TRAVEL BENEFITS ARE NOT TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSON.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>THE CENTER FOR TRANSFORMING HEALTHCARE RELIES ON THE PROCESS OF THE JOINT COMMISSION (A RELATED ORGANIZATION) FOR APPROVAL OF TOP MANAGEMENT OFFICIALS' COMPENSATION.</p> <p>THE TOP MANAGEMENT OFFICIALS' COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. THE JOINT COMMISSION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIALS. IN SETTING THE TOP MANAGEMENT OFFICIALS' COMPENSATION, THE ORGANIZATIONS' HUMAN RESOURCES AND COMPENSATION COMMITTEES RELY ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR COMPARABLE POSITIONS IN OTHER ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS. THE JOINT COMMISSION'S HUMAN RESOURCES AND COMPENSATION COMMITTEES ADEQUATELY DOCUMENT ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN ITS COMMITTEE MINUTES ON A TIMELY BASIS. EACH COMMITTEE MEMBER HAS BEEN DETERMINED TO BE INDEPENDENT IN ACCORDANCE WITH INTERMEDIATE SANCTIONS REGULATIONS AND SIGNS THE BOARD'S CONFLICT OF INTEREST POLICY ANNUALLY TO INSURE THAT HE OR SHE IS INDEPENDENT. THE BOARD ENGAGES IN AN ACTIVE REVIEW OF THE COMPENSATION RECOMMENDED BY THE COMMITTEE. IN ADDITION, THE BOARD CONDUCTS AN ANNUAL EVALUATION OF THE TOP MANAGEMENT OFFICIALS.</p> <p>THE PROCESS FOR DETERMINING THE ORGANIZATIONS' TOP MANAGEMENT OFFICIALS' COMPENSATION IS UNDERTAKEN ANNUALLY IN APRIL FOR DR. CHASSIN-PRESIDENT; PAIGE RODGERS-TREASURER & CHIEF FINANCIAL OFFICER; ANNE MARIE BENEDICTO-VP, AND LISA DIEHL VANDECAVEYE-SECRETARY & GENERAL COUNSEL.</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE CENTER MADE PAYMENTS PURSUANT TO AN AGREEMENT IN CONNECTION WITH STAFF SEPARATIONS. THESE PAYMENTS WERE TREATED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II COLUMN (B)(III), OTHER REPORTABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	ALL OFFICERS ARE ALLOWED TO PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL DEFINED BENEFIT RETIREMENT PLAN UNDER THE JOINT COMMISSION, A RELATED ORGANIZATION. THE INCREASES IN THE VALUE OF THE PLAN DURING THE YEAR ARE REFLECTED IN COLUMN C DEFERRED COMPENSATION ON SCHEDULE J.

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

Department of Treasury Internal
Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE

Employer Identification Number
26-3020947

Return Reference - Identifier	Explanation
COVID-19 IMPACT -	<p>IN MARCH 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE OUTBREAK OF A CORONAVIRUS TO BE A PANDEMIC. IN THAT SAME MONTH, THE UNITED STATES OF AMERICA DECLARED A NATIONAL PUBLIC HEALTH EMERGENCY CONCERNING THE COVID-19 OUTBREAK. CONSEQUENTLY, THE JOINT COMMISSION ENTERPRISE SUSPENDED ALL ON-SITE CUSTOMER ENGAGEMENTS. SHORTLY THEREAFTER, VIRTUAL ENGAGEMENT MODELS WERE CREATED FOR ACCREDITATION, CERTIFICATION, EDUCATION, CONSULTATIVE TECHNICAL ASSISTANCE, AND HIGH RELIABILITY TRAINING ACTIVITIES; THESE MODELS OF SERVICE DELIVERY BEGAN TO ROLL OUT IN MAY, INCREASING IN VOLUME OVER THE COURSE OF THE YEAR. IN JUNE, ON-SITE ENGAGEMENTS WERE RESTARTED AND CONTINUED THROUGH YEAR-END ON A LIMITED BASIS. IN ADDITION, THE JOINT COMMISSION ENTERPRISE AGGRESSIVELY REDUCED COSTS TO MITIGATE THE IMPACT OF LOST ON-SITE REVENUES. DESPITE THESE MEASURES, THE PANDEMIC RESULTED IN A SIGNIFICANT OPERATING DEFICIT IN 2020.</p> <p>THE COVID-19 PANDEMIC HAD A SIGNIFICANT IMPACT ON THE CENTER'S OPERATIONS IN 2020. IN LATE 2020, VACCINES WERE MADE AVAILABLE TO THE GENERAL PUBLIC IN THE US; HOWEVER, IT WILL TAKE TIME FOR THE VACCINES TO MATERIALLY AFFECT THE SPREAD OF THE VIRUS AND THE OUTBREAK COULD HAVE A CONTINUED ADVERSE IMPACT ON THE ORGANIZATION. THE CENTER RESPONDED TO THE PANDEMIC'S IMPACT ON 2020 REVENUES BY AGGRESSIVELY REDUCING COSTS. IN ADDITION, IN RECOGNITION OF ONGOING UNCERTAINTY SURROUNDING THE LENGTH OF THE PANDEMIC, THE CENTER BOARD AUTHORIZED THE WITHDRAWAL OF \$3.65 MILLION IN BOARD-DESIGNATED ENDOWMENT FUNDS TO FURTHER STRENGTHEN CENTER OPERATIONS.</p>
FORM 990, PART I, LINE 1 - BRIEF MISSION	<p>THE JOINT COMMISSION, A RELATED TAX-EXEMPT ORGANIZATION. THE CENTER'S PROGRAMS ARE DEDICATED TO TRANSFORMING HEALTH CARE INTO A HIGH-RELIABILITY INDUSTRY BY DEVELOPING HIGHLY EFFECTIVE, DURABLE SOLUTIONS TO HEALTH CARE'S MOST CRITICAL SAFETY AND QUALITY PROBLEMS IN COLLABORATION WITH HEALTH CARE ORGANIZATIONS, BY DISSEMINATING THE SOLUTIONS WIDELY, AND BY FACILITATING THEIR ADOPTION.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION - CONTINUATION 1 OF 3</p>	<p>THESE PROBLEMS THREATEN LIVES AND INCREASE COSTS. WORKING WITH A CADRE OF LEADING HOSPITALS AND HEALTH SYSTEMS, THE CENTER DEVELOPS SOLUTIONS TO THESE PROBLEMS THROUGH THE APPLICATION OF METHODS SUCH AS LEAN SIX SIGMA AND FORMAL CHANGE MANAGEMENT. THE LEADING HOSPITALS AND HEALTH SYSTEMS IN THE CENTER'S NETWORK HAVE SIGNIFICANT EXPERTISE IN THE APPLICATION OF THESE METHODS AND TOOLS TO HEALTH CARE. ULTIMATELY, THE GOAL OF THE CENTER IS TO TRANSFORM HEALTH CARE INTO A HIGH RELIABILITY INDUSTRY.</p> <p>ONCE SOLUTIONS ARE DEVELOPED THROUGH THIS COLLABORATIVE METHOD, THEY ARE MADE PUBLICLY AVAILABLE THROUGH THE CENTER'S WEBSITE. SOLUTIONS FOR SPECIFIC UNSAFE CONDITIONS ARE ALSO AVAILABLE THROUGH THE TARGETED SOLUTIONS TOOL (TST). THE TST IS A WEB-BASED TOOL THAT HELPS JOINT COMMISSION-ACCREDITED HEALTH CARE ORGANIZATIONS MEASURE THEIR OWN PERFORMANCE AND CUSTOMIZE SOLUTIONS TO ADDRESS THE CONTRIBUTING FACTORS THAT UNDERLIE THEIR OWN BREAKDOWNS IN QUALITY AND SAFETY. THE CENTER CURRENTLY OPERATES FIVE TSTS: ON HAND HYGIENE, IMPROVING HAND-OFF COMMUNICATIONS, SAFE SURGERY, PREVENTING FALLS WITH INJURY AND REDUCING SEPSIS MORTALITY. THE TSTS ARE BASED ON THE CENTER PROJECT WORK, DESCRIBED IN MORE DETAIL BELOW.</p> <p>THE CENTER'S FIRST PROJECT WAS ON HAND HYGIENE. HAND HYGIENE IS CRITICALLY IMPORTANT TO SAFE, HIGH QUALITY PATIENT CARE. UNFORTUNATELY, MANY INFECTIONS ARE TRANSMITTED BY HEALTH CARE PERSONNEL DUE TO POOR HAND HYGIENE. THE TST PROVIDES THE FOUNDATION AND FRAMEWORK OF AN IMPROVEMENT METHOD THAT, IF IMPLEMENTED WELL, WILL IMPROVE AN ORGANIZATION'S HAND HYGIENE COMPLIANCE AND CONTRIBUTE SUBSTANTIALLY TO ITS EFFORTS TO REDUCE THE FREQUENCY OF HEALTH CARE-ASSOCIATED INFECTIONS. THE ORGANIZATIONS WHO HAVE IMPLEMENTED THE HAND HYGIENE SOLUTIONS FROM THE CENTER'S WORK HAVE ACHIEVED AND CONTINUE TO SHOW MAJOR AND SUSTAINED GAINS IN HAND HYGIENE COMPLIANCE. AT THE START OF THE PROJECT IN DECEMBER 2008, THE RATE OF HAND HYGIENE COMPLIANCE IN THE PARTICIPATING HOSPITALS AVERAGED 48 PERCENT. BY JUNE 2010 THESE HOSPITALS INCREASED THEIR RATE OF COMPLIANCE TO AN AVERAGE OF 81 PERCENT THAT HAS BEEN SUSTAINED. ORGANIZATIONS WHO USE THE HAND HYGIENE TST ARE ALSO SIGNIFICANTLY IMPROVING THEIR HAND HYGIENE COMPLIANCE RATES THROUGHOUT THE U.S. ON AVERAGE, ORGANIZATIONS HAVE IMPROVED 14 PERCENT OVER THEIR BASELINE MEASUREMENTS. IN ADDITION, SOME ORGANIZATIONS HAVE LINKED USE OF THE TST TO A REDUCTION IN HEALTH CARE-ASSOCIATED INFECTIONS. IN 2017, THE CENTER DEVELOPED A MOBILE APPLICATION THAT ALLOWS ORGANIZATIONS TO RECORD HAND HYGIENE OBSERVATIONS ON A PHONE OR TABLET. THE APPLICATION STREAMLINED DATA ENTRY, ALLOWED REAL TIME RECORDING OF OBSERVATIONS, AND ELIMINATED THE COMPLETION OF THE PAPER FORM.</p> <p>ACROSS THE PERIOPERATIVE PROCESS, THERE ARE MANY OPPORTUNITIES FOR EVEN TINY SLIPS, LAPSES AND MISTAKES THAT CAN HEIGHTEN THE RISK OF A WRONG-SITE SURGERY. BY IDENTIFYING THESE RISK POINTS, THE CENTER'S SAFE SURGERY PROJECT HAS RESULTED IN A DEEPER UNDERSTANDING OF THE MANY CONTRIBUTING FACTORS THAT CAN RESULT IN A WRONG-SITE SURGERY. THE CENTER'S PROJECT IDENTIFIED MANY RISK FACTORS FOR WRONG-SITE SURGERIES THAT OCCURRED DURING SCHEDULING, IN PRE-OP/HOLDING, IN THE OPERATING ROOM, OR WHICH STEMMED FROM THE ORGANIZATIONAL CULTURE. OVER THE COURSE OF THE PROJECT, THE PARTICIPATING ORGANIZATIONS WERE ABLE TO REDUCE THE NUMBER OF CASES WITH RISKS BY 46 PERCENT IN THE SCHEDULING AREA, BY 63 PERCENT IN PRE-OP, AND BY 51 PERCENT IN THE OPERATING ROOM. ORGANIZATIONS WHO USED THE SAFE SURGERY TST WERE ALSO ABLE TO REDUCE THE NUMBER OF CASES WITH RISKS BY 56 PERCENT IN THE SCHEDULING AREA, BY 24 PERCENT IN PRE-OP, AND BY 48 PERCENT IN THE OPERATING ROOM.</p> <p>INEFFECTIVE HAND-OFF COMMUNICATIONS HAVE BEEN A PRIMARY CONTRIBUTING FACTOR IN ADVERSE EVENTS. THE CENTER'S HAND-OFF COMMUNICATIONS PROJECT FOCUSES ON THE QUALITY OF PATIENT INFORMATION THAT IS COMMUNICATED BETWEEN "SENDERS" AND "RECEIVERS" WHEN THE CARE OF THE PATIENT IS BEING HANDED OFF TO ANOTHER CAREGIVER. DURING THE MEASURE PHASE OF THE PROJECT, PARTICIPATING HOSPITALS FOUND THAT HAND-OFFS WERE DEFECTIVE AND DIDN'T ALLOW THE RECEIVER TO SAFELY CARE FOR PATIENTS 37 PERCENT OF THE TIME ON AVERAGE. SENDERS WERE DISSATISFIED WITH THE QUALITY OF THE HAND-OFF 21 PERCENT OF THE TIME. BY USING SOLUTIONS TARGETED TO THE SPECIFIC CAUSES OF AN INADEQUATE HAND-OFF, ORGANIZATIONS THAT FULLY IMPLEMENTED THE SOLUTIONS ACHIEVED MORE THAN A 50 PERCENT REDUCTION IN DEFECTIVE HAND-OFFS ON AVERAGE. USING THE TST AND THE SOLUTIONS FROM THE ORIGINAL PROJECT, SENDERS HAVE SEEN A 53 PERCENT RELATIVE REDUCTION IN DEFECTIVE HAND-OFFS WHILE RECEIVERS HAVE SEEN A 53 PERCENT RELATIVE REDUCTION. IN MARCH 2016, THE JOINT COMMISSION JOURNAL OF QUALITY AND PATIENT SAFETY PUBLISHED THE WORK OF A PARTICIPATING HOSPITAL WHO REDUCED ITS INEFFECTIVE HAND-OFFS BY 58.2 PERCENT WHILE REDUCING THE NUMBER OF ADVERSE EVENTS RELATED TO HAND-OFF COMMUNICATIONS TO ZERO. ALSO, USING THE SYSTEMATIC APPROACH OF RPI® WHICH IS FOUND IN THE TST® FOR HAND-OFF COMMUNICATIONS, ANOTHER HEALTH CARE ORGANIZATION REDUCED READMISSIONS BY 50 PERCENT, WHILE YET ANOTHER ORGANIZATION REDUCED THE TIME IT TAKES TO MOVE A PATIENT FROM THE EMERGENCY DEPARTMENT TO AN INPATIENT UNIT BY 33 PERCENT.</p> <p>TENS OF THOUSANDS OF PATIENTS FALL IN HEALTH CARE FACILITIES EVERY YEAR, AND MANY OF THESE FALLS RESULT IN MODERATE TO SEVERE INJURIES. THESE INJURIES CAN PROLONG HOSPITAL STAYS AND REQUIRE THE PATIENT TO UNDERGO ADDITIONAL TREATMENT. FALLS HAVE BEEN IDENTIFIED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) AS A "NEVER EVENT" - AN EVENT THAT IS PREVENTABLE AND SHOULD NEVER OCCUR. UP TO HALF OF ALL HOSPITALIZED PATIENTS ARE AT RISK FOR FALLS, AND ALMOST HALF OF THOSE WHO FALL SUFFER AN INJURY. THESE INJURIES RESULT IN AN AVERAGE ADDITIONAL HOSPITAL STAY FOR THE PATIENT OF 6.3 DAYS OR LONGER (THE AVERAGE LENGTH OF A HOSPITAL STAY IS 4.8 DAYS), AND THE COST FOR A SERIOUS FALL WITH INJURY IS ABOUT \$14,056. THE GOAL OF THE CENTER'S PREVENTING FALLS WITH INJURY PROJECT IS TO PREVENT FALLS THAT OCCUR IN HEALTH CARE FACILITIES THAT RESULT IN INJURY TO PATIENTS. FROM 2015 TO JUNE 2020, ORGANIZATIONS USING THE PREVENTING FALLS TST HAVE PREVENTED OVER 878 FALLS WITH \$13.4 MILLION DOLLARS IN ASSOCIATED COSTS.</p>

Return Reference - Identifier	Explanation
	<p>ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, SURGICAL SITE INFECTIONS ACCOUNT FOR APPROXIMATELY 25 PERCENT OF ALL HEALTH CARE-ASSOCIATED INFECTIONS IN THE U.S. EACH YEAR. AS A CONSEQUENCE, SURGICAL SITE INFECTIONS ARE A MAJOR SOURCE OF PREVENTABLE PATIENT HARM AND UNNECESSARY HEALTH CARE COSTS. THE CENTER LED A PROJECT IN COLLABORATION WITH PARTICIPATING HOSPITALS AND THE AMERICAN COLLEGE OF SURGEONS THAT WAS AIMED AT REDUCING SURGICAL SITE INFECTIONS, FOCUSING SPECIFICALLY ON COLORECTAL SURGERY AND PROCEDURES, WHICH ARE OFTEN ASSOCIATED WITH SURGICAL SITE INFECTIONS. DURING PILOT TESTING, THE PARTICIPATING HOSPITALS REDUCED SUPERFICIAL INCISIONAL COLORECTAL SURGICAL SITE INFECTIONS BY 45 PERCENT AND ALL TYPES OF COLORECTAL SURGICAL SITE INFECTIONS BY 32 PERCENT. THEY ATTAINED AN ESTIMATED COST SAVINGS OF MORE THAN \$3.7 MILLION FOR THE 135 ESTIMATED COLORECTAL SURGICAL SITE INFECTIONS THAT WERE AVOIDED. IN ADDITION, THEY DECREASED THE AVERAGE LENGTH OF STAY FOR HOSPITAL PATIENTS WITH ANY TYPE OF COLORECTAL SURGICAL SITE INFECTION FROM 15 TO 13 DAYS.</p> <p>THE CENTER'S SIXTH PROJECT AIMS TO PREVENT AVOIDABLE HOSPITALIZATIONS FOR PEOPLE WITH HEART FAILURE. A CHRONIC DISEASE, HEART FAILURE IS THE MOST COMMON REASON FOR ADMISSION TO THE HOSPITAL AMONG OLDER ADULTS. THE GOAL OF THIS PROJECT IS TO BETTER UNDERSTAND WHY PATIENTS WITH HEART FAILURE PERIODICALLY EXPERIENCE SEVERE WORSENING OF THEIR CONDITION TO A DEGREE THAT LEADS TO HOSPITALIZATION. THE RESULTS FOR THIS PROJECT ARE TARGETED FOR PUBLICATION IN THE NEAR FUTURE.</p> <p>THE CENTER'S SEVENTH PROJECT WAS DESIGNED TO OPTIMIZE BEHAVIORS AND PRACTICES TO FOSTER AN IMPROVED SAFETY CULTURE THAT REINFORCES AND SUPPORTS THE PREVENTION OF PATIENT HARM. A SAFETY CULTURE ENABLES TRUST. IT EMPOWERS STAFF TO SPEAK UP ABOUT RISKS TO PATIENTS AND REPORT ERRORS AND NEAR MISSES, ALL OF WHICH DRIVE IMPROVEMENT. A SAFETY CULTURE WITHIN HEALTH CARE CAN BE DEFINED AS THE SUMMARY OF KNOWLEDGE, ATTITUDES, BEHAVIORS, AND BELIEFS THAT STAFF SHARE ABOUT THE PRIMARY IMPORTANCE OF THE WELL-BEING AND CARE OF THE PATIENTS THEY SERVE, SUPPORTED BY SYSTEMS AND STRUCTURES THAT REINFORCE THE FOCUS ON PATIENT SAFETY. DESPITE WIDESPREAD ATTENTION TO THE IMPORTANCE OF SAFETY CULTURE IN PERFORMANCE IMPROVEMENT, MANY - IF NOT MOST - HEALTH CARE ORGANIZATIONS STRUGGLE TO ACHIEVE IT. IN FACT, LACK OF SAFETY CULTURE WAS A PROMINENT UNDERLYING FACTOR OF THE ISSUES ADDRESSED BY THE FIRST FOUR CENTER PROJECTS. THE CENTER'S SAFETY CULTURE PROJECT FOCUSED ON A KEY DYNAMIC THAT CAN IMPACT TRUST, NAMELY TO RESPONSIVENESS OF ORGANIZATIONAL LEADERSHIP TO REPORTS OF ADVERSE EVENTS OR UNSAFE CONDITIONS</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION - CONTINUATION 2 OF 3</p>	<p>TRUST IS IMPROVED WHEN THESE REPORTS ARE ACTED UPON AND THE ACTIONS TAKEN THEN COMMUNICATED BACK TO STAFF. THE PROJECT FOCUSED ON THE BARRIERS TO CLOSING THE LOOP AND THE DEVELOPMENT OF SOLUTIONS TO THESE BARRIERS. THE RESULTS FOR THIS PROJECT ARE TARGETED FOR PUBLICATION IN THE NEAR FUTURE.</p> <p>THE CENTER'S EIGHTH PROJECT AIMS TO REDUCE SEPSIS MORTALITY. SEPSIS IS THE BODY'S LIFE-THREATENING INFLAMMATORY RESPONSE TO AN INFECTION. THE LEADING CAUSE OF DEATH IN HOSPITALIZED PATIENTS, SEPSIS HAS A MORTALITY RATE ESTIMATED BETWEEN 25 AND 50 PERCENT. IN ADDITION, SEPSIS IS THE MOST EXPENSIVE DISEASE TO TREAT IN THE HOSPITAL, COSTING APPROXIMATELY \$17 BILLION DOLLARS ANNUALLY. EARLY DETECTION AND APPROPRIATE TREATMENT OF SEPSIS CAN IMPROVE PATIENT OUTCOMES, DECREASE THE LENGTH OF STAY IN HOSPITALS, AND DECREASE MORTALITY. DURING PILOT TESTING, THE PARTICIPATING HOSPITALS REDUCED SEPSIS MORTALITY RATES BY ABOUT 23 PERCENT AND SUSTAINED THOSE IMPROVEMENTS FOR MORE THAN A YEAR. IN DECEMBER 2017, THE CENTER DECIDED TO MOVE FORWARD WITH THE DEVELOPMENT OF THE FIFTH TST@ FOCUSING ON THE REDUCTION OF SEPSIS MORTALITY WHICH WAS COMPLETED IN OCTOBER 2019. IN 2020, 17 UNIQUE ORGANIZATIONS WERE USING THE SEPSIS TST TO REDUCE SEPSIS MORTALITY.</p> <p>THE CENTER'S NINTH PROJECT AIMS TO REDUCE INSULIN-RELATED MEDICATION ERRORS IN THE HOSPITAL SETTING. HOSPITALIZED PATIENTS WITH DIABETES WHO ARE TAKING INSULIN MAY BE UNABLE TO MANAGE THEIR GLUCOSE READINGS AND INSULIN ADMINISTRATION, AND STAFF MAY NOT BE TRAINED OR AVAILABLE TO HELP WITH THESE CRITICAL TASKS. GLYCEMIC CONTROL IS NOT ONLY FUNDAMENTAL TO THE MANAGEMENT OF DIABETES, BUT IS ALSO ESSENTIAL TO HELP PREVENT HYPERGLYCEMIC EVENTS. SAFE USE OF INSULIN TO ACHIEVE OPTIMAL BLOOD GLUCOSE HAS BEEN DIRECTLY ASSOCIATED WITH IMPROVED PATIENT OUTCOMES. THE CENTERS FOR MEDICARE & MEDICAID SERVICES INCLUDED POOR GLYCEMIC MANAGEMENT ON ITS 2013 LIST OF 15 HOSPITAL-ACQUIRED CONDITIONS AND WILL NO LONGER REIMBURSE HOSPITALS FOR ADDITIONAL COSTS ASSOCIATED WITH THESE PREVENTABLE MEDICAL ERRORS. THE OCCURRENCE OF THESE PREVENTABLE ADVERSE DRUG REACTIONS AND EVENTS CAN BE REDUCED, AND INSULIN CAN BE USED SAFELY TO ACHIEVE OPTIMAL GLYCEMIC CONTROL FOR HOSPITALIZED PATIENTS. THE PARTICIPATING HOSPITALS REDUCED OUT OF CONTROL (<70 MG/DL AND > 180 MG/DL) BLOOD GLUCOSE TEST RESULTS BY 10 PERCENT, EXTREME HYPERGLYCEMIC (> 300 MG/DL) BLOOD GLUCOSE TEST RESULTS BY 22 PERCENT, AND HYPERGLYCEMIC (> 180 MG/DL AND 300 MG/DL) BLOOD GLUCOSE TEST RESULTS BY 10 PERCENT.</p> <p>THE CENTER'S 10TH PROJECT AIMS TO REDUCE THE FREQUENCY OF CLOSTRIDIUM DIFFICILE-RELATED INFECTIONS (CDI). THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) ESTIMATES THAT THERE WERE APPROXIMATELY 337,000 HOSPITALIZATIONS RELATED TO CDI DURING 2009. THIS REPRESENTS A 300 PERCENT INCREASE IN THESE RATES FROM 1993. THE CENTERS FOR DISEASE CONTROL AND PREVENTION ESTIMATES THAT CDI-RELATED DIARRHEA IS LINKED TO APPROXIMATELY 14,000 DEATHS PER YEAR. THE FINANCIAL IMPACT OF CDI IS ALSO STAGGERING. ACCORDING TO JAMA INTERNAL MEDICINE THE CURRENT RATES OF CDI ADD AN ADDITIONAL \$1.5 BILLION ANNUALLY TO THE COST OF HEALTH CARE. SINCE CDI DISPROPORTIONATELY AFFECTS OLDER PATIENTS, MEDICARE PAYS FOR 68 PERCENT OF ALL CDI-RELATED HOSPITAL STAYS. CDI RATES AND MORTALITY CAN BE REDUCED THROUGH A FOCUS ON A WIDE RANGE OF PATIENT CARE ASPECTS THAT INCLUDE EARLY IDENTIFICATION, ANTIBIOTIC STEWARDSHIP, AND EFFECTIVE ENVIRONMENTAL HYGIENE PRACTICES. THE RESULTS FOR THIS PROJECT ARE TARGETED FOR PUBLICATION IN THE NEAR FUTURE.</p> <p>THE CENTER'S ELEVENTH PROJECT AIMS TO PREVENT VENOUS THROMBOEMBOLISM (VTE). VTE IS A MAJOR CAUSE OF MORBIDITY AND MORTALITY IN THE UNITED STATES. IT HAS BEEN ESTIMATED THAT UP TO 900,000 VTE'S OCCUR PER YEAR RESULTING IN APPROXIMATELY 100,000 DEATHS. IN ADDITION TO THE TOLL ON MORTALITY, VTE IS EXPENSIVE TO TREAT, COSTING APPROXIMATELY \$8-10 BILLION IN DIRECT MEDICAL COSTS EACH YEAR, NOT INCLUDING THE COSTS OF ASSOCIATED COMPLICATIONS. APPROXIMATELY 50-60 PERCENT OF VTE CASES ARE ASSOCIATED WITH A HOSPITAL STAY THAT OCCURRED WITHIN THE PAST 3-6 MONTHS, MAKING HOSPITAL-ACQUIRED VTE A SERIOUS PROBLEM. THE CURRENT ACCEPTED GUIDELINES ARE NOT IMPLEMENTED CONSISTENTLY, WHICH LEADS TO CONTINUED VTE CASES IN HOSPITALIZED PATIENTS. THERE IS VARIATION IN THE ASSESSMENT OF VTE RISK FACTORS ACROSS DIFFERENT HOSPITAL PATIENT POPULATIONS AND IN THE SELECTION OF APPROPRIATE MECHANICAL AND/OR PHARMACOLOGICAL PROPHYLAXIS. THE CENTER IS COLLABORATING WITH PARTICIPATING ORGANIZATIONS AND THE CENTERS FOR DISEASE CONTROL ON THIS PROJECT. THE RESULTS FOR THIS PROJECT ARE TARGETED FOR PUBLICATION IN THE NEAR FUTURE.</p> <p>THE CENTER'S TWELFTH PROJECT AIMS TO REDUCE HOSPITAL-ACQUIRED PRESSURE INJURIES. EVERY YEAR, HOSPITAL-ACQUIRED PRESSURE ULCERS/INJURIES (HAPU/I) ACROSS THE UNITED STATES RESULT IN SIGNIFICANT PATIENT HARM, INCLUDING PAIN, EXPENSIVE TREATMENTS, INCREASED LENGTH OF INSTITUTIONAL STAY, AND, FOR SOME PATIENTS, PREMATURE MORTALITY. MORE THAN 2.5 MILLION PATIENTS IN U.S. ACUTE-CARE FACILITIES ARE ESTIMATED TO SUFFER FROM PRESSURE ULCERS/INJURIES, AND 60,000 DIE FROM THEIR COMPLICATIONS EACH YEAR. THE COST OF TREATING A SINGLE PRESSURE ULCER/INJURY CAN BE AS HIGH AS \$70,000-LEADING TO AN ESTIMATED COST OF \$11 BILLION FOR TREATING PRESSURE ULCERS/INJURIES IN THE UNITED STATES EVERY YEAR. FURTHER, THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY FOUND THAT DESPITE AN 8 PERCENT DECREASE IN ALL HOSPITAL-ACQUIRED CONDITIONS FROM 2014-2016, HAPU/I RATES HAVE RISEN BY SIX PERCENT. THE THREE HOSPITALS WHO PARTNERED WITH THE CENTER ON THIS PROJECT WITH THE FOLLOWING RESULTS: A RELATIVE REDUCTION OF 62% IN THE OVERALL HAPI RATE IN THE ICU; THE NUMBER OF MONTHS WITH 0 HAPIS WENT FROM A BASELINE OF 14% TO A CONTROL RATE OF 44%, A 223% INCREASE; AND THERE WAS OVER \$15 MILLION IN NET ANNUAL SAVINGS.</p> <p>THE CENTER'S THIRTEENTH PROJECT REVISITS THE PROBLEM OF PREVENTING FALLS WITH INJURY, MOVING FROM THE ACUTE CARE SETTING TO HOME HEALTH. HOME HEALTH ORGANIZATIONS CONTINUE TO FACE CHALLENGES IN PREVENTING FALLS AND FALLS WITH INJURIES AMONG THEIR PATIENTS. IN 2015, A TOTAL OF \$49.5 BILLION DOLLARS WAS SPENT FOR FALL RELATED INJURIES IN THE U.S. WITH SPENDING IN HOME HEALTH SERVICES AND LONG-TERM CARE FACILITIES LEADING THE WAY AT \$29.2 BILLION DOLLARS. FALL-RELATED INJURIES AT HOME WERE THE THIRD LEADING CAUSE IN THE U.S. FOR A READMISSION TO ACUTE CARE. AS THE U.S</p>

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	<p>POPULATION AGES, KEEPING ELDERLY PATIENTS SAFE WHILE RECEIVING CARE AT HOME BECOMES EVEN MORE OF A PRIORITY. THE CENTER PARTNERS WITH THE ELEVATINGHOME-VNAA, THE CENTER FOR PATIENT SAFETY, AND THE JOINT COMMISSION ON THIS PROJECT WHICH WAS LAUNCHED IN 2020.</p> <p>IN ADDITION TO ITS SOLUTION SETS ADDRESSING SPECIFIC PRESSING PROBLEMS IN HEALTHCARE, THE CENTER ALSO FULFILLS ITS MISSION TO TRANSFORM HEALTHCARE INTO A HIGH RELIABILITY INDUSTRY BY OFFERING THE ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT (ORO 2.0). ORO 2.0 IS A WEB-BASED SELF-ASSESSMENT THAT HELPS HOSPITALS REFLECT ON AREAS OF PERFORMANCE THAT ARE CRITICAL ASPECTS OF THE HIGH RELIABILITY JOURNEY IN THE AREAS OF LEADERSHIP, SAFETY CULTURE, AND ROBUST PROCESS IMPROVEMENT. ORO 2.0 ALLOWS SENIOR LEADERS IN A HOSPITAL TO SELF-ASSESS THEIR STAGE OF MATURITY IN 14 AREAS OF PERFORMANCE THAT ARE CRITICAL FOR ADVANCING FROM LOW TO HIGH RELIABILITY AND THE GOAL OF ZERO PREVENTABLE HARM. ORGANIZATIONAL LEADERS ARE ABLE TO UNDERSTAND AREAS OF OPPORTUNITIES AND STRENGTHS THROUGH A SERIES OF COMPREHENSIVE REPORTS THAT PROVIDE IMPORTANT INFORMATION NEXT STEPS, AND TARGET AREAS. THE CONTINUED USE OF ORO 2.0 WILL ALLOW AN ORGANIZATION TO TRACK PROGRESS OVER TIME ON THE JOURNEY TO HIGHLY RELIABLE HEALTH CARE.</p> <p>IN 2016 THE CENTER BEGAN A NEW INITIATIVE TO OFFER ADDITIONAL RESOURCES TO HEALTHCARE ORGANIZATIONS SEEKING TO MATURE IN THE HIGH RELIABILITY AREAS OF LEADERSHIP, SAFETY CULTURE, AND PERFORMANCE IMPROVEMENT: HIGH RELIABILITY TRAINING PROGRAMS. THESE PROGRAMS RANGE IN SCOPE FROM WEBINARS AND OTHER SMALL EDUCATION EVENTS TO MULTI-YEAR TRAINING PROGRAMS WITH HOSPITALS LOOKING TO BUILD THE INFRASTRUCTURE THAT SUPPORTS ORGANIZATION-WIDE SUSTAINABLE IMPROVEMENT. WORK WITH ORGANIZATIONS HAS FOCUSED ON BUILDING AND STRENGTHENING THE HIGH RELIABILITY DOMAINS OF LEADERSHIP AND PERFORMANCE IMPROVEMENT THROUGH (1) ENGAGEMENT WITH LEADERSHIP AND STAFF; (2) INTENSIVE TRAINING IN ROBUST PROCESS IMPROVEMENT (RPI); AND (3) IMPLEMENTATION OF ORGANIZATION-WIDE PROGRAMS, INITIATIVES, AND EXPECTATIONS THAT REINFORCE THE ORGANIZATION'S FOCUS ON ZERO HARM, PATIENT AND EMPLOYEE SAFETY, QUALITY, AND THE PATIENT EXPERIENCE. THESE ELEMENTS WILL SUPPORT AN ORGANIZATION'S TRANSFORMATION TO HIGH RELIABILITY AND WILL BE THE FOUNDATION FOR A STRENGTHENED SAFETY CULTURE, WHICH THE CENTER WILL CONTINUE TO FOCUS ON FOR ADDITIONAL TRAINING PROGRAMS.</p>
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION - CONTINUATION 3 OF 3	THE CENTER CONTINUES TO SEE SIGNIFICANT IMPROVEMENTS MADE BY THE HEALTH CARE ORGANIZATIONS THAT HAVE PURCHASED ROBUST PROCESS IMPROVEMENT® (RPI®) TRAINING AND PARTNERED WITH THE CENTER FOR TRAINING AND PROGRAM DEVELOPMENT FOR A SELF-SUSTAINING RPI® PROGRAM. AS PART OF THE TRAINING, THE TRAINEES APPLY THE TOOLS AND CONCEPTS THAT THEY LEARN IN CLASS TO AN ACTUAL PROJECT. BETWEEN 2014-2019, CENTER TRAINERS HAVE TRAINED AND MENTORED 1,416 INDIVIDUALS IN RPI. THESE RPI-TRAINED INDIVIDUALS HAVE LED IMPROVEMENT EFFORTS WITHIN THEIR ORGANIZATIONS. TO DATE, 97% OF THE TRAINING PROJECTS HAVE ACHIEVED THE GOALS THAT WERE SET AT THE BEGINNING OF THE PROJECT WORK. SOME OF THE IMPROVEMENTS INCLUDE A 68% IMPROVEMENT IN NURSING RETENTION, A 72% REDUCTION IN THE HIRING PROCESS, AND A 40% DECREASE IN STAFF INJURIES
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<ul style="list-style-type: none"> 2) HAND-OFF COMMUNICATIONS FOR TRANSFER AND ACCEPTANCE OF PATIENT CARE RESPONSIBILITY ACHIEVED THROUGH EFFECTIVE COMMUNICATION 3) SAFE SURGERY TO REDUCE THE RISKS OF WRONG SITE, WRONG SIDE AND WRONG PATIENT SURGICAL PROCEDURES 4) SURGICAL SITE INFECTIONS (SSI) WHICH AIMS TO REDUCE INFECTIONS IN PATIENTS HAVING COLORECTAL SURGERY 5) PREVENTING AVOIDABLE HEART FAILURE HOSPITALIZATIONS FOR PEOPLE WITH HEART FAILURE 6) IMPROVED SAFETY CULTURE THAT REINFORCES AND SUPPORTS THE PREVENTION OF PATIENT HARM 7) PREVENTION OF FALLS THAT OCCUR IN HEALTH CARE FACILITIES THAT RESULT IN INJURY. 8) REDUCING SEPSIS MORTALITY 9) SAFE USE OF INSULIN 10) REDUCING CLOSTRIDIUM DIFFICILE INFECTIONS 11) PREVENTING VENOUS THROMBOEMBOLISM (VTE) 12) PREVENTING HOSPITAL-ACQUIRED PRESSURE INJURIES 13) PREVENTING FALLS WITH INJURY IN A HOME HEALTH SETTING
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>AREAS. THE CONTINUED USE OF ORO 2.0 WILL ALLOW ORGANIZATIONS TO TRACK PROGRESS OVER TIME ON THE JOURNEY TO HIGHLY RELIABLE HEALTH CARE. COMPLETION OF ORO 2.0 CAN HELP HOSPITAL LEADERS IDENTIFY ORGANIZATIONAL STRENGTHS AND AREAS THAT REPRESENT THE MOST PRESSING OPPORTUNITIES FOR IMPROVEMENT.</p> <p>HIGH RELIABILITY IN HEALTH CARE TRAINING PROGRAMS - LEADERSHIP COMMITMENT TO ZERO PREVENTABLE HARM, A CULTURE OF SAFETY AND EFFECTIVE PROCESS IMPROVEMENT ARE ESSENTIAL COMPONENTS ON THE JOURNEY TO HIGH RELIABILITY IN HEALTH CARE. THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE DEVELOPED COMPREHENSIVE HIGH RELIABILITY IN HEALTH CARE TRAINING PROGRAMS, WHICH OFFER A DISCIPLINED, PRACTICAL APPROACH THAT BRINGS NEW STAKEHOLDERS TO THE TABLE AND SUSTAINABLE SOLUTIONS TO THE MOST PERSISTENT PROBLEMS IN HEALTH CARE THAT GO FAR BEYOND THE WALLS OF THE HOSPITAL. CUSTOMIZED TRAINING PROGRAMS ARE OFFERED IN PARTNERSHIP TO HIGH RELIABILITY (BUILDING AND STRENGTHENING THE HIGH RELIABILITY DOMAINS OF LEADERSHIP AND PERFORMANCE IMPROVEMENT THROUGH ENGAGEMENT WITH LEADERSHIP AND STAFF), RPI TRAINING FOR GREEN BELTS OR CHANGE LEADERS (A COMPREHENSIVE PROGRAM THAT INCLUDES TRAINING IN LEAN SIX SIGMA AND CHANGE MANAGEMENT METHODS AND TOOLS), LEADERSHIP CHANGE MANAGEMENT TRAINING (LEADERS FACILITATING CHANGE TRAINING AND MEETING FACILITATION TRAINING), AND FACILITATION OF THE ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT.</p>

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FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	AS THE SOLE MEMBER OF THE FILING ORGANIZATION, THE JOINT COMMISSION, A RELATED TAX EXEMPT ORGANIZATION, HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. PLEASE SEE THE NARRATIVES FOR PART VI, LINES 6, 7A AND 7B FOR A DESCRIPTION OF SUCH AUTHORITY.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	EFFECTIVE JANUARY 1, 2020: * EACH DIRECTOR APPOINTED SHALL NOT SERVE FOR MORE THAN NINE CONSECUTIVE YEARS ON THE BOARD. * THE CHAIR SHALL NO LONGER BE AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION ON CONTRACTS AND DOCUMENTS.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE ORGANIZATION HAS ONE SOLE MEMBER, THE JOINT COMMISSION. THE JOINT COMMISSION HAS THE POWER TO: 1) APPOINT ALL DIRECTORS TO THE BOARD OF DIRECTORS AND REMOVE THEM, WITH OR WITHOUT CAUSE. 2) APPROVE THE ELECTION OF THE CHAIRMAN AND THE TREASURER OF THE ORGANIZATION AND REMOVE THEM, WITH OR WITHOUT CAUSE, PROVIDED THAT AN INDIVIDUAL SO REMOVED MAY HAVE A CLAIM FOR COMPENSATION IF THE REMOVAL BREACHES ANY CONTRACT APPROVED BY THE ORGANIZATION. 3) APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS. 4) APPROVE ALL MISSION AND/OR VISION STATEMENTS AND ALL STRATEGIC OR LONG-TERM PLANS OF THE ORGANIZATION. 5) APPROVE ALL CREATIONS OF SUBSIDIARIES OR CONTROLLED AFFILIATES, MERGERS, CONSOLIDATIONS, PERMANENT OR LONG-TERM AFFILIATIONS AND ALL JOINT VENTURES OF THE ORGANIZATION INVOLVING CAPITAL INVESTMENTS IN EXCESS OF \$250,000. 6) APPROVE THE SALE OF ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE ORGANIZATION AND ALL LONG-TERM DEBT IN EXCESS OF \$250,000. 7) APPROVE THE ORGANIZATION'S ANNUAL OPERATING AND CAPITAL BUDGETS AND MATERIAL AMENDMENTS THERETO. 8) APPROVE THE DISSOLUTION OF AND ALL LIQUIDATIONS FROM THE ORGANIZATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	SEE RESPONSE TO LINE 6
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SEE RESPONSE TO LINE 6
FORM 990, PART VI, LINE 8B - COMMITTEE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY	ALL BOARD COMMITTEES DOCUMENT THEIR MEETINGS AND ACTIONS TAKEN. HOWEVER, NO BOARD COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF GOVERNING BOARD EXCEPT BY BOARD RESOLUTION. THE SOLE MEMBER OF THE FILING ORGANIZATION, THE JOINT COMMISSION, A RELATED TAX EXEMPT ORGANIZATION, HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. IF THE JOINT COMMISSION WERE TO ACT OF BEHALF OF THE GOVERNING BODY, THE RELATED MEETING OR ACTIONS WOULD BE CONTEMPORANEOUSLY DOCUMENTED
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE ORGANIZATION'S MANAGEMENT AND THE MANAGEMENT OF THE JOINT COMMISSION, INCLUDING THE CFO, CONTROLLER, CORPORATE COMPLIANCE & PRIVACY OFFICER, AND GENERAL COUNSEL PERFORMED A DETAILED REVIEW OF THE FORM 990 WITH THE PAID TAX PREPARER. ONCE THIS LEVEL OF REVIEW WAS PERFORMED, A THOROUGH WALK THROUGH OF FORM 990 WAS DONE WITH THE CENTER'S GOVERNING BODY PRIOR TO FILING. A FINAL FILED PUBLIC DISCLOSURE COPY OF THE RETURN WILL BE PLACED ON THE ORGANIZATION'S WEBSITE FOR THE PUBLIC ONCE ACCEPTED BY THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE POLICY STATES THAT ANY DECISION THAT COULD RESULT IN AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST MUST BE AVOIDED. ALL STAFF AND BOARD MEMBERS REVIEW THE POLICY ON AN ANNUAL BASIS AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR, WHICH IS DESIGNED TO IDENTIFY INTERESTS THAT COULD GIVE RISE TO POSSIBLE CONFLICTS. ALTHOUGH MANY SUCH POTENTIAL CONFLICTS ARE AND WILL BE DEEMED INCONSEQUENTIAL, EVERY INDIVIDUAL OF THE ORGANIZATION HAS AN ONGOING RESPONSIBILITY TO DISCLOSE SITUATIONS THAT INVOLVE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT COULD BE PERCEIVED AS A CONFLICT OF INTEREST. THE INTERESTS IDENTIFIED ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER , GENERAL COUNSEL, AND GOVERNANCE COMMITTEE AND APPROPRIATELY MANAGED. ALL DISCLOSURES ARE PURSUED UNTIL 100% COMPLETED. PRIOR TO ANY BOARD OR COMMITTEE MEETING, A MEMBER IS REQUIRED TO DISCLOSE A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER DURING A MEETING AND THEN NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER. THE MINUTES OF THE MEETING REFLECTS THAT A DISCLOSURE WAS MADE AND THE MEMBER ABSTAINED FROM VOTING. AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING A REQUEST IS MADE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. THE COMPLIANCE OFFICER MONITORS AND REVIEWS THE CONFLICT OF INTEREST POLICY AS WELL AS THE RESPONSES TO THE QUESTIONNAIRES ON AN ANNUAL BASIS. THE ORGANIZATION ALSO HAS AVAILABLE AN INDEPENDENT HOTLINE NUMBER FOR STAFF TO REPORT ANONYMOUSLY ANY POTENTIAL CONFLICTS DURING THE YEAR.
FORM 990, PART VI, LINE 13 - WHISTLEBLOWER POLICY	ALL CENTER STAFF AND BOARD MEMBERS ARE OBLIGATED TO FOLLOW THE JOINT COMMISSION WHISTLEBLOWER POLICY.

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FORM 990, PART VI, LINE 14 - DOCUMENT RETENTION	ALL CENTER STAFF AND BOARD MEMBERS ARE OBLIGATED TO FOLLOW THE JOINT COMMISSION RECORDS RETENTION POLICY.																				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE CENTER FOR TRANSFORMING HEALTHCARE RELIES ON THE PROCESS OF THE JOINT COMMISSION (A RELATED ORGANIZATION) FOR APPROVAL OF TOP MANAGEMENT OFFICIALS' COMPENSATION.</p> <p>THE TOP MANAGEMENT OFFICIALS' COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. THE JOINT COMMISSION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIALS. IN SETTING THE TOP MANAGEMENT OFFICIALS' COMPENSATION, THE ORGANIZATIONS' HUMAN RESOURCES AND COMPENSATION COMMITTEES RELY ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR COMPARABLE POSITIONS IN OTHER ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS. THE JOINT COMMISSION'S HUMAN RESOURCES AND COMPENSATION COMMITTEES ADEQUATELY DOCUMENT ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN ITS COMMITTEE MINUTES ON A TIMELY BASIS. EACH COMMITTEE MEMBER HAS BEEN DETERMINED TO BE INDEPENDENT IN ACCORDANCE WITH INTERMEDIATE SANCTIONS REGULATIONS AND SIGNS THE BOARD'S CONFLICT OF INTEREST POLICY ANNUALLY TO INSURE THAT HE OR SHE IS INDEPENDENT.</p> <p>THE PROCESS FOR DETERMINING THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, DR. MARK CHASSIN - PRESIDENT, OF THE CENTER IS DETERMINED AND PAID FOR BY A RELATED ORGANIZATION AND IS UNDERTAKEN ANNUALLY.</p>																				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE RELIES ON THE PROCESSES OF THE JOINT COMMISSION FOR DETERMINING OTHER OFFICERS' COMPENSATION.</p> <p>THE OTHER OFFICERS' COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE. THE JOINT COMMISSION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF ITS OTHER OFFICERS. IN SETTING THE OTHER OFFICERS' COMPENSATION, THE ORGANIZATIONS' HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEES RELY ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR COMPARABLE POSITIONS IN OTHER ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS. THE HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEES ADEQUATELY DOCUMENTED ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN ITS COMMITTEE MINUTES ON A TIMELY BASIS. EACH VOTING COMMITTEE MEMBER HAS BEEN DETERMINED TO BE INDEPENDENT IN ACCORDANCE WITH INTERMEDIATE SANCTIONS REGULATIONS AND SIGNS THE BOARD'S CONFLICT OF INTEREST POLICY ANNUALLY TO ENSURE THAT HE OR SHE IS INDEPENDENT. THE BOARD ENGAGES IN AN ACTIVE REVIEW OF THE COMPENSATION RECOMMENDED BY THE COMMITTEE. IN ADDITION, AN ANNUAL PERFORMANCE EVALUATION OF THE OFFICERS IS CONDUCTED.</p> <p>THE PROCESS FOR DETERMINING THE ORGANIZATIONS' OTHER OFFICERS' COMPENSATION IS UNDERTAKEN ANNUALLY FOR: ANNE MARIE BENEDICTO - VP, PAIGE RODGERS - TREASURER & CFO, AND LISA VANDECAVEYE- SECRETARY & GENERAL COUNSEL.</p>																				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND IN ACCORDANCE WITH APPLICABLE LAWS. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE JOINT COMMISSION WEBSITE.</p> <p>THE ORGANIZATION ALSO MAKES AVAILABLE ON ITS WEBSITE A PUBLIC DISCLOSURE COPY OF FORM 990.</p>																				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 1377 751 1440">(a) Description</th> <th data-bbox="760 1377 946 1440">(b) Total Expenses</th> <th data-bbox="954 1377 1133 1440">(c) Program Service Expenses</th> <th data-bbox="1141 1377 1320 1440">(d) Management and General Expenses</th> <th data-bbox="1328 1377 1513 1440">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1451 751 1493">OTHER PROFESSIONAL SERVICES-CONSULTING</td> <td data-bbox="760 1451 946 1493">640,299</td> <td data-bbox="954 1451 1133 1493">637,654</td> <td data-bbox="1141 1451 1320 1493">2,645</td> <td data-bbox="1328 1451 1513 1493"></td> </tr> <tr> <td data-bbox="467 1503 751 1535">SHARED SERVICES FEES</td> <td data-bbox="760 1503 946 1535">1,008,491</td> <td data-bbox="954 1503 1133 1535">416,725</td> <td data-bbox="1141 1503 1320 1535">591,766</td> <td data-bbox="1328 1503 1513 1535"></td> </tr> <tr> <td data-bbox="467 1545 751 1566">Total</td> <td data-bbox="760 1545 946 1566">1,648,790</td> <td data-bbox="954 1545 1133 1566">1,054,379</td> <td data-bbox="1141 1545 1320 1566">594,411</td> <td data-bbox="1328 1545 1513 1566">0</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER PROFESSIONAL SERVICES-CONSULTING	640,299	637,654	2,645		SHARED SERVICES FEES	1,008,491	416,725	591,766		Total	1,648,790	1,054,379	594,411	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																	
OTHER PROFESSIONAL SERVICES-CONSULTING	640,299	637,654	2,645																		
SHARED SERVICES FEES	1,008,491	416,725	591,766																		
Total	1,648,790	1,054,379	594,411	0																	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1587 1304 1619">(a) Description</th> <th data-bbox="1312 1587 1513 1619">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1629 1304 1671">RETURN OF NET ASSETS TO PARENT CO - THE JOINT COMMISSION EIN #36-2229255</td> <td data-bbox="1312 1629 1513 1671">- 3,650,000</td> </tr> </tbody> </table>	(a) Description	(b) Amount	RETURN OF NET ASSETS TO PARENT CO - THE JOINT COMMISSION EIN #36-2229255	- 3,650,000																
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE

Employer identification number
26-3020947

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) THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION (36-2229255) ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181	HEALTHCARE	IL	501(C)(3)	10	JOINT COMMISSION		✓
(2) JOINT COMMISSION RESOURCES, INC. (36-3521721) 1515 WEST 22ND STREET, STE 1300 W, OAKBROOK, IL 60523	HEALTHCARE	IL	501(C)(3)	10	JOINT COMMISSION		✓
(3) JCAHO SURVEYOR & QHR CONSULTANT CORP (36-3673595) ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181	ADMIN JC AND AFFILIATES PAYOLL	IL	501(C)(3)	12 TYPE I	JOINT COMMISSION		✓
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

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) -----												
(2) -----												
(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) -----									
(2) -----									
(3) -----									
(4) -----									
(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.

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

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)				
(2)				
(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)													
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(16)													

