

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning **2015**, 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**

**G** Gross receipts \$ **12,908,455**

**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	<b>1</b>	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 CARRY OUT THE PURPOSE OF (CONTINUED ON SCHEDULE O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>18</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 4,037,279	Current Year 2,202,756
	<b>9</b>	Program service revenue (Part VIII, line 2g)		391,466
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,500,898	1,360,056
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,538,177	3,954,278
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,819,426	2,122,993
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>257,418</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,854,622	2,054,949
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,674,048	4,177,942
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,864,129	(223,664)	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 46,844,509	End of Year 45,011,121
	<b>21</b>	Total liabilities (Part X, line 26)	378,923	562,493
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	46,465,586	44,448,628

**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, CHIEF FINANCIAL OFFICER Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **JOHN WOODHULL** Preparer's signature: *John B. Woodhull, Esq.* Date: **11/22/2016** Check  if self-employed PTIN: **P01305268**  
 Firm's name ▶ **CROWE HORWATH 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

# Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number, see instructions	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE</b>	Employer identification number (EIN) or <b>26-3020947</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE RENAISSANCE BLVD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKBROOK TERRACE, IL 60181</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ PAIGE RODGERS

Telephone No. ▶ (630) 792-5685 Fax No. ▶ (630) 792-5604

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 16, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 15 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE CENTER FOR TRANSFORMING HEALTHCARE HAS BEEN ESTABLISHED TO SOLVE THE MOST PRESSING QUALITY AND SAFETY PROBLEMS THAT ARE ALL TOO 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 \$ 1,565,438 including grants of \$ ) (Revenue \$ 75,079 )

QUALITY OF CARE/PATIENT SAFETY- THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE WORKS WITH A NETWORK OF APPROXIMATELY 27 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.

**4b** (Code: ) (Expenses \$ 674,992 including grants of \$ ) (Revenue \$ )

PATIENT SAFETY & QUALITY PROGRAM (THE PROGRAM) - THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE COLLABORATES WITH HEALTHCARE ORGANIZATIONS WHO STRIVE TO BUILD SYSTEMS AND STRUCTURES NECESSARY FOR HIGHLY RELIABLE HEALTH CARE ACROSS ALL SETTINGS. THE PROGRAM COMPONENTS INCLUDE GUIDANCE ON CREATING ROBUST MEASUREMENT SYSTEMS AND IMPLEMENTING SUSTAINABLE IMPROVEMENTS, ANALYSIS, DEVELOPMENT AND USE OF THE CENTER'S TARGETED SOLUTIONS TOOLS (TST) AND HIGH RELIABILITY SELF-ASSESSMENT TOOL (HRST, NOW KNOWN AS ORO 2.0), AND TRAINING AND USE OF ROBUST PROCESS IMPROVEMENT TOOLS (RPI). IN ADDITION, THE CENTER WILL CONDUCT ON-SITE TRAINING BY RPI TRAINERS THAT ARE EXPERIENCED IN LEAN, SIX SIGMA AND CHANGE MANAGEMENT.

**4c** (Code: ) (Expenses \$ 316,387 including grants of \$ ) (Revenue \$ 316,387 )

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. IN 2015, 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 (CONTINUED ON SCHEDULE O)

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 2,556,817

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		✓
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	14
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	18
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AVAILABLE UPON REQUEST										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

**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 **▶ 5**

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

**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	1,111,524
COGNIZANT TECHNOLOGY SOLUTIONS, 24721 NETWORK PLACE, CHICAGO, IL 60673	IT CONSULTING	163,086
TEKSYSTEMS , INC, P. O. 198568, ATLANTA, GA 30384-8568	IT CONSULTING	152,960

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	2,000,000				
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	202,756				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		2,202,756				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	FEES FOR SERVICES	611430	316,387	316,387			
	<b>b</b>	HONORARIUM	900099	5,250	5,250			
	<b>c</b>	SPONSORSHIPS	900099	68,999	68,999			
	<b>d</b>	MISC. OTHER REVENUE	900099	830	830			
	<b>e</b>							
	<b>f</b>	All other program service revenue .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		391,466					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,121,948			1,121,948	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b>	Less: rental expenses						
	<b>c</b>	Rental income or (loss)						
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .						
	<b>c</b>	Gain or (loss) . . . . .						
<b>d</b>	Net gain or (loss) . . . . . ▶			238,108		238,108		
<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b>	Less: direct expenses . . . . .					
		<b>c</b>	Net income or (loss) from fundraising events . ▶					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b>	Less: direct expenses . . . . .					
		<b>c</b>	Net income or (loss) from gaming activities . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		<b>b</b>	Less: cost of goods sold . . . . .					
		<b>c</b>	Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶			3,954,278	391,466	0	1,360,056	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	527,980	158,394	369,586	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,224,134	766,011	348,483	109,640
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	19,739	13,929	5,445	365
<b>9</b> Other employee benefits . . . . .	250,427	148,504	81,133	20,790
<b>10</b> Payroll taxes . . . . .	100,713	66,170	26,551	7,992
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	1,111,524	605,214	417,522	88,788
<b>b</b> Legal . . . . .	2,079		2,079	
<b>c</b> Accounting . . . . .	4,000		4,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	264,203	200,438	54,329	9,436
<b>12</b> Advertising and promotion . . . . .	162,997	162,959	38	
<b>13</b> Office expenses . . . . .	30,601	16,422	9,992	4,187
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	106,328	60,089	34,299	11,940
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	80,127	76,831	2,366	930
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	293,090	281,856	7,884	3,350
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,177,942	2,556,817	1,363,707	257,418
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,775,688	<b>1</b>	3,268,911
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	600,000	<b>3</b>	300,000
	<b>4</b> Accounts receivable, net . . . . .	3,812,217	<b>4</b>	2,093,829
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,791	<b>9</b>	6,170
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,659,348		
	<b>b</b> Less: accumulated depreciation . . . . .	654,508	<b>10c</b>	1,004,840
	<b>11</b> Investments—publicly traded securities . . . . .	35,643,075	<b>11</b>	34,345,519
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	4,122,426	<b>12</b>	3,991,852
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	46,844,509	<b>16</b>	45,011,121	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	309,924	<b>17</b>	379,741
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	68,999	<b>19</b>	182,752
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	378,923	<b>26</b>	562,493
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	36,140,191	<b>27</b>	34,023,233
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	10,325,395	<b>29</b>	10,425,395
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
	<b>33</b> Total net assets or fund balances . . . . .	46,465,586	<b>33</b>	44,448,628
<b>34</b> Total liabilities and net assets/fund balances . . . . .	46,844,509	<b>34</b>	45,011,121	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,954,278
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,177,942
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(223,664)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	46,465,586
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(1,793,294)
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	44,448,628

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE</b>	Employer identification number <b>26-3020947</b>
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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 11, 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)(vii)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>0</b>	<b>0</b>



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 . . . . .			
<b>e</b> From 2014 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 . . .			
<b>d</b> Excess from 2014 . . .			
<b>e</b> Excess from 2015 . . .			



Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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 11A - 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**Line 11g. **Information about the supported organization(s).** (continued)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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	9. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).	✓		0	

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE

Employer identification number

26-3020947

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	<b>Employer identification number</b> 26-3020947
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 100,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 100,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	<b>Employer identification number</b> 26-3020947
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

<b>Name of organization</b> THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	<b>Employer identification number</b> 26-3020947
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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 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, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year'.

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, including questions about reporting and amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance	39,967,036	40,380,406	35,595,834	30,472,963	18,468,202
<b>b</b> Contributions	100,000	8,346	5,037,122	5,089,419	12,038,451
<b>c</b> Net investment earnings, gains, and losses	(1,345,863)	(421,716)	(379,875)	106,020	(163,176)
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		0	(127,325)	72,568	(129,486)
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	38,721,173	39,967,036	40,380,406	35,595,834	30,472,963

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

- a** Board designated or quasi-endowment ▶ 73.08 %
- b** Permanent endowment ▶ 26.92 %
- c** Temporarily restricted endowment ▶ 0.00 %

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
<b>(i)</b> unrelated organizations		
<b>(ii)</b> related organizations		
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,659,348	654,508	1,004,840
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,004,840

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .	3,991,852	END OF YEAR MARKET VALUE
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	3,991,852	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)		
<b>Total.</b> (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,160,984
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	(1,793,294)	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	(1,793,294)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,954,278
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	3,954,278

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	4,177,942
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	4,177,942
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	4,177,942

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

SEE NEXT PAGE

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**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(C)(3) OF THE INTERNAL REVENUE CODE. 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 ACCOUNTS FOR INCOME TAX UNCERTAINTIES IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES - OVERALL (FORMERLY KNOWN AS FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE JOINT COMMISSION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE JOINT COMMISSION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE JOINT COMMISSION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. ACCORDINGLY, THE JOINT COMMISSION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2015 OR 2014 FOR ITS U.S. OPERATIONS.</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.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE

Employer identification number

26-3020947

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input 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 checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

	Yes	No
<b>1b</b>	✓	

**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 in line 1a? . . . . .

<b>2</b>	✓	
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**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? . . . . . **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**

<b>4a</b>		✓
<b>4b</b>	✓	
<b>4c</b>		✓

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

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

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

<b>5a</b>		✓
<b>5b</b>		✓

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

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

<b>6a</b>		✓
<b>6b</b>	✓	

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

<b>7</b>		✓
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**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 . . . . .

<b>8</b>		✓
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**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

<b>9</b>		
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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
AVAILABLE UPON REQUEST	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(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 1A - PERSONAL SERVICES	CERTAIN OFFICERS ARE OFFERED AN ALLOWANCE FOR TAX PREPARATION AND FINANCIAL PLANNING SERVICES. NOT ALL OFFICERS ELIGIBLE FOR THE SERVICES UTILIZE THEM. THESE SERVICES ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III) AS REPORTABLE COMPENSATION.
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.</p> <p>THE PROCESS FOR DETERMINING THE ORGANIZATIONS' TOP MANAGEMENT OFFICIALS' COMPENSATION IS UNDERTAKEN ANNUALLY IN APRIL FOR DR. CHASSIN-PRESIDENT; PAIGE RODGERS-CHIEF FINANCIAL OFFICER; ANNE MARIE BENEDICTO-EXECUTIVE VP; LISA DIEHL VANDECAVEYE-SECRETARY &amp; GENERAL COUNSEL, AND DR. ERIN DUPREE-VP.</p>
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 J, PART I, LINE 6B - COMPENSATION CONTINGENT ON NET EARNINGS OF A RELATED ORGANIZATION	<p>ALL CENTER EMPLOYEES ARE ALLOWED TO PARTICIPATE IN THE JOINT COMMISSION'S GAINSHARING PLAN.</p> <p>THE JOINT COMMISSION'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVED THE 2014 AND 2015 GAINSHARING PLANS, WHICH PROVIDES FINANCIAL AWARDS TO STAFF FOR PERFORMANCE THAT CONTRIBUTES TO THE MISSION AND OBJECTIVES OF THE JOINT COMMISSION AND THE CENTER. THE PLAN IS SELF-FUNDED, IN THAT ALL PAYOUTS FOR 2014 AND 2015 WERE CONTINGENT UPON WHETHER THE ACTUAL FINANCIAL RESULTS FOR THE JOINT COMMISSION EXCEEDED THE JOINT COMMISSION'S BUDGETED NET EARNINGS EXCESS OF 2% OVER BUDGET. IN 2015, INDIVIDUAL GAINSHARING PAYOUTS WERE CAPPED AT \$3,000.</p> <p>THERE WERE NO 2014 AWARDS ACCRUED FOR IN THE YEAR ENDED DECEMBER 31, 2014</p> <p>THE 2015 AWARDS WERE ACCRUED FOR IN THE YEAR ENDED DECEMBER 31, 2015 AND WILL BE PAID OUT IN 2016</p>



**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.

**2015**

Open to Public Inspection

Name of the Organization

THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE

Employer Identification Number

26-3020947

Return Reference - Identifier	Explanation
<p>FORM 990, ITEM B - AMENDED RETURN</p>	<p>FORM 990, PART VI, LINE 15A – THE RESPONSE TO THIS LINE WAS CHANGED FROM “YES” ON THE ORIGINAL FORM 990 TO “NO.” THE RELATED NARRATIVE HAS BEEN ADJUSTED ACCORDINGLY.</p> <p>FORM 990, PART VI, LINE 15B – THE RESPONSE TO THIS LINE REMAINS THE SAME AS “YES,” HOWEVER THE NARRATIVE HAS BEEN EXPANDED TO MORE ACCURATELY DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES.</p> <p>FORM 990, PART VI, LINE 19 – THE NARRATIVE WAS MODIFIED TO MORE ACCURATELY REFLECT THE ORGANIZATION’S PROCESS FOR MAKING ITS DOCUMENTS AVAILABLE TO THE PUBLIC.</p> <p>FORM 990, PART VII, SECTION A - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES - CHANGES WERE MADE TO THE COMPENSATION AMOUNTS REPORTED TO CORRECT AN ERROR IN THE REPORTING OF NONTAXABLE BENEFITS.</p> <p>FORM 990, PART VII, SECTION B, LINE 1, COLUMN (B) – THE DESCRIPTION OF SERVICES PROVIDED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS WAS CHANGED FROM "MANAGEMENT FEE FOR SERVICES" TO "SHARED SERVICES FEE" TO MORE ACCURATELY DESCRIBE THE SERVICE PROVIDED.</p> <p>FORM 990, PART IX, LINES 5 AND 7 – AMOUNTS REPORTED ON THESE LINES HAVE BEEN UPDATED ACCORDINGLY, PER THE CHANGES NOTED IN FORM 990, PART VII, SECTION A.</p> <p>FORM 990, PART XII, LINE 2C – A NARRATIVE DESCRIPTION WAS ADDED TO SCHEDULE O FOR THIS LINE TO DESCRIBE THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT.</p>
<p>FORM 990, PART I, LINE 1 - BRIEF MISSION</p>	<p>THE JOINT COMMISSION, A RELATED TAX-EXEMPT ORGANIZATION. IN CARRYING OUT THE PURPOSE OF THE JOINT COMMISSION, 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</p>	<p>THE CENTER FOR TRANSFORMING HEALTHCARE (THE CENTER) HAS BEEN ESTABLISHED TO SOLVE THE MOST PRESSING QUALITY AND SAFETY PROBLEMS THAT ARE ALL TOO PREVALENT IN HEALTH CARE TODAY. THESE ARE THE PROBLEMS THAT 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 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 WEB SITE. THE SOLUTIONS ARE ALSO MADE AVAILABLE THROUGH THE TARGETED SOLUTIONS TOOL (TST). THE TST IS A WEB-BASED TOOL THAT GUIDES JOINT COMMISSION-ACCREDITED HEALTH CARE ORGANIZATIONS TO MEASURE THEIR OWN PERFORMANCE AND CUSTOMIZE SOLUTIONS TO ADDRESS THE CONTRIBUTING FACTORS THAT UNDERLIE THEIR OWN BREAKDOWNS IN QUALITY AND SAFETY.</p> <p>HAND HYGIENE IS CRITICALLY IMPORTANT TO SAFE, HIGH QUALITY PATIENT CARE. UNFORTUNATELY, MANY INFECTIONS ARE TRANSMITTED BY HEALTH CARE PERSONNEL. 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 HAND HYGIENE SOLUTIONS HAVE ACHIEVED AND CONTINUE TO SHOW MAJOR AND SUSTAINED GAINS IN HAND HYGIENE. AT THE START OF THE PROJECT IN APRIL 2009, THE RATE OF HAND HYGIENE COMPLIANCE AVERAGED 48 PERCENT. BY JUNE 2010 THEY HAD REACHED AN AVERAGE RATE OF 81 PERCENT THAT HAS BEEN SUSTAINED. THE TST DATA COLLECTED DEMONSTRATED THAT HEALTH CARE ORGANIZATIONS ARE SIGNIFICANTLY IMPROVING THEIR HAND HYGIENE COMPLIANCE RATES THROUGHOUT THE U.S. ON AVERAGE, ORGANIZATIONS HAVE IMPROVED 43 PERCENT OVER THEIR BASELINE MEASUREMENTS AND ARE SUSTAINING THOSE RESULTS. IN ADDITION, SOME ORGANIZATIONS HAVE LINKED USE OF THE TST TO A REDUCTION IN HEALTH CARE-ASSOCIATED INFECTIONS.</p> <p>THE SAFE SURGERY PROJECT HAS INVOLVED THE DEVELOPMENT OF A RIGOROUS PROCESS FOR REDUCING THE RISK OF WRONG-SITE SURGERY. ACROSS THE PERIOPERATIVE PROCESS, THERE ARE MANY OPPORTUNITIES FOR EVEN TINY SLIPS, LAPSES AND MISTAKES THAT CAN HEIGHTEN THE RISK OF WRONG-SITE SURGERY. BY IDENTIFYING THESE RISK POINTS, THIS 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 CAUSES OF WRONG SITE SURGERIES THAT OCCURRED DURING SCHEDULING, IN PRE-OP/HOLDING OR 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.</p> <p>THE 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 AN AVERAGE OF OVER 50 PERCENT REDUCTION IN DEFECTIVE HAND-OFFS. USING THE TST AND THE SOLUTIONS FROM THE HAND-OFF COMMUNICATIONS PROJECT, HEALTH CARE ORGANIZATIONS REPORTED AN INCREASE IN PATIENT AND FAMILY SATISFACTION, STAFF SATISFACTION, AND SUCCESSFUL TRANSFERS OF PATIENTS (REDUCED BOUNCE BACKS), AND A REDUCTION IN READMISSIONS.</p> <p>ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, SURGICAL SITE INFECTIONS (SSIS) ACCOUNT FOR APPROXIMATELY 25 PERCENT OF ALL HEALTH CARE-ASSOCIATED INFECTIONS IN THE U.S. EACH YEAR. AS A CONSEQUENCE, SSIS ARE A MAJOR SOURCE OF PREVENTABLE PATIENT HARM AND UNNECESSARY HEALTH CARE COSTS. THE SCOPE OF THE SSI PROJECT HAS BEEN NARROWED TO COLORECTAL SURGERY AND PROCEDURES, WHICH IS OFTEN ASSOCIATED WITH SSIS. THIS PROJECT IS IN COLLABORATION WITH PARTICIPATING HOSPITALS AND THE AMERICAN COLLEGE OF SURGEONS. DURING PILOT TESTING, THE PARTICIPATING HOSPITALS REDUCED SUPERFICIAL INCISIONAL COLORECTAL SSIS BY 45 PERCENT AND ALL TYPES OF COLORECTAL SSIS BY 32 PERCENT. THEY ATTAINED AN ESTIMATED COST SAVINGS OF MORE THAN \$3.7 MILLION FOR THE 135 ESTIMATED COLORECTAL SSIS THAT WERE AVOIDED. IN ADDITION, THEY DECREASED THE AVERAGE LENGTH OF STAY FOR HOSPITAL PATIENTS WITH ANY TYPE OF COLORECTAL SSI FROM 15 TO 13 DAYS.</p> <p>THE CENTER ALSO HAS A PROJECT WHICH 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.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>THE CENTER LAUNCHED ITS SIXTH PROJECT WHICH AIMS TO OPTIMIZE BEHAVIORS AND PRACTICES RESULTING IN 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.</p> <p>THE PREVENTING FALLS WITH INJURY PROJECT AIMS TO PREVENT FALLS THAT OCCUR IN HEALTH CARE FACILITIES AND RESULT IN INJURY TO PATIENTS. 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 &amp; 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 COST FOR A SERIOUS FALL WITH INJURY IS ABOUT \$14,056</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 25-50 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 DECREASE MORTALITY, IMPROVE PATIENT OUTCOMES AND DECREASE THE LENGTH OF STAY IN HOSPITALS.</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 &amp; MEDICAID SERVICES INCLUDES POOR GLYCEMIC MANAGEMENT ON ITS 2013 LIST OF 15 HOSPITAL-ACQUIRED CONDITIONS OR HACS 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.</p> <p>IN DECEMBER 2013, THE CENTER LAUNCHED ITS 10TH PROJECT, WHICH AIMS TO REDUCE THE FREQUENCY OF CLOSTRIDIUM DIFFICILE (C. DIFFICILE)-RELATED INFECTIONS. 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 (CDC) ESTIMATES THAT CDI-RELATED DIARRHEA IS LINKED TO APPROXIMATELY 14,000 DEATHS PER YEAR. THE FINANCIAL IMPACT OF CDI IS ALSO STAGGERING. THE JAMA INTERNAL MEDICINE ESTIMATES THAT 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 2017.</p> <p>IN OCTOBER 2014, THE CENTER FOR TRANSFORMING HEALTHCARE LAUNCHED ITS ELEVENTH PROJECT, WHICH AIMS TO PREVENT RATES OF 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 THE UNITED STATES ALONE APPROXIMATELY \$8-10 BILLION IN DIRECT MEDICAL COSTS EACH YEAR, NOT INCLUDING THE COSTS OF ASSOCIATED COMPLICATIONS. APPROXIMATELY 50-60 PERCENT OF INCIDENT 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 LEADING TO CONTINUED VTES 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.</p> <p>THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE'S JOURNEY REACHED NEW HEIGHTS IN 2015 AS WE FURTHERED OUR MISSION TO TRANSFORM HEALTH CARE INTO A HIGH RELIABILITY INDUSTRY. COLLABORATING WITH OUR PARTICIPATING ORGANIZATIONS, THE CENTER LAUNCHED TWO NEW HIGH RELIABILITY TOOLS, PUBLISHED SIGNIFICANT PEER-REVIEWED PUBLICATIONS, AND BEGAN TO OFFER HIGH RELIABILITY IN HEALTH CARE TRAINING PROGRAMS.</p> <p>IN Q4 2015 THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE SUCCESSFULLY LAUNCHED ITS ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT AND RESOURCE</p>

Return Reference - Identifier	Explanation
	<p>LIBRARY—AN ONLINE ORGANIZATIONAL ASSESSMENT WITH RESOURCES DESIGNED TO GUIDE HOSPITAL LEADERSHIP THROUGHOUT THE HIGH RELIABILITY JOURNEY, SPECIFICALLY WITHIN THE AREAS OF: LEADERSHIP COMMITMENT, SAFETY CULTURE, AND PERFORMANCE IMPROVEMENT.</p> <p>THE DISCOVERIES MADE THROUGHOUT THE ORO 2.0 PROCESS HELP ORGANIZATIONS IDENTIFY THEIR HIGH RELIABILITY MATURITY LEVEL AND OPPORTUNITIES FOR IMPROVEMENT. A DETAILED SUMMARY REPORT COMPLETE WITH RESOURCES HELP FURTHER THE ORGANIZATION'S MATURITY LEVEL.</p> <p>IN THE THIRD QUARTER OF 2015, THE CENTER LAUNCHED ITS FOURTH TARGETED SOLUTIONS TOOL (TST). THE NEW PREVENTING FALLS TST IS A UNIQUE ONLINE APPLICATION THAT GUIDES AN ORGANIZATION THROUGH A ROBUST FALLS PROJECT BY:</p> <ul style="list-style-type: none"> <li>•MEASURING THE CURRENT STATE</li> <li>•ANALYZING AND DISCOVERING CAUSES</li> <li>•IMPLEMENTING TARGETED SOLUTIONS</li> <li>•SUSTAINING AND SPREADING IMPROVEMENTS</li> </ul> <p>ORGANIZATIONS WHO HAVE USED THIS SYSTEMATIC APPROACH HAVE REDUCED THE RATE OF PATIENT FALLS BY 35 PERCENT AND THE RATE OF PATIENTS INJURED IN A FALL BY 62 PERCENT. IF THE APPROACH IS TRANSLATED TO A TYPICAL 200-BED HOSPITAL, THE NUMBER OF PATIENTS INJURED IN A FALL COULD BE REDUCED FROM 117 TO 45 AND AVOID APPROXIMATELY \$1 MILLION IN COSTS.</p>
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	<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. IN 2015, 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 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, LEADERSHIP CHANGE MANAGEMENT TRAINING, ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT FACILITATION , TARGETED SOLUTIONS TOOL (TST) SUPERUSER TRAINING. SEE THE NARRATIVE FOR FORM 990, PART III, LINE 4C FOR MORE INFORMATION.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT	<p>(CONTINUATION)</p> <p>THERE ARE ELEVEN PROJECTS UNDER THIS PROGRAM:</p> <ol style="list-style-type: none"> <li>1) HAND HYGIENE PROJECT FOR IMPROVING PATIENT SAFETY TO LIMIT HOSPITAL ACQUIRED INFECTIONS THROUGH THE INCREASED USE OF HAND HYGIENE TECHNIQUES.</li> <li>2) HAND-OFF COMMUNICATIONS FOR TRANSFER AND ACCEPTANCE OF PATIENT CARE RESPONSIBILITY ACHIEVED THROUGH EFFECTIVE COMMUNICATION</li> <li>3) WRONG SITE SURGERY TO IMPROVE THE SAFEGUARDS TO PREVENT PATIENTS FROM WRONG SITE</li> <li>4) WRONG SIDE AND WRONG PATIENT SURGICAL PROCEDURES, SURGICAL SITE INFECTIONS (SSI) WHICH AIMS TO REDUCE SSI'S IN PATIENTS HAVING COLORECTAL SURGERY</li> <li>5) PREVENTING AVOIDABLE HEART FAILURE HOSPITALIZATIONS FOR PEOPLE WITH HEART FAILURE</li> <li>6) IMPROVED SAFETY CULTURE THAT REINFORCES AND SUPPORTS THE PREVENTION OF PATIENT HARM AND</li> <li>7) PREVENTION OF FALLS THAT OCCUR IN HEALTH CARE FACILITIES THAT RESULT IN INJURY.</li> <li>8) REDUCING SEPSIS MORTALITY</li> <li>9) SAFE USE OF INSULIN</li> <li>10) REDUCING CLOSTRIDIUM DIFFICILE INFECTIONS</li> <li>11) AND PREVENTING VENOUS THROMBOEMBOLISM (VTE)</li> </ol>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>FACILITATION TRAINING), ORO 2.0 HIGH RELIABILITY ORGANIZATIONAL ASSESSMENT FACILITATION (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), TARGETED SOLUTIONS TOOL (TST) SUPERUSER TRAINING (THE TST IS AN ONLINE APPLICATION THAT GUIDES AN ORGANIZATION THROUGH AN IMPROVEMENT PROJECT USING RPI, A CRITICAL COMPONENT OF HIGH RELIABILITY. KEY PARTICIPANTS WILL BE TRAINED AS TST SUPERUSERS, AND LEARN HOW TO LAUNCH TST INITIATIVES AND SPREAD THE APPROACH ACROSS THE ORGANIZATION).</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>AS THE SOLE MEMBER OF THE CENTER FOR TRANSFORMING HEALTHCARE, 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</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<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 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>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	<p>THE ORGANIZATION HAS ONE SOLE MEMBER, THE JOINT COMMISSION. THE JOINT COMMISSION HAS THE POWER TO:</p> <ol style="list-style-type: none"> <li>1) APPOINT ALL DIRECTORS TO THE BOARD OF DIRECTORS AND REMOVE THEM, WITH OR WITHOUT CAUSE.</li> <li>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.</li> <li>3) APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS.</li> <li>4) APPROVE ALL MISSION AND/OR VISION STATEMENTS AND ALL STRATEGIC OR LONG-TERM PLANS OF THE ORGANIZATION.</li> <li>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.</li> <li>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.</li> <li>7) APPROVE THE ORGANIZATION'S ANNUAL OPERATING AND CAPITAL BUDGETS AND MATERIAL AMENDMENTS THERETO.</li> <li>8) APPROVE THE DISSOLUTION OF AND ALL LIQUIDATIONS FROM THE ORGANIZATION.</li> </ol>
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 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE ORGANIZATION'S MANAGEMENT AND THE MANAGEMENT OF THE JOINT COMMISSION, INCLUDING THE CEO, CFO, CORPORATE COMPLIANCE &amp; PRIVACY OFFICER, AND LEGAL 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 COPY OF THE RETURN WILL BE PLACED ON THE ORGANIZATION'S WEBSITE FOR THE PUBLIC ONCE ACCEPTED BY THE IRS</p>
FORM 990, PART VI, LINE 13 - WHISTLEBLOWER POLICY	ALL CENTER STAFF AND BOARD MEMBERS ARE OBLIGATED TO FOLLOW THE JOINT COMMISSION WHISTLEBLOWER POLICY.
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	THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL OF THE CENTER IS DETERMINED AND PAID FOR BY A RELATED ORGANIZATION.



Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	SEE THE NARRATIVE FOR PART VI, LINE 15B
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<p>THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE RELIES ON THE PROCESSES OF THE JOINT COMMISSION FOR DETERMINING OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION.</p> <p>OTHER OFFICERS: THE OTHER OFFICERS' 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 ITS OTHER OFFICERS. IN SETTING THE OTHER OFFICERS' 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 HUMAN RESOURCES AND 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.</p> <p>THE PROCESS FOR DETERMINING THE ORGANIZATIONS' TOP MANAGEMENT OFFICIALS' COMPENSATION IS UNDERTAKEN ANNUALLY FOR: DR. MARK CHASSIN – PRESIDENT, ANNE MARIE BENEDICTO – VP, PAIGE RODGERS – CFO, DR. ERIN DUPREE – VP, AND LISA VANDECAVEYE- SECRETARY &amp; GENERAL COUNSEL.</p> <p>KEY EMPLOYEES: THE JOINT COMMISSION ENGAGES ITS HUMAN RESOURCES DEPARTMENT TO ASSIST IN DETERMINING COMPENSATION OF ITS KEY EMPLOYEES. IN SETTING THE KEY EMPLOYEES' COMPENSATION, THE HUMAN RESOURCES DEPARTMENT RELIES ON INDEPENDENT SURVEY AND COMPENSATION DATA FOR COMPARABLE POSITIONS IN OTHER ORGANIZATIONS AND/OR ON THE INTERNAL JOB EVALUATION SYSTEM TO SUPPORT ITS DECISIONMAKING PROCESS. THE KEY EMPLOYEES' COMPENSATION AGREEMENT IS SUBJECT TO A REVIEW AND APPROVAL BY THE CHIEF HUMAN RESOURCES OFFICER. INCENTIVE COMPENSATION FOR KEY EMPLOYEES IS ALSO REVIEWED AND APPROVED BY THE ORGANIZATION'S HUMAN RESOURCES AND COMPENSATION COMMITTEES.</p> <p>THE PROCESS FOR DETERMINING THE ORGANIZATION'S KEY EMPLOYEES' COMPENSATION IS UNDERTAKEN ANNUALLY FOR ALL KEY EMPLOYEES.</p>
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS 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
FORM 990, PART XII, LINE 2C - COMMITTEE RESPONSIBILITY FOR OVERSIGHT OF AUDIT	THE FILING ORGANIZATION IS A WHOLLY OWNED CONTROLLED AFFILIATE OF THE JOINT COMMISSION, A NOT-FOR-PROFIT ORGANIZATION. AS SUCH, THE RELATED FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS. AS THE FILING ORGANIZATION'S PARENT, THE JOINT COMMISSION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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)	9	JOINT COMMISSION		✓
(2) JOINT COMMISSION RESOURCES, INC. (36-3521721) 1515 WEST 22ND STREET, STE 1300 W, OAKBROOK, IL 60523	HEALTHCARE	IL	501(C)(3)	9	JOINT COMMISSION		✓
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> 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) .....													
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(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													