

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

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.

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

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

C Name of organization **JOINT COMMISSION RESOURCES, INC.**
 Doing business as **JOINT COMMISSION INTERNATIONAL**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1515 WEST 22ND STREET 1300W
 City or town, state or province, country, and ZIP or foreign postal code
OAK BROOK, IL 60523

D Employer identification number
36-3521721

E Telephone number
(630) 268-7400

F Name and address of principal officer: **PAULA WILSON**
SAME AS C ABOVE

G Gross receipts \$ **71,400,800**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.JCRINC.COM**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1986**

M State of legal domicile: **IL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION IS TO CONTINUOUSLY IMPROVE THE SAFETY & QUALITY OF HEALTH CARE IN THE US AND INTERNATIONAL COMMUNITY THROUGH THE PROVISION OF EDUCATION, PUBLICATIONS, CONSULTATION AND EVALUATION SERVICES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	137
	6	Total number of volunteers (estimate if necessary)	6	13
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,050,530	62,012,351
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,449,043	1,239,165
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	4,649,478
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	63,499,573	67,900,994
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	31,957,464	32,323,845
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,501,672	28,988,138
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	57,459,136	61,311,983
19	Revenue less expenses. Subtract line 18 from line 12	6,040,437	6,589,011	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	51,796,402	57,598,755
	22	Net assets or fund balances. Subtract line 21 from line 20	21,196,667	24,224,085
			30,599,735	33,374,670

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: _____ Date: _____

Type or print name and title: **PAULA WILSON, PRESIDENT & CEO**

Paid Preparer Use Only

Print/Type preparer's name: **RACHEL SPURLOCK** Preparer's signature: *Rachel Spurlock* Date: **11/06/2018** Check if self-employed PTIN: **P00520729**

Firm's name ▶ **CROWE LLP** Firm's EIN ▶ **35-0921680**

Firm's address ▶ **225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224** Phone no. **(312) 899-7000**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

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

(Rev. January 2017)

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.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>JOINT COMMISSION RESOURCES, INC.</u>	Employer identification number (EIN) or <u>36-3521721</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1515 WEST 22ND STREET, 1300W</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>OAK BROOK, IL 60523</u>	

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. ► _____

- 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 6-month extension of time until 11/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 17 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

3a 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.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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 Yes No

1 Briefly describe the organization's mission:

JCR'S MISSION IS TO CONTINUOUSLY IMPROVE THE SAFETY AND QUALITY OF HEALTH CARE IN THE UNITED STATES AND IN THE INTERNATIONAL COMMUNITY THROUGH THE PROVISION OF EDUCATION, PUBLICATIONS, CONSULTATION, AND EVALUATION SERVICES. JCR'S FOCUS IS TO ASSURE PEOPLE ALWAYS EXPERIENCE THE SAFEST, HIGHEST QUALITY, BEST VALUE HEALTH CARE ACROSS ALL SETTINGS.

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 \$ 16,214,290 including grants of \$) (Revenue \$ 16,123,542)

JCR SUPPORTS ITS MISSION THROUGH ITS CONSULTATIVE TECHNICAL ASSISTANCE SERVICES TO HEALTHCARE ORGANIZATIONS ON TOPICS SUCH AS QUALITY OF CARE, PATIENT SAFETY, PERFORMANCE IMPROVEMENT, INFECTION PREVENTION AND CONTROL, MEDICATION SAFETY, ENVIRONMENT OF CARE, HEALTH-RELATED SYSTEMS EVALUATION, ACCREDITATION PREPARATION ASSISTANCE, AND, FOR INTERNATIONAL GOVERNMENTS, NATIONAL ACCREDITATION SYSTEM DEVELOPMENT. INTERNATIONALLY, JOINT COMMISSION INTERNATIONAL (JCI) PROVIDES THESE SERVICES TO HEALTHCARE ORGANIZATIONS, MINISTRIES OF HEALTH, AND OTHER THIRD PARTY STAKEHOLDERS SUCH AS USAID, WORLD BANK, AND OTHER FUNDING GROUPS. (SEE SCHEDULE O, PART III, LINE 1, FOR FURTHER DESCRIPTION)

4b (Code:) (Expenses \$ 12,364,216 including grants of \$) (Revenue \$ 17,497,850)

JOINT COMMISSION INTERNATIONAL (JCI), A DIVISION OF JCR, PROVIDES INTERNATIONAL STANDARDS AND ACCREDITATION AND CERTIFICATION PROGRAMS FOR INTERNATIONAL HEALTHCARE ORGANIZATIONS. JCI STANDARDS AND EVALUATION METHODS ARE DESIGNED TO PROVIDE QUANTIFIABLE BENCHMARKS FOR PATIENT CARE QUALITY AND IMPROVEMENT, TO STIMULATE AND SUPPORT SUSTAINED PERFORMANCE IMPROVEMENT, AND TO PROVIDE A FRAMEWORK FOR RISK REDUCTION FOR INTERNATIONAL HEALTHCARE ORGANIZATIONS. JCI OFFERS ACCREDITATION PROGRAMS FOR HOSPITALS, ACADEMIC MEDICAL CENTERS, CLINICAL LABORATORIES, AMBULATORY CARE, LONG TERM CARE, HOME CARE, PRIMARY CARE, AND MEDICAL TRANSPORT ORGANIZATIONS. JCI ALSO PROVIDES DISEASE-SPECIFIC AND CLINICAL CARE PROGRAM CERTIFICATION IN PROGRAMS SUCH AS PRIMARY STROKE, HEART FAILURE, CHRONIC KIDNEY DISEASE, HIV/AIDS, ONCOLOGY CARE, PALLIATIVE CARE, AND DIABETES CARE. (SEE SCHEDULE O, PART III, LINE 1, FOR FURTHER DESCRIPTION)

4c (Code:) (Expenses \$ 12,172,044 including grants of \$) (Revenue \$ 16,983,176)

JCR, THE OFFICIAL PUBLISHER FOR THE JOINT COMMISSION, PUBLISHES ACCREDITATION STANDARDS MANUALS, BOOKS, AND PERIODICALS ON STANDARDS COMPLIANCE, PATIENT SAFETY, PERFORMANCE IMPROVEMENT, INFECTION CONTROL, MEDICATION MANAGEMENT, AND OTHER ISSUES RELATED TO HEALTHCARE QUALITY. JCR ALSO OFFERS ELECTRONIC ACCREDITATION AND CERTIFICATION MANUALS AND OTHER ELECTRONIC PRODUCTS TO HELP HEALTHCARE ORGANIZATIONS ASSESS AND MANAGE THEIR COMPLIANCE WITH JOINT COMMISSION STANDARDS AND SUPPORT ORGANIZATIONS' EFFORTS TO IMPROVE THE QUALITY AND SAFETY OF HEALTHCARE DELIVERY. (SEE SCHEDULE O, PART III, LINE 1, FOR FURTHER DESCRIPTION)

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

(Expenses \$ 10,358,836 including grants of \$ 0) (Revenue \$ 16,057,261)

4e Total program service expenses **51,109,386**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		<input checked="" type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, IL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
PAIGE RODGERS, 1515 WEST 22ND STREET, 1300W, OAK BROOK, IL 60523, (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) JOHN A. BABIARZ TREASURER	1.0 2.0			✓		✓				
(2) J. THORNTON KIRBY, FACHE CHAIR	2.0 0.0			✓		✓				
(3) TAMARA MINNIER, RN, MSN, FACHE VICE CHAIR	1.0 0.0			✓		✓				
(4) PAULA WILSON PRESIDENT & CEO	39.0 1.0			✓		✓				
(5) KENNETH BLOEM DIRECTOR	1.0 0.0			✓						
(6) DAVID L. BRONSON, MD, MACP, FRCP EDIN DIRECTOR	1.0 4.0			✓						
(7) MARK R. CHASSIN, MD, FACP, MPP, MPH DIRECTOR	2.0 38.0			✓						
(8) GRANT C. DAVIES, FACHE DIRECTOR	1.0 3.0			✓						
(9) CLARION E. JOHNSON, MD DIRECTOR	1.0 0.0			✓						
(10) CARLOS A. PELLEGRINI, MD, FACS DIRECTOR	1.0 3.0			✓						
(11) DAVID PERROTT, DDS, MD, MBA, FACS DIRECTOR	1.0 4.0			✓						
(12) MAY KAY PLANTES, PHD DIRECTOR	1.0 0.0			✓						
(13) DAVID B. PRYOR, MD DIRECTOR	1.0 3.0			✓						
(14) DESMOND THIO, DBA/PHD, MBM, MS, MD, B DIRECTOR	2.0 0.0			✓						

AVAILABLE UPON REQUEST

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) JACOB THOMAS, MD DIRECTOR	3.0 0.0	✓								
(16) PAUL MORROW WHITE DIRECTOR	2.0 0.0	✓								
(17) PAUL CHANG, MD, MPH, CPHQ, FACHE VP INTERNATIONAL ACCREDITATION & STDS	40.0 0.0			✓						
(18) JEAN COURTNEY, CPA VP OPS & BUSINESS DEVELOPMENT	40.0 0.0			✓						
(19) YING QU VP EPRODUCTS & PER	40.0 0.0			✓						
(20) MARWA ZOHDY, PHD VP GLOBAL CONSULTATIVE SERVICES	40.0 0.0			✓						
(21) PAUL ESKEW ED INTL CONSULTING	40.0 0.0					✓				
(22) CATHY HINCKLEY ED-PUBLICATIONS AND EDUCATION RESOURCES	40.0 0.0					✓				
(23) KRISTINE SLEPICKA ED-US & CSR CONSULTATIVE SERVICES	40.0 0.0					✓				
(24) MARY FIALKOWSKI EXEC DIR INT'L ACCRED OPS	40.0 0.0						✓			
(25) (SEE STATEMENT)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

AVAILABLE UPON REQUEST

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 **▶** 41

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181	SHARED SERVICES FEE	6,476,804
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181	ROYALTIES	1,169,434
COGNIZANT TECHNOLOGY SOLUTIONS, 24721 NETWORK PLACE, CHICAGO, IL 60673	SOFTWARE DEVELOPMENT	1,083,038
PBD, 1650 BLUEGRASS LAKES PARKWAY, ALPHARETTA, GA 30004-7753	PUBLICATIONS FULFILLMENT	752,103
AMERICANEAGLE.COM, 2600 S. RIVER RD, DES PLAINES, IL 60018	WEBSITE DEVELOPMENT, WEBSITE SUPPORT AND WEB	367,434

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 **▶** 23

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			0			
Program Service Revenue	Business Code						
	2a PUBLICATION AND MULTIMEDIA SALES	521190	12,333,698	12,333,698			
	b SURVEY FEES	541900	17,497,850	17,497,850			
	c CONSULTATIVE TECHNICAL ASSISTANCE	541600	16,123,542	16,123,542			
	d EDUCATIONAL PROGRAMS	611000	7,628,149	7,628,149			
	e CONTINUOUS SERVICE READINESS	541600	5,467,187	5,467,187			
	f All other program service revenue .	541990	2,961,925	2,961,925	0	0	
	g Total. Add lines 2a-2f		62,012,351				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		458,485			458,485	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		3,506,725			
		c Gain or (loss)		2,726,045			
	d Net gain or (loss)		780,680	0		780,680	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a		5,423,239			
		b Less: cost of goods sold	b	773,761			
		c Net income or (loss) from sales of inventory		4,649,478	4,649,478		
Miscellaneous Revenue		Business Code					
11a -----							
b -----							
c -----							
d All other revenue			0	0	0		
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions.			67,900,994	66,661,829	0	1,239,165	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,153,799	2,306,334	847,465	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,655,368	22,416,332	1,239,036	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,279,272	940,570	338,702	
9 Other employee benefits	2,452,550	2,250,865	201,685	
10 Payroll taxes	1,782,856	1,666,757	116,099	
11 Fees for services (non-employees):				
a Management				
b Legal	474,252	107,969	366,283	
c Accounting	80,176	23,500	56,676	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	44,880	0	44,880	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	16,209,826	11,278,422	4,931,404	0
12 Advertising and promotion	797,241	767,550	29,691	
13 Office expenses	1,372,378	1,102,533	269,845	
14 Information technology	706,403	104,850	601,553	
15 Royalties	1,169,434	1,169,434	0	
16 Occupancy	1,043,057	690,635	352,422	
17 Travel	3,559,069	3,305,611	253,458	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,047,573	1,972,569	75,004	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,312,670	941,905	370,765	
23 Insurance	61,845	61,845	0	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITMENT/RELOCATION	99,521	1,513	98,008	
b				
c				
d				
e All other expenses	9,813	192	9,621	0
25 Total functional expenses. Add lines 1 through 24e	61,311,983	51,109,386	10,202,597	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	16,659,038	1	20,148,979
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,755,535	4	8,593,488
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	273,923	8	256,015
	9 Prepaid expenses and deferred charges	1,591,404	9	1,612,203
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,091,031		
	b Less: accumulated depreciation	10b 8,943,442	2,707,965	10c 2,147,589
	11 Investments—publicly traded securities	10,147,142	11	21,661,624
	12 Investments—other securities. See Part IV, line 11	11,661,395	12	3,178,857
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,796,402	16	57,598,755	
Liabilities	17 Accounts payable and accrued expenses	5,753,737	17	6,021,116
	18 Grants payable		18	
	19 Deferred revenue	7,533,729	19	7,635,114
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,909,201	25	10,567,855
	26 Total liabilities. Add lines 17 through 25	21,196,667	26	24,224,085
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,599,735	27	33,374,670
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,599,735	33	33,374,670
34 Total liabilities and net assets/fund balances	51,796,402	34	57,598,755	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,900,994
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,311,983
3	Revenue less expenses. Subtract line 2 from line 1	3	6,589,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,599,735
5	Net unrealized gains (losses) on investments	5	1,766,943
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(5,581,019)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,374,670

Part XII Financial Statements and Reporting

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

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

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 (Check all that apply)						(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			
(25) DANA MCGRATH ----- REGIONAL CLIENT RELATIONS MGR	40.0 ----- 0.0									
(26) KELLY A. QUIGLEY ----- REGL CLIENT RELATIONS MGR	40.0 ----- 0.0									
(27) BONNIE L. QUINN ----- ED GLOBAL STRATEGY	40.0 ----- 0.0									
(28) SHEELA SURESH ----- DIRECTOR, TECHNICAL DEVELOPMENT	40.0 ----- 0.0									

AVAILABLE UPON REQUEST

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization JOINT COMMISSION RESOURCES, INC.	Employer identification number 36-3521721
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,889,748	2,511,508	46,469	0	0	5,447,725
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	52,201,807	53,361,002	58,034,355	62,050,530	67,435,590	293,083,284
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	55,091,555	55,872,510	58,080,824	62,050,530	67,435,590	298,531,009
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	4,996,949	6,338,946	2,714,404	1,114,642	1,333,352	16,498,293
c Add lines 7a and 7b	4,996,949	6,338,946	2,714,404	1,114,642	1,333,352	16,498,293
8 Public support. (Subtract line 7c from line 6.)						282,032,716

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	55,091,555	55,872,510	58,080,824	62,050,530	67,435,590	298,531,009
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	531,874	310,765	431,551	367,912	458,485	2,100,587
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	6,519	640	0	0	7,159
c Add lines 10a and 10b	531,874	317,284	432,191	367,912	458,485	2,107,746
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	55,623,429	56,189,794	58,513,015	62,418,442	67,894,075	300,638,755
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	93.81 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.27 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.70 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.73 %

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: JOINT COMMISSION RESOURCES, INC. Employer identification number: 36-3521721

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements for art and historical treasures, including revenue and asset 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

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
1a Land				
b Buildings				
c Leasehold improvements		2,147,965	1,767,656	380,309
d Equipment		299,437	251,906	47,531
e Other		8,643,629	6,923,880	1,719,749
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,147,589

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON AND COLLECTIVE FUNDS - MEASURED AT NAV	3,048,574	END OF YEAR MARKET VALUE
(B) COMMON AND COLLECTIVE FUNDS - HEDGE FUND	130,283	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,178,857	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION COST	2,318,385	
(3) DUE TO PARENT COMPANY - THE JOINT COMMISSION EIN 36-2229255	8,249,470	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,567,855	

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 XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	COST OF GOODS SOLD ON INVENTORY (PART VIII LINE 10B)	773,761
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CHANGE IN UNRECOGNIZED NET DEFINED BENEFIT PLAN COSTS NOT YET RECOGNIZED IN NET PERIODIC BENEFIT COST	143,980
	TRANSFER OF NET ASSETS TO PARENT COMPANY - THE JOINT COMMISSION EIN 36-2229255	5,437,039
	COST OF GOODS SOLD ON INVENTORY (PART VIII LINE 10B)	773,761

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
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE JOINT COMMISSION AND ITS AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. 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, 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, 2017 OR 2016 FOR ITS U.S. OPERATIONS.</p> <p>JCR'S SINGAPORE BRANCH IS SUBJECT TO SINGAPORE TAXES ON ITS OPERATIONS. AS OF DECEMBER 31, 2017 AND 2016, A TAX LIABILITY OF \$63,912 AND \$45,542 HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION, RESPECTIVELY.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JOINT COMMISSION RESOURCES, INC.

Employer identification number

36-3521721

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(SEE STATEMENT)					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	3	607			10,091,337
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	3	607			10,091,337

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

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

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part I

Activities per Region (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	188	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	2,051,293
(2) MIDDLE EAST AND NORTH AFRICA	1	146	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	2,980,586
(3) EAST ASIA AND THE PACIFIC	2	159	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND	4,394,952

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	8	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	36,558
(5) SOUTH AMERICA	0	41	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE	376,427

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	
(6) SOUTH ASIA	0	49	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	190,410
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	11	PROGRAM SERVICES, SPEAKING ENGAGEMENTS, CONFERENCE TRAVEL	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE TECHNICAL ASSISTANCE, INTERNATIONAL STANDARDS AND ACCREDITATION, AND EDUCATIONAL PROGRAMS ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS. AS WELL AS THE ENTITY SENT AGENTS TO ATTEND &/OR SPEAK AT CONFERENCES INTERNATIONALL Y.	57,763
(8) SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	ENTITY SENT AGENTS TO PROVIDE &/OR MANAGE THE PROGRAM SERVICES OF CONSULTATIVE	3,348

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				TECHNICAL ASSISTANCE ON STANDARDS COMPLIANCE, PATIENT SAFETY AND PERFORMANCE IMPROVEMENT OFFERED TO INTERNATIONAL HEALTHCARE ORGANIZATIONS.	

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JOINT COMMISSION RESOURCES, INC.

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

36-3521721

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 checked="" 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 (such as, maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAULA WILSON	(i)							
1 PRESIDENT & CEO	(ii)							
MARK R. CHASSIN, MD, FACP, MPP, MPH	(i)							
2 DIRECTOR	(ii)							
PAUL CHANG, MD, MPH, CPHQ, FACHE	(i)							
3 VP INTERNATIONAL ACCREDITATION & STDS	(ii)							
JEAN COURTNEY, CPA	(i)							
4 VP OPS & BUSINESS DEVELOPMENT	(ii)							
YING QU	(i)							
5 VP EPRODUCTS & PER	(ii)							
MARWA ZOHDY, PHD	(i)							
6 VP GLOBAL CONSULTATIVE SERVICES	(ii)							
PAUL ESKEW	(i)							
7 ED INTL CONSULTING	(ii)							
CATHY HINCKLEY	(i)							
8 ED-PUBLICATIONS AND EDUCATION RESOURCES	(ii)							
KRISTINE SLEPICKA	(i)							
9 ED-US & CSR CONSULTATIVE SERVICES	(ii)							
MARY FIALKOWSKI	(i)							
10 EXEC DIR INT'L ACCRED OPS	(ii)							
DANA MCGRATH	(i)							
11 REGIONAL CLIENT RELATIONS MGR	(ii)							
KELLY A. QUIGLEY	(i)							
12 REGL CLIENT RELATIONS MGR	(ii)							
BONNIE L. QUINN	(i)							
13 ED GLOBAL STRATEGY	(ii)							
SHEELA SURESH	(i)							
14 DIRECTOR, TECHNICAL DEVELOPMENT	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

AVAILABLE UPON REQUEST

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	JOINT COMMISSION RESOURCE'S BOARD TRAVEL POLICY PERMITS REIMBURSEMENT FOR THE PURCHASE OF UPGRADE COUPONS FOR FIRST-CLASS AIR TRAVEL. FIRST CLASS AIR 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 THESE SERVICES UTILIZE THEM. THESE SERVICES ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II COLUMN (B)(III), OTHER REPORTABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	JOINT COMMISSION RESOURCE'S BOARD TRAVEL POLICY PERMITS REASONABLE REIMBURSEMENT FOR COMPANION TRAVEL WHEN AN EMPLOYEE RELOCATES TO ANOTHER COUNTRY FOR HIS OR HER JOB. SUCH TRAVEL BENEFITS ARE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	ALL OFFICERS ARE ALLOWED TO PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL DEFINED BENEFIT RETIREMENT PLAN. 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 5A - COMPENSATION CONTINGENT ON REVENUES OF THE ORGANIZATION	<p>BUSINESS DEVELOPMENT INCENTIVE PLAN JCR'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVED THE 2016 AND 2017 BUSINESS DEVELOPMENT INCENTIVE COMPENSATION PLAN, WHICH REWARDS REVENUE GENERATION FOR BOTH DOMESTIC AND INTERNATIONAL BUSINESS DEVELOPMENT. ACTUAL AWARDS MADE TO PLAN PARTICIPANTS WERE BASED ON 1% OF THE TARGET INCENTIVE AMOUNT FOR EACH 1% OF ANNUAL SALES REVENUE QUOTA PERFORMANCE ATTAINMENT. FOR AMOUNTS GREATER THAN THE ANNUAL SALES REVENUE QUOTA PERFORMANCE TARGET, THE INCENTIVE WAS 1.5%. EACH PLAN CAPS THE MAXIMUM AWARD OPPORTUNITY TO PARTICIPANTS BASED ON JOB FUNCTION. PARTICIPANTS IN THIS PLAN DO NOT PARTICIPATE IN ANY OTHER INCENTIVE PLANS.</p> <p>CORPORATE GAINSHARE PLAN JCR'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVED THE 2016 AND 2017 GAINSHARING PLANS, WHICH PROVIDES FINANCIAL AWARDS TO STAFF FOR PERFORMANCE THAT CONTRIBUTES TO THE MISSION AND OBJECTIVES OF JCR. THE PLAN IS SELF-FUNDED, IN THAT ALL AWARDS WERE CONTINGENT UPON WHETHER THE ACTUAL FINANCIAL RESULTS FOR JCR EXCEEDED THE ORGANIZATION'S BUDGETED NET EARNINGS OF 2% EXCESS OVER BUDGET, THE ACTUAL FINANCIAL RESULTS MET OR EXCEEDED THE ORGANIZATION'S BUDGETED REVENUES, AND JCR MET OR EXCEEDED A NET PROMOTOR SCORE RATING. IN BOTH 2016 AND 2017, INDIVIDUAL GAINSHARING AWARDS WERE CAPPED AT \$3,000. PARTICIPANTS IN THIS PLAN DO NOT PARTICIPATE IN ANY OTHER INCENTIVE PLANS.</p> <p>FOR BOTH PLANS THERE WERE AWARDS ACCRUED FOR BASED ON 2017 FINANCIAL RESULTS FOR THE YEAR ENDED DECEMBER 31, 2017 THAT WILL BE PAID IN 2018.</p> <p>FOR BOTH PLANS THERE WERE AWARDS ACCRUED FOR BASED ON 2016 FINANCIAL RESULTS FOR THE YEAR ENDED DECEMBER 31, 2016 THAT WERE PAID OUT IN 2017.</p>
SCHEDULE J, PART I, LINE 6A - COMPENSATION CONTINGENT ON NET EARNINGS OF THE ORGANIZATION	<p>EXECUTIVE INCENTIVE PLAN JCR'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVED THE 2016 AND 2017 EXECUTIVE INCENTIVE PLAN, WHICH IS INTENDED TO FURTHER THE MISSION OF JCR BY PROVIDING THE CHIEF EXECUTIVE OFFICER AND OTHER EXECUTIVES AS DESIGNATED BY THE COMMITTEE WITH FINANCIAL AWARDS FOR PERFORMANCE THAT CONTRIBUTES SIGNIFICANTLY TO THE MISSION AND OBJECTIVES OF JCR. THE PLAN WAS ALSO INTENDED TO HELP JCR ATTRACT AND RETAIN EXECUTIVES WHILE ENSURING THAT A PART OF EXECUTIVE TOTAL CASH COMPENSATION IS "AT RISK" AND DEPENDENT UPON PERFORMANCE ON SPECIFIC GOALS. THE PLAN GUIDELINES INCLUDED THE DEFINITION OF FUNDING TRIGGERS AND INCENTIVE OPPORTUNITIES SET AS A PERCENT OF A PARTICIPANT'S SALARY. ONE OF THE PLAN PERFORMANCE MEASURES IS BASED UPON THE NET REVENUES IN EXCESS OF EXPENSES ACHIEVED AS MEASURED AGAINST BUDGETED NET REVENUES IN EXCESS OF EXPENSE EXPECTATIONS. THE PLAN'S TOTAL PAYOUTS ARE CAPPED AT 10% OF JCR'S OPERATING EXCESS. PARTICIPANTS IN THIS PLAN DO NOT PARTICIPATE IN ANY OTHER INCENTIVE PLANS.</p> <p>CORPORATE GAINSHARE PLAN JCR'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVED THE 2016 AND 2017 GAINSHARING PLANS, WHICH PROVIDES FINANCIAL AWARDS TO STAFF FOR PERFORMANCE THAT CONTRIBUTES TO THE MISSION AND OBJECTIVES OF JCR. THE PLAN IS SELF-FUNDED, IN THAT ALL AWARDS WERE CONTINGENT UPON WHETHER THE ACTUAL FINANCIAL RESULTS FOR JCR EXCEEDED THE ORGANIZATION'S BUDGETED NET EARNINGS OF 2% EXCESS OVER BUDGET, THE ACTUAL FINANCIAL RESULTS MET OR EXCEEDED THE ORGANIZATION'S BUDGETED REVENUES, AND JCR MET OR EXCEEDED A NET PROMOTOR SCORE RATING. IN BOTH 2016 AND 2017, INDIVIDUAL GAINSHARING AWARDS WERE CAPPED AT \$3,000. PARTICIPANTS IN THIS PLAN DO NOT PARTICIPATE IN ANY OTHER INCENTIVE PLANS.</p> <p>FOR BOTH PLANS THERE WERE AWARDS ACCRUED FOR BASED ON 2017 FINANCIAL RESULTS FOR THE YEAR ENDED DECEMBER 31, 2017 THAT WILL BE PAID IN 2018.</p> <p>FOR BOTH PLANS THERE WERE AWARDS ACCRUED FOR BASED ON 2016 FINANCIAL RESULTS FOR THE YEAR ENDED DECEMBER 31, 2016 THAT WERE PAID OUT IN 2017.</p>
SCHEDULE J, PART I, LINE 6B - COMPENSATION CONTINGENT ON NET EARNINGS OF A RELATED ORGANIZATION	FOR THE CORPORATE GAINSHARING PLAN TO BE PAID, ALL AWARDS WERE CONTINGENT UPON WHETHER THE ACTUAL OPERATING MARGIN FINANCIAL RESULTS FOR THE ENTERPRISE EXCEEDED THE ENTERPRISE'S BUDGETED NET EARNINGS EXCESS OF 2% OVER BUDGET.

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the Organization
JOINT COMMISSION RESOURCES, INC.

Employer Identification Number
36-3521721

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION</p>	<p>(CONTINUATION FROM FORM 990 PART III, LINE 1)</p> <p>JOINT COMMISSION RESOURCES (JCR), A WHOLLY CONTROLLED, NOT-FOR-PROFIT AFFILIATE OF THE JOINT COMMISSION, IS A GLOBAL, KNOWLEDGE-BASED ORGANIZATION THAT DISSEMINATES INFORMATION REGARDING ACCREDITATION, STANDARDS DEVELOPMENT AND COMPLIANCE, GOOD PRACTICES, AND PATIENT SAFETY AND PERFORMANCE IMPROVEMENT.</p> <p>JOINT COMMISSION INTERNATIONAL (JCI), A DIVISION OF JCR, HAS EXTENSIVE EXPERIENCE WORKING WITH PUBLIC AND PRIVATE HEALTHCARE ORGANIZATIONS, MINISTRIES OF HEALTH, AND LOCAL GOVERNMENTS IN MORE THAN 100 COUNTRIES. JCI PROVIDES ACCREDITATION BASED ON INTERNATIONAL STANDARDS, AS WELL AS THIRD-PARTY REVIEW AND EVALUATION SERVICES.</p> <p>EXAMPLES OF PROJECTS IN SUPPORT OF JCR'S MISSION</p> <p>AT THE REQUEST OF SEVERAL MINISTRIES OF HEALTH, JCI DEVELOPED THE INTERNATIONAL ESSENTIALS OF HEALTH CARE QUALITY AND PATIENT SAFETY (ESSENTIALS), WHICH IS A QUALITY AND SAFETY ROADMAP DESIGNED TO HELP HEALTHCARE ORGANIZATIONS IDENTIFY AND FOCUS ON THOSE AREAS THAT POSE THE GREATEST RISK TO PATIENT SAFETY. THE ESSENTIALS HAVE BEEN USED AS A BASIS FOR THE DEVELOPMENT OF THE RWANDAN HOSPITAL ACCREDITATION PROGRAM, A USAID PROJECT THAT JCI HAS BEEN A SUBCONTRACTOR FOR MANAGEMENT SCIENCES FOR HEALTH. THE ESSENTIALS HAVE ALSO BEEN USED AS THE BASIS FOR ASSESSING ORGANIZATIONS AS PART OF THE SAFECARE FOUNDATION, WHICH IS DESCRIBED BELOW.</p> <p>SAFECARE FOUNDATION JCI SIGNED AN AGREEMENT WITH THE SOUTH AFRICAN-BASED COUNCIL FOR HEALTH SERVICE ACCREDITATION OF SOUTHERN AFRICA (COHSASA) AND THE PHARMACCESS FOUNDATION OF THE NETHERLANDS TO ESTABLISH THE SAFECARE FOUNDATION. SAFECARE HAS GROWN OUT OF A GLOBAL INITIATIVE TO INTRODUCE A COMPREHENSIVE QUALITY IMPROVEMENT PROGRAM USING INTERNATIONALLY RECOGNIZED STANDARDS TO IMPROVE HEALTHCARE DELIVERY IN RESOURCE-POOR SETTINGS IN AFRICA. TO ASSIST WITH ESTABLISHMENT OF THIS PROGRAM, JCI CONTRIBUTED A ROYALTY-FREE LICENSE TO USE ITS PROPRIETARY ANALYTICAL PLATFORM BASED ON ITS ESSENTIALS QUALITY AND SAFETY ROADMAP (DESCRIBED ABOVE). SAFECARE IS ACTIVE IN GHANA, NIGERIA, KENYA, AND TANZANIA. THE PROGRAM IS FUNDED PRIMARILY BY USAID, GATES FOUNDATION, AND OTHER US AND INTERNATIONAL DONOR AGENCIES.</p> <p>JCI-CRHG ACADEMY OF HOSPITAL MANAGEMENT JCI HAS ENTERED INTO A JOINT VENTURE WITH CHINA RESOURCES HEALTHCARE GROUP, A HEALTHCARE ORGANIZATION IN THE PEOPLE'S REPUBLIC OF CHINA, TO INTRODUCE JCI'S KNOWLEDGE SYSTEM OF QUALITY AND PATIENT SAFETY THROUGH TRAINING, EDUCATION, AND PUBLICATIONS TO EDUCATE LOCAL PROFESSIONALS IN QUALITY MANAGEMENT, THUS IMPROVING THE QUALITY AND SAFETY IN CHINESE HEALTHCARE ORGANIZATIONS. THE JCI-CRHG ACADEMY OF HOSPITAL MANAGEMENT BEGAN OFFERING EDUCATION PROGRAMS IN CHINA IN 2016. IN 2017, IN ADDITION TO THE EDUCATION OFFERINGS, THE JCI-CRHG ACADEMY OF HOSPITAL MANAGEMENT TRANSLATED SEVERAL JCR PUBLICATIONS INTO SIMPLIFIED CHINESE FOR RELEASE INTO THE CHINESE MARKET.</p> <p>FREE RESOURCES JCR OFFERS MORE THAN 100 FREE RESOURCES ON QUALITY AND PATIENT SAFETY TO CUSTOMERS AND THE PUBLIC. THESE FREE RESOURCES, WHICH ARE AVAILABLE ON JCR'S WEB SITE, INCLUDE ARTICLES PUBLISHED IN JCR PERIODICALS, BOOKS, WHITEPAPERS, TOOLKITS, AND CHECKLISTS, ON TOPICS RANGING FROM MEDICATION MANAGEMENT TO INFECTION PREVENTION AND CONTROL TO EMERGENCY MANAGEMENT.</p> <p>JCR'S PRIMARY PROGRAM SERVICES ARE DESCRIBED BELOW.</p> <p>JOINT COMMISSION INTERNATIONAL ACCREDITATION JCI PROVIDES INTERNATIONAL STANDARDS AND ACCREDITATION PROGRAMS FOR INTERNATIONAL HEALTHCARE ORGANIZATIONS. JCI STANDARDS AND EVALUATION METHODS ARE DESIGNED TO PROVIDE QUANTIFIABLE BENCHMARKS FOR PATIENT CARE QUALITY AND IMPROVEMENT, TO STIMULATE AND SUPPORT SUSTAINED PERFORMANCE IMPROVEMENT, AND TO PROVIDE A FRAMEWORK FOR RISK REDUCTION FOR INTERNATIONAL HEALTHCARE ORGANIZATIONS. JCI OFFERS ACCREDITATION PROGRAMS FOR HOSPITALS, ACADEMIC MEDICAL CENTERS, CLINICAL LABORATORIES, AMBULATORY CARE, LONG TERM CARE, HOME CARE, PRIMARY CARE, AND MEDICAL TRANSPORT ORGANIZATIONS. JCI ALSO PROVIDES DISEASE-SPECIFIC AND CLINICAL CARE PROGRAM CERTIFICATION IN PROGRAMS SUCH AS PRIMARY STROKE, HEART FAILURE, CHRONIC KIDNEY DISEASE, HIV/AIDS, ONCOLOGY CARE, PALLIATIVE CARE, AND DIABETES CARE. JCI HAS ACCREDITED NEARLY 1000 HEALTHCARE ORGANIZATIONS IN MORE THAN 60 COUNTRIES.</p> <p>JCI'S ACCREDITATION PROGRAM/ORGANIZATION, STANDARDS, AND SURVEYOR TRAINING PROGRAM ARE ACCREDITED WORLDWIDE BY THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE (ISQUA), A NON-PROFIT, INDEPENDENT ORGANIZATION THAT ACCREDITS HEALTHCARE ACCREDITING BODIES. ACCREDITATION UNDER ISQUA'S INTERNATIONAL ACCREDITATION PROGRAM PROVIDES THE ASSURANCE THAT THE STANDARDS, TRAINING, AND PROCESSES USED BY JCI TO SURVEY HEALTHCARE ORGANIZATIONS MEET THE HIGHEST INTERNATIONAL BENCHMARK.</p> <p>CONSULTATIVE TECHNICAL ASSISTANCE</p>

Return Reference - Identifier	Explanation
	<p>JCR SUPPORTS ITS MISSION THROUGH ITS CONSULTATIVE TECHNICAL ASSISTANCE SERVICES TO HEALTHCARE ORGANIZATIONS ON TOPICS SUCH AS QUALITY OF CARE, PATIENT SAFETY, PERFORMANCE IMPROVEMENT, INFECTION PREVENTION AND CONTROL, MEDICATION SAFETY, ENVIRONMENT OF CARE, HEALTH-RELATED SYSTEMS EVALUATION, ACCREDITATION PREPARATION ASSISTANCE, AND, FOR INTERNATIONAL GOVERNMENTS, NATIONAL ACCREDITATION SYSTEM DEVELOPMENT. INTERNATIONALLY, JCI PROVIDES THESE SERVICES TO HEALTHCARE ORGANIZATIONS, MINISTRIES OF HEALTH, AND OTHER THIRD-PARTY STAKEHOLDERS SUCH AS USAID, WORLD BANK, AND OTHER FUNDING GROUPS.</p> <p>JCR ALSO OFFERS CONSULTATIVE TECHNICAL ASSISTANCE TO HOSPITALS IN THE U.S. AND GLOBALLY (THROUGH JCI) THAT ARE RENOVATING OR BUILDING NEW HEALTHCARE STRUCTURES. THIS SERVICE, SAFE HEALTH DESIGN™, INTEGRATES JOINT COMMISSION OR JCI STANDARDS REQUIREMENTS, EVIDENCE-BASED DESIGN PRINCIPLES, AND GLOBALLY RECOGNIZED PATIENT SAFETY AND QUALITY PRACTICES.</p> <p>HEALTHCARE ORGANIZATIONS MAY FIND THEMSELVES WITHOUT A QUALITY DIRECTOR LEADING ACCREDITATION AND REGULATORY EFFORTS WHICH CAN DISRUPT ONGOING ATTENTION TO PROVIDING SAFE, HIGH QUALITY CARE. JCR ASSISTS THESE ORGANIZATION IN THEIR EFFORTS TO MAINTAIN SAFE, HIGH QUALITY CARE BY PROVIDING PROFESSIONALS TO TEMPORARILY STAFF THESE VACANCIES. THE SERVICE CAN PROVIDE FOCUSED QUALITY IMPROVEMENT IN PATIENT CARE AND SAFETY AREAS THAT NEED ATTENTION (E.G., READMISSIONS AND FALLS) AND SHARING OF BEST PRACTICES FROM PROFESSIONALS WITH DEEP INDUSTRY KNOWLEDGE.</p> <p>PUBLICATIONS AND MULTIMEDIA APPLICATIONS JCR, THE OFFICIAL PUBLISHER FOR THE JOINT COMMISSION, PUBLISHES ACCREDITATION MANUALS, BOOKS, AND PERIODICALS ON STANDARDS COMPLIANCE, PATIENT SAFETY, PERFORMANCE IMPROVEMENT, INFECTION CONTROL, MEDICATION MANAGEMENT, AND OTHER ISSUES RELATED TO HEALTHCARE QUALITY. THESE RESOURCES ARE OFFERED IN PRINT AND ELECTRONICALLY, INCLUDING THROUGH WEB-BASED APPLICATIONS. JCR ALSO MANAGES THE JOINT COMMISSION'S PEER-REVIEWED JOURNAL ON QUALITY AND PATIENT SAFETY, WHICH IS NOW PUBLISHED BY A THIRD PARTY PUBLISHER.</p> <p>JCR ALSO OFFERS ELECTRONIC ACCREDITATION AND CERTIFICATION MANUALS AND OTHER ELECTRONIC PRODUCTS TO HELP HEALTHCARE ORGANIZATIONS ASSESS AND MANAGE THEIR COMPLIANCE WITH JOINT COMMISSION STANDARDS AND SUPPORT ORGANIZATIONS' EFFORTS TO IMPROVE THE QUALITY AND SAFETY OF HEALTHCARE DELIVERY. IN ADDITION, JCR OFFERS A WEB-BASED TOOL THAT ALLOWS HEALTHCARE ORGANIZATIONS TO TRACE A SIMULATED PATIENT'S CARE THROUGHOUT AN ORGANIZATION TO IDENTIFY FOCUS AREAS RELATED TO STANDARDS COMPLIANCE, PATIENT SAFETY, AND PERFORMANCE IMPROVEMENT. JCR ALSO OFFERS AN ONLINE MULTIMEDIA PORTAL THAT FEATURES INFORMATION ABOUT CMS' CONDITIONS OF PARTICIPATION REQUIREMENTS AND SURVEY METHODOLOGY FOR ACCREDITED AND NON-ACCREDITED HOSPITALS.</p> <p>OTHER JCR PROGRAM SERVICES JCR OFFERS A SUBSCRIPTION SERVICE CALLED CONTINUOUS SERVICE READINESS® THAT PROVIDES ONGOING GUIDANCE WITH A DEDICATED HEALTHCARE QUALITY AND SAFETY EXPERT TO HELP ORGANIZATIONS MEET THE STANDARDS TO ACHIEVE AND MAINTAIN JOINT COMMISSION ACCREDITATION AND/OR DISEASE-SPECIFIC CARE CERTIFICATION. IN ADDITION, JCR AIDS ORGANIZATIONS THAT ARE PREPARING FOR CMS OR STATE AGENCY (ON BEHALF OF CMS) SURVEYS.</p> <p>JCR (AND INTERNATIONALLY THROUGH JCI) OFFERS SEMINARS, CONFERENCES, WEBINARS, EDUCATION PROGRAMS, AND A VIDEO BROADCAST SERVICE THAT ADDRESS STANDARDS COMPLIANCE, PERFORMANCE IMPROVEMENT, AND PATIENT SAFETY, AMONG OTHER TOPICS, FOR DIFFERENT HEALTHCARE SETTINGS.</p> <p>JCI ALSO OFFERS DIPLOMA-STYLE EDUCATION PROGRAMS, WHICH ARE INTENSIVE, 3--12 MONTH EDUCATION PROGRAMS, FOR INFECTION CONTROL AND QUALITY MANAGEMENT AND PATIENT SAFETY STAFF WITHIN HEALTHCARE ORGANIZATIONS.</p> <p>JCR OFFERS THE CERTIFIED JOINT COMMISSION PROFESSIONAL (CJCP®) PROGRAM, A CERTIFICATION PROGRAM FOR ACCREDITATION PROFESSIONALS THAT FEATURES AN ONLINE EXAMINATION AND CONTINUING EDUCATION REQUIREMENTS TO ACHIEVE AND MAINTAIN CERTIFICATION. JCR OFFERS MOST OF ITS EDUCATIONAL OFFERINGS WITH CONTINUING EDUCATION CREDITS FROM ANCC, ACCME, AND ACHE.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$10,358,836 INCLUDING GRANTS OF)(REVENUE \$16,057,261)</p> <p>JCR OFFERS A SUBSCRIPTION SERVICE CALLED CONTINUOUS SERVICE READINESS® THAT PROVIDES ONGOING GUIDANCE WITH A DEDICATED HEALTHCARE QUALITY AND SAFETY EXPERT TO HELP ORGANIZATIONS MEET THE STANDARDS TO ACHIEVE AND MAINTAIN JOINT COMMISSION ACCREDITATION AND/OR DISEASE-SPECIFIC CARE CERTIFICATION. IN ADDITION, JCR AIDS ORGANIZATIONS THAT ARE PREPARING FOR CMS OR STATE AGENCY (ON BEHALF OF CMS) SURVEYS. JCR (AND INTERNATIONALLY THROUGH JCI) OFFERS SEMINARS, CONFERENCES, WEBINARS, EDUCATION PROGRAMS, AND A VIDEO BROADCAST SERVICE THAT ADDRESS STANDARDS COMPLIANCE, PERFORMANCE IMPROVEMENT, AND PATIENT SAFETY, AMONG OTHER TOPICS, FOR DIFFERENT HEALTHCARE SETTINGS. JCI ALSO OFFERS DIPLOMA-STYLE EDUCATION PROGRAMS, WHICH ARE INTENSIVE, 3--12 MONTH EDUCATION PROGRAMS, FOR INFECTION CONTROL AND QUALITY MANAGEMENT AND PATIENT SAFETY STAFF WITHIN HEALTHCARE ORGANIZATIONS. JCR OFFERS THE CERTIFIED JOINT COMMISSION PROFESSIONAL (CJCP®) PROGRAM, A CERTIFICATION PROGRAM FOR ACCREDITATION PROFESSIONALS THAT FEATURES AN ONLINE EXAMINATION AND CONTINUING EDUCATION REQUIREMENTS TO ACHIEVE AND MAINTAIN CERTIFICATION. JCR OFFERS MOST OF ITS EDUCATIONAL OFFERINGS WITH CONTINUING EDUCATION CREDITS FROM ANCC, ACCME, AND ACHE. (SEE SCHEDULE O, PART III, LINE 1, FOR FURTHER DESCRIPTION)</p>

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FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	AS THE SOLE MEMBER OF THE FILING ORGANIZATION, THE JOINT COMMISSION, A RELATED TAX-EXEMPT ORGANIZATION, HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. PLEASE SEE THE NARRATIVES FOR PART VI, LINES 6, 7A AND 7B FOR A DESCRIPTION OF SUCH AUTHORITY.
FORM 990, PART VI, LINE 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"> 1) APPOINT ALL DIRECTORS TO THE BOARD AND REMOVE THEM, WITH OR WITHOUT CAUSE. 2) APPOINT THE CHAIRMAN, VICE-CHAIRMAN AND THE PRESIDENT/ CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO) OF THE CORPORATION AND REMOVING THEM, WITH OR WITHOUT CAUSE. 3) APPROVE CHANGES TO THE BYLAWS, MISSION AND/OR VISION STATEMENTS, AND ALL STRATEGIC OR LONG-TERM PLANS OF THE ORGANIZATION. 4) 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. 5) APPROVE THE SALE OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE ORGANIZATION AND ALL LONG-TERM DEBT IN EXCESS OF \$250,000. 6) APPROVE THE ORGANIZATION'S ANNUAL OPERATING AND CAPITAL BUDGETS AND MATERIAL AMENDMENTS THERETO. 7) APPROVE THE DISSOLUTION OF AND ALL LIQUIDATIONS FROM THE ORGANIZATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	SEE NARRATIVE FOR LINE 6
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SEE NARRATIVE FOR LINE 6
FORM 990, PART VI, LINE 8B - COMMITTEE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY	ALL BOARD COMMITTEES DOCUMENT THEIR MEETINGS AND ACTIONS TAKEN. HOWEVER, NO BOARD COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF GOVERNING BOARD EXCEPT BY BOARD RESOLUTION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE ORGANIZATION'S MANAGEMENT, INCLUDING THE JOINT COMMISSION CFO, CONTROLLER, CORPORATE COMPLIANCE & 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 WAS DONE WITH THE JCR FINANCE COMMITTEE PRIOR TO FILING. A COPY OF THE FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS 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.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE POLICY STATES THAT ANY DECISION THAT COULD RESULT IN AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST MUST BE AVOIDED. ALL STAFF AND BOARD MEMBERS REVIEW THE POLICY ON AN ANNUAL BASIS AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR WHICH, IS DESIGNED TO IDENTIFY INTERESTS THAT COULD GIVE RISE TO POSSIBLE CONFLICTS.</p> <p>ALTHOUGH MANY SUCH POTENTIAL CONFLICTS ARE AND WILL BE DEEMED INCONSEQUENTIAL, EVERY INDIVIDUAL OF THE ORGANIZATION HAS AN ONGOING RESPONSIBILITY TO DISCLOSE SITUATIONS THAT INVOLVE PERSONAL, FAMILIAR, OR BUSINESS RELATIONSHIPS THAT COULD BE PERCEIVED AS A CONFLICT OF INTEREST. THE INTERESTS IDENTIFIED ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AND MANAGER AND APPROPRIATELY MANAGED. ALL DISCLOSURES ARE PURSUED UNTIL 100% COMPLETED.</p> <p>THE BOARD IS REQUIRED TO DISCLOSE A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER DURING A MEETING AND THEN NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER. THE MINUTES OF THE MEETING REFLECTS THAT A DISCLOSURE WAS MADE AND THE MEMBER ABSTAINED FROM VOTING.</p> <p>THE COMPLIANCE OFFICER MONITORS AND REVIEWS THE CONFLICT OF INTEREST POLICY AS WELL AS THE RESPONSES TO THE QUESTIONNAIRES ON AN ANNUAL BASIS. THE ORGANIZATION ALSO HAS AVAILABLE AN INDEPENDENT HOTLINE NUMBER FOR STAFF TO REPORT ANONYMOUSLY ANY POTENTIAL CONFLICTS DURING THE YEAR.</p>

Return Reference - Identifier	Explanation															
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE CEO'S COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. JOINT COMMISSION RESOURCES ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF ITS CEO. IN SETTING THE CEO'S COMPENSATION, THE ORGANIZATION'S HUMAN RESOURCES AND COMPENSATION COMMITTEE RELIES ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR COMPARABLE POSITION IN OTHER ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS.</p> <p>THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ADEQUATELY DOCUMENTS 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 CEO'S COMPENSATION IS UNDERTAKEN ANNUALLY.</p>															
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<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. JOINT COMMISSION RESOURCES ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF ITS OTHER OFFICERS. IN SETTING THE OTHER OFFICERS' COMPENSATION, THE ORGANIZATION'S 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 ORGANIZATION'S TOP MANAGEMENT OFFICIALS' COMPENSATION IS UNDERTAKEN ANNUALLY FOR: PAULA WILSON - PRESIDENT & CEO, DR. MARK CHASSIN - DIRECTOR, MARWA ZOHDY - VP, JEAN COURTNEY - VP, YING QU - VP, AND PAUL CHANG - VP.</p> <p>KEY EMPLOYEES: JOINT COMMISSION RESOURCES 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 16B - WRITTEN POLICY FOR EVALUATION OF PARTICIPATION IN JV ARRANGEMENTS	ALTHOUGH NO WRITTEN POLICY, PURSUANT TO ITS PRACTICE SUCH ARRANGEMENTS ARE EVALUATED BY INTERNAL COUNSEL, APPROPRIATE ACCOUNTING DEPARTMENT PERSONNEL, AND EXTERNAL TAX ADVISERS FOR COMPLIANCE WITH APPLICABLE FEDERAL TAX LAW, INCLUDING TAKING APPROPRIATE STEPS TO SAFEGUARD THE CORPORATION'S TAX EXEMPT STATUS. FURTHERMORE, JCR ARTICLES OF INCORPORATION PROVIDE THAT THE JOINT COMMISSION, AS THE SOLE MEMBER OF JCR, RESERVES THE POWER TO APPROVE ALL CREATIONS OF SUBSIDIARIES OR CONTROLLED AFFILIATES, ALL PERMANENT OR LONG-TERM AFFILIATIONS AND ALL JOINT VENTURES OF JCR INVOLVING CAPITAL INVESTMENT IN EXCESS OF \$250,000. IN ADDITION, JCR'S CODE OF CONDUCT HIGHLIGHTS LEGAL AND ETHICAL OBLIGATIONS TO ACT IN COMPLIANCE WITH APPLICABLE LAWS AND TO ENGAGE IN ACTIVITIES IN FURTHERANCE OF JCR'S CHARITABLE PURPOSE.															
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND THE FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND IN ACCORDANCE WITH APPLICABLE LAWS. THE CONFLICT OF INTEREST POLICY AND THE JOINT COMMISSION CONSOLIDATED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE JOINT COMMISSION WEBSITE. THE ORGANIZATION ALSO MAKES AVAILABLE ON ITS WEBSITE A COPY OF FORM 990-T AND PUBLIC DISCLOSURE COPY OF FORM 990.															
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 1644 751 1717">(a) Description</th> <th data-bbox="760 1644 946 1717">(b) Total Expenses</th> <th data-bbox="954 1644 1133 1717">(c) Program Service Expenses</th> <th data-bbox="1141 1644 1320 1717">(d) Management and General Expenses</th> <th data-bbox="1328 1644 1513 1717">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1728 751 1755">OTHER FEES</td> <td data-bbox="760 1728 946 1755">9,733,022</td> <td data-bbox="954 1728 1133 1755">9,227,756</td> <td data-bbox="1141 1728 1320 1755">505,266</td> <td data-bbox="1328 1728 1513 1755"></td> </tr> <tr> <td data-bbox="467 1759 751 1787">SHARED SERVICES FEE</td> <td data-bbox="760 1759 946 1787">6,476,804</td> <td data-bbox="954 1759 1133 1787">2,050,666</td> <td data-bbox="1141 1759 1320 1787">4,426,138</td> <td data-bbox="1328 1759 1513 1787"></td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER FEES	9,733,022	9,227,756	505,266		SHARED SERVICES FEE	6,476,804	2,050,666	4,426,138	
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses												
OTHER FEES	9,733,022	9,227,756	505,266													
SHARED SERVICES FEE	6,476,804	2,050,666	4,426,138													
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1812 1304 1839">(a) Description</th> <th data-bbox="1312 1812 1513 1839">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1843 1304 1892">TRANSFER OF NET ASSETS TO PARENT COMPANY - THE JOINT COMMISSION EIN 36-2229255</td> <td data-bbox="1312 1843 1513 1892">- 5,437,039</td> </tr> <tr> <td data-bbox="467 1896 1304 1944">CHANGE IN UNRECOGNIZED NET DEFINED BENEFIT PLAN COSTS NOT YET RECOGNIZED IN PERIODIC BENEFIT COST</td> <td data-bbox="1312 1896 1513 1944">- 143,980</td> </tr> </tbody> </table>	(a) Description	(b) Amount	TRANSFER OF NET ASSETS TO PARENT COMPANY - THE JOINT COMMISSION EIN 36-2229255	- 5,437,039	CHANGE IN UNRECOGNIZED NET DEFINED BENEFIT PLAN COSTS NOT YET RECOGNIZED IN PERIODIC BENEFIT COST	- 143,980									
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JOINT COMMISSION RESOURCES, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

36-3521721

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) JOINT COMMISSION ON ACCREDITATION OF HC (36-2229255) ONE RENAISSANCE BLVD., OAKBROOK TERRACE, IL 60181	HEALTHCARE	IL	501(C)(3)	10	JOINT COMMISSION		✓
(2) JCAHO SURVEYOR AND QHR CONSULTANT (36-3673595) ONE RENAISSANCE BLVD., OAKBROOK TERRACE, IL 60181	HEALTHCARE	IL	501(C)(3)	12 TYPE I	JOINT COMMISSION		✓
(3) JOINT COMMISSION CENTER FOR TRANSFORMING HLTCR (26-3020947) ONE RENAISSANCE BLVD, OAKBROOK TERRACE, IL 60181	HEALTHCARE	IL	501(C)(3)	12 TYPE I	JOINT COMMISSION		✓
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2017

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) (SEE STATEMENT) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
JCI ACCREDITATION (BEIJING) CO., LTD.	R	445,027	ACTUAL
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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) JCI ACCREDITATION (BEIJING) CO., LTD. RM. 1538, FL. 15, BLDG. 3, YARD 2, JIANGUOMENWAI STREET, CHAOYANG DISTRICT, BEIJING, 100022, CH	(SEE STATEMENT)	China	JCR	C CORPORATION	(4,602)	306,812	100.00	✓	

Part VII

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

Return Reference - Identifier	Explanation
SCHEDULE R, PART IV, COLUMN (B) - PRIMARY ACTIVITY	PROVIDES INTERNATIONAL STANDARDS AND ACCREDITATION AND CERTIFICATION PROGRAMS FOR HEALTHCARE ORGANIZATIONS THROUGHOUT CHINA