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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Advocate Condell Medical Center		D Employer identification number 26-2525968
		Doing Business As		E Telephone number (630) 572-9393
		Number and street (or P O box if mail is not delivered to street address) 2025 WINDSOR DRIVE	Room/suite	G Gross receipts \$ 274,152,330
		City or town, state or country, and ZIP + 4 OAK BROOK, IL 60523		
		F Name and address of principal officer JAMES SKOGSBERGH 2025 WINDSOR DRIVE OAK BROOK, IL 60523		
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
J Website: ▶ www.advocatehealth.com		H(c) Group exemption number ▶ 0928		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 2008	M State of legal domicile IL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 1		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1		
	5 Total number of employees (Part V, line 2a) 5 2,50		
	6 Total number of volunteers (estimate if necessary) 6 30		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 1,590,63		
	b Net unrelated business taxable income from Form 990-T, line 34 7b 70,15		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	212,189,848	369,108
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,204,325	271,179,559
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,118	-23,267
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,616	2,253,015
Expenses		244,643,907	273,778,415
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,744
	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)	11,313,903	123,678,111
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,268,282	164,478,865
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,582,185	288,158,720
19 Revenue less expenses Subtract line 18 from line 12	215,061,722	-14,380,305	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	383,419,954	357,825,872
	21 Total liabilities (Part X, line 26)	139,208,300	118,981,711
	22 Net assets or fund balances Subtract line 21 from line 20	244,211,654	238,844,161

Part II		Signature Block			
Sign Here	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				
	Signature of officer			2010-11-10 Date	
	JAMES W DOHENY TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☒	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP 155 NORTH WACKER DRIVE CHICAGO, IL 60606		EIN		
				Phone no (312) 879-2000	

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

SEE SCHEDULE O

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

checked

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

checked

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 266,017,604 including grants of \$) (Revenue \$ 262,013,581)

SEE SCHEDULE O

4b

(Code) (Expenses \$ 8,113,975 including grants of \$) (Revenue \$ 5,119,892)

SEE SCHEDULE O

4c

(Code) (Expenses \$ 5,642,274 including grants of \$) (Revenue \$ 5,749,462)

SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$ 279,773,853

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	214		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	2a	2,505		
	2a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	14	
b	Enter the number of voting members that are independent	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JAMES DOHENY 2025 WINDSOR DRIVE OAK BROOK, IL 60523 (630) 990-5155

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b Total	3,345,380	15,432,287	9,145,421
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶95

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HLS WHEELING LLC 45 W HINTZ RD WHEELING, IL 60090	LAUNDRY SERVICES	928,222
MAXIT HEALTHCARE LLC 129 PENN STREET WESTFIELD, IN 46074	CONSULTING SERVICES	545,624
TATUM LLC POBOX 535152 ATLANTA, GA 30353	CONSULTING SERVICES	345,554
E2 CONSULTING 4N728 WESTWOODS DRIVE ST CHARLES, IL 60175	CONSULTING SERVICES	332,114
MERCATUS GROUP LLC 565 LAKEVIEW PARKWAY SUITE 150 VERNON HILLS, IL 60061	PHYSICIAN SERVICES	300,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶17

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c							
	d	Related organizations	1d	344,113						
	e	Government grants (contributions)	1e	24,995						
	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			369,108					
Program Service Revenue			Business Code							
	2a	INPATIENT REVENUE	621,990	484,286,285	484,286,285					
	b	OUTPATIENT REVENUE	621,400	427,371,481	427,371,481					
	c	ROUTINE REVENUE	621,990	148,775,477	148,775,477					
	d	MEMBERSHIP REVENUE	621,990	4,427,577	4,427,577					
	e	3RD PTY ALLOW/FREE CARE/MEDICAID ASSESS	621,990	-797,735,737	-797,735,737					
	f	All other program service revenue		4,054,476	2,669,386		1,385,090			
	g	Total. Add lines 2a-2f			271,179,559					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			334,648		334,648			
	4	Income from investment of tax-exempt bond proceeds . .			0					
	5	Royalties			0					
	6a	Gross Rents	(i) Real	(ii) Personal						
			662,380							
			b	Less rental expenses	0					
			c	Rental income or (loss)	662,380					
	d	Net rental income or (loss)			662,380	112,740		549,640		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
				16,000						
			b	Less cost or other basis and sales expenses		373,915				
			c	Gain or (loss)		-357,915				
	d	Net gain or (loss)			-357,915			-357,915		
	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 . .			0		
	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 . .			0		
	10a	Gross sales of inventory, less returns and allowances	a							
				b	Less cost of goods sold	b				
				c	Net income or (loss) from sales of inventory . .			0		
Miscellaneous Revenue		Business Code								
11a	DAY CARE SERVICES	624,410	1,371,561		1,371,561					
b	MASSAGE SERVICES	812,900	108,159		108,159					
c	PHYSICIAN SERVICES	621,110	102,493		102,493					
d	All other revenue		8,422		8,422					
e	Total. Add lines 11a-11d			1,590,635						
12	Total revenue. See Instructions			273,778,415	269,907,209	1,590,635	1,911,463			

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,744	1,744		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	98,720,727	95,760,703	2,960,024	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,491,130	4,356,845	134,285	
9	Other employee benefits	13,541,636	13,387,892	153,744	
10	Payroll taxes	6,924,618	6,732,964	191,654	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	24,003		24,003	
c	Accounting	150,040		150,040	
d	Lobbying	3		3	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	27,996		27,996	
g	Other	5,610,528	4,342,436	1,268,092	
12	Advertising and promotion	909,995	903,997	5,998	
13	Office expenses	3,805,042	3,257,313	547,729	
14	Information technology	11,899,638	11,492,600	407,038	
15	Royalties	0			
16	Occupancy	10,784,883	10,784,883		
17	Travel	96,296	64,874	31,422	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,098	9,048	2,050	
20	Interest	2,557,330	2,557,330		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,267,124	13,377,674	1,889,450	
23	Insurance	3,344,253	3,344,253		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	53,171,430	53,171,430		
b	BAD DEBT	22,150,217	22,150,217		
c	MISCELLANEOUS	13,914,843	13,510,936	403,907	
d	PUBLIC AID ASSESSMENT FEE	9,589,319	9,589,319		
e	CONTRACTUAL SERVICES GENERAL	8,400,042	8,238,472	161,570	
f	All other expenses	2,764,785	2,738,923	25,862	
25	Total functional expenses. Add lines 1 through 24f	288,158,720	279,773,853	8,384,867	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			406,302	1	266,665
	2	Savings and temporary cash investments			18,117,833	2	32,461,308
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			45,502,793	4	19,111,061
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			7,217,694	8	4,384,955
	9	Prepaid expenses and deferred charges			3,913,331	9	1,253,532
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	287,191,405	254,210,024	10c	270,704,245
	b	Less accumulated depreciation	10b	16,487,160			
	11	Investments—publicly traded securities			39,853,822	11	19,763,782
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,198,155	15	9,880,324
	16	Total assets. Add lines 1 through 15 (must equal line 34)			383,419,954	16	357,825,872
Liabilities	17	Accounts payable and accrued expenses			50,927,336	17	46,472,388
	18	Grants payable				18	
	19	Deferred revenue			85,846	19	66,392
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			32,099,545	23	31,877,543
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			56,095,573	25	40,565,388
	26	Total liabilities. Add lines 17 through 25			139,208,300	26	118,981,711
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			244,211,654	27	238,844,161
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			244,211,654	33	238,844,161
	34	Total liabilities and net assets/fund balances			383,419,954	34	357,825,872

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Advocate Condell Medical Center	Employer identification number 26-2525968
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0		0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 Total support (Add lines 7 through 10)						0
12 Gross receipts from related activities, etc (See instructions)					12	0
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2009. 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		
b	33 1/3% support test—2008. If the organization did not check the 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		
17a	10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
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		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3Gross receipts from activities that are not an unrelated trade or business under section 513						0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5The value of services or facilities furnished by a governmental unit to the organization without charge						0
6Total. Add lines 1 through 5						0
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						0
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
cAdd lines 10a and 10b	0	0	0	0	0	0
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 26-2525968
Name: Advocate Condell Medical Center

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
JIM SKOGSBERGH EXECUTIVE VP/DIRECTOR	10	X		X				0	2,586,556	1,397,439
JOHN TIMMER DIRECTOR	10	X						0	0	0
LYNN CRUMP-CAINE CHAIRPERSON	10	X						0	0	0
DAVID ANDERSON DIRECTOR	10	X						0	0	0
ALEJANDRO APARICIO MD DIRECTOR	10	X						0	0	0
JON CHRISTOFERSEN MD DIRECTOR	10	X						0	0	0
BRUCE CREGER DIRECTOR	10	X						0	0	0
REV DR DONALD M HALLBERG DIRECTOR	10	X						0	0	0
MARK HARRIS VICE CHAIRPERSON	10	X						0	0	0
LAURIE MEYER DIRECTOR	10	X						0	0	0
CLARENCE NIXON JR PHD DIRECTOR	10	X						0	0	0
CAROLYN SMELTZER DIRECTOR	10	X						0	0	0
REV OZZIE SMITH JR DIRECTOR	10	X						0	0	0
JOSE ELIZONDO MD DIRECTOR	10	X						0	211,134	24,801
JULIE SCHLUETER DIRECTOR - MARCH 2009	00	X						0	0	0
JOAN SHAVER DIRECTOR - MAY 2009	00	X						0	0	0
BILL SANTULLI PRESIDENT, CEO/DIRECTOR	10			X				0	1,494,621	836,257
LEE SACKS MD EXECUTIVE VP/CHIEF MED OFFICER	10			X				0	1,266,787	618,535
DR JAMES DAN PRES PHYSICIAN/AMBULATORY SVCS	10			X				0	814,884	479,916
BEN GRIGALIUNAS SENIOR VP-HUMAN RESOURCES	10			X				0	972,667	530,015
GAIL HASBROUCK SVP/GEN COUNSEL/CORP SEC	10			X				0	817,737	373,555
DOMINIC NAKIS SENIOR VP-CFO	10			X				0	1,145,520	619,336
SCOTT POWDER SENIOR VP-STRAT PLAN & GROWTH	10			X				0	442,821	226,091
WILFREDO RAMOS SR VP-COMM & GOVT RELATIONS	10			X				0	379,639	162,776
BRUCE SMITH SENIOR VP-CIO	10			X				0	806,891	356,525

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
REV JERRY WAGENKNECHT SR VP-MISSION/SPRITUAL CARE	1 0			X				0	249,105	198,449
MEGHAN CLUNE VP-GOVERNMENT RELATIONS	1 0			X				0	196,088	60,297
MIKE DELAHANTY VP-APPLICATION PROD/PROJECTS	1 0			X				0	280,477	104,741
JIM DOHENY VP-FINANCE & CORP CONTROLLER	1 0			X				0	364,076	153,848
MARIE ELLIS VP-ASSOCIATE RELATIONS	1 0			X				0	245,483	101,416
RAY KOCA VP-TREASURY SERVICES	1 0			X				0	220,244	72,608
MARTY MANNING VP-MANAGED CARE	1 0			X				0	557,097	289,164
AL MANSUM VP-DESIGN & CONSTRUCTION	1 0			X				0	219,215	92,528
JOHN NORENBERG VP-INFO SYSTEMS, PHYSICIAN SVC	1 0			X				0	186,184	69,601
SHERRIE RUSSELL VP-FIELD SERVICES	1 0			X				0	269,480	105,018
LAURA SAK VP-INTERNAL AUDIT	1 0			X				0	222,349	78,112
WILLIAM THOMAS SUMMERFELT VP-RESEARCH	1 0			X				0	136,512	63,409
DAN WEEGER VP-TECHNICAL SVCS & CSO	1 0			X				0	288,496	100,090
JOAN BOOMSMA VP-MEDICAL MGMT	40 0			X				341,416	0	114,594
GWENN LESCHKE VP-HUMAN RESOURCES	40 0			X				219,629	0	74,450
DR ANN ERRICHETTI PRESIDENT-CONDELL MEDICAL CNTR	40 0			X				668,008	181,562	409,295
DAVID CARTWRIGHT VP-FINANCE	40 0			X				130,005	35,597	62,877
KATHY LAPACEK VP- BUSINESS DEVELOPMENT	1 0			X				0	131,920	22,748
CINDY WELSH RN VP - ADULT CRITICAL CARE	1 0			X				0	182,626	23,512
TIMOTHY WADMAN VP-OPERATIONS	40 0			X				121,686	0	35,748
JEFFERY TESKE VP-COO	1 0			X				0	123,712	22,553
REV FRED RAJAN VP-MISSION/SPIRITUAL CARE	1 0			X				0	72,212	80,295
SARAH PACINI VP- RISK MGMT/INSURANCE	1 0			X				0	185,840	61,730
THOMAS LUBOTSKY VP-SUPPLY CHAIN/CLIN RES MGMT	1 0			X				0	66,088	341
ROBERT BARTO VP-DEVELOPMENT	1 0			X				0	78,667	11,029

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
MARK HENNESSY DIRECTOR FINANCE	40 0					X		145,006	0	113,343
KAREN HANSON DIR QUALITY/CLIN EXCELLENCE	40 0					X		147,986	0	21,697
WENDY SCHNEIDER NURSE CLINICIAN II	40 0					X		179,696	0	24,013
JOSEPH BURI DIR FACILITIES & CONSTRUCTION	40 0					X		144,143	0	24,258
MARGARET GRIFFIN NURSE CLINICIAN II	40 0					X		213,278	0	67,842
DENNIS MILLIRONS FORMER PRES - CONDELL MED CNTR	0 0						X	734,450	0	854,466
ANDREW STEFO FORMER, SENIOR VP/CFO	0 0						X	300,077	0	6,103

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
INPATIENT REVENUE	621,990	484,286,285	484,286,285		
OUTPATIENT REVENUE	621,400	427,371,481	427,371,481		
ROUTINE REVENUE	621,990	148,775,477	148,775,477		
MEMBERSHIP REVENUE	621,990	4,427,577	4,427,577		
3RD PTY ALLOW/FREE CARE/MEDICAID ASSESS	621,990	-797,735,737	-797,735,737		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	53,171,430	53,171,430		
BAD DEBT	22,150,217	22,150,217		
MISCELLANEOUS	13,914,843	13,510,936	403,907	
PUBLIC AID ASSESSMENT FEE	9,589,319	9,589,319		
CONTRACTUAL SERVICES GENERAL	8,400,042	8,238,472	161,570	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Advocate Condell Medical Center	Employer identification number 26-2525968
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)		
		Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
	a Volunteers?				Yes	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					No
	c Media advertisements?					No
	d Mailings to members, legislators, or the public?		No			
	e Publications, or published or broadcast statements?		No			
	f Grants to other organizations for lobbying purposes?		No			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
	i Other activities? If "Yes," describe in Part IV	Yes		36,628		
	j Total lines 1c through 1i			36,628		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE C, PART II-B, LINE 1j	ADVOCATE CONDELL MEDICAL CENTER IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE ILLINOIS HOSPITAL ASSOCIATION, AND THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE THE GENERAL ASSEMBLY AND IN CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS, AND ACCREDITATION A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTIBLE TO LOBBYING ACTIVITIES ADVOCATE CONDELL MEDICAL CENTER ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE CONDELL MEDICAL CENTER ENDEAVORS TO IDENTIFY THE PORTION OF OUR DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTIBLE TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Advocate Condell Medical Center	Employer identification number 26-2525968
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? YesNo	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? YesNo	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

YesNo

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐

☐

b

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

3b

☐

☐

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,974,968	54,000,000		55,974,968
b Buildings		159,909,652	7,308,561	152,601,091
c Leasehold improvements		443,185	51,970	391,215
d Equipment		39,170,733	9,101,097	30,069,636
e Other		31,692,867	25,532	31,667,335
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				270,704,245

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other <u>600 %</u>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,166,367	342,816	2,823,551	1 060 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			41,263,162	30,015,304	11,247,858	4 230 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Charity Care and Means-Tested Government Programs			44,429,529	30,358,120	14,071,409	5 290 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			25,279	0	25,279	0 010 %
f Health professions education (from Worksheet 5)			1,462,076	0	1,462,076	0 550 %
g Subsidized health services (from Worksheet 6)			6,076,359	1,649,121	4,427,238	1 660 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			37,188	0	37,188	0 010 %
j Total Other Benefits			7,600,902	1,649,121	5,951,781	2 230 %
k Total. Add lines 7d and 7j			52,030,431	32,007,241	20,023,190	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,047,841
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	3,206,151
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	92,041,816
6	Enter Medicare allowable costs of care relating to payments on line 5	6	99,069,730
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-7,027,914
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	No

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	NONE			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital

ADVOCATE CONDELL MEDICAL CENTER
801 S MILWAUKEE AVENUE
LIBERTYVILLE, IL 60048

X

X

X

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

A System-wide community benefit report is filed by Advocate Health Care Network 2025 Windsor Drive, Oak Brook, IL 60523 EIN 36-2167779

N/A

\$22,150,217 of bad debt expense was included on Form 990, Part IX, line 25, column (A), but was removed from the denominator for purposes of Schedule H, Part I, Line 7, column (f)

Part I, Line 7h - Advocate Condell Medical Center conducts numerous research activities for the advancement of medical and health care services However, the unreimbursed cost of such research activities is not readily determinable and no amount is being reported for purposes of the 2009 Form 990, Schedule H

The footnotes to Advocate Health Care Network and Subsidiaries' Audited Financial Statements do not specifically address bad debt expense, rather, the footnote describes Advocate's patient accounts receivable policy Patient accounts receivable are stated at net realizable value Advocate Condell Medical Center evaluates the collectability of its accounts receivable based on the length of time the receivable is outstanding, payer class, historical collection experience, and trends in health care insurance programs Accounts receivable are charged to the allowance for uncollectible accounts when they are deemed uncollectible Part III, Line 3 The costing methodology used in determining the amounts reported on lines 2 and 3 is based on the ratio of patient care cost to charges The bad debt (at cost) was calculated by applying the organization's cost to charge ratio to the organization's bad debt provision, less any patient or third party payor payments received Advocate Condell Medical Center makes every effort to identify those patients who are eligible for charity care or other financial assistance by strictly adhering to its Charity Care policy The estimated amount of bad debt expense (at cost) which could be reasonably attributable to patients who would likely qualify for financial assistance under the organizations charity care policy, if sufficient information had been available to make a determination of their eligibility, was based upon self pay patient accounts which had amounts written off to bad debts Our method was to use the cost to charge ratio multiplied by the amount of bad debt attributable to self pay accounts This cost was then reduced by any payments posted to these accounts subsequent to year end We believe this process, although it may understate the charity care, is a reasonable basis for our estimate As we are only considering self-pay accounts written off to bad debt for this estimate, this estimate does not include the immediate 20% discount to charges which is applied to all self-pay patients It also does not include account balances or co-pays of non-self pay accounts, which are written off to bad debt when the patient has no other financial resources to pay these amounts and the patient does not apply for charity care Bad debt amounts have been excluded from other community benefit amounts reported throughout Schedule H

The shortfall of \$7,027,914 on Part III, Line 7 is the unreimbursed cost of providing services for Medicare patients and should be treated as community benefit For Advocate Condell Medical Center's hospital operations, the unreimbursed cost of Medicare was calculated by applying the organization's cost to charge ratio from the Medicare cost reports (CMS 2252-96 Worksheet C, Part 1, PPS Inpatient Ratios) and for non-hospital operations the cost to charge ratio calculated on worksheet 2 Ratio of Patient Care Cost to Charges to the organization's Medicare, less any patient or third party payor payments and/or contributions received that were designated for the payment of Medicare patient bills

Advocate Condell Medical Center maintains both written Charity Care and Bad Debt/Collection policies Amounts known to qualify for charity care or other financial assistance are not covered by the Bad Debt/Collection policy

Advocate Condell Medical Center operates 16 outpatient sites of care

- 2
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 - In an effort to help determine what types of programs and services would best fit the needs of the diverse communities Advocate Condell Medical Center serves, several data sources are examined annually, including inpatient hospitalization trends, prevalence of key risk factors and behaviors associated with the leading causes of death and hospitalization, and mortality rates associated with the highest volume of inpatient hospitalizations A Inpatient Hospitalization Trends An examination of inpatient hospitalizations by diagnosis identified the top ten services based on volume across the Advocate System obstetrics, cardiac medicine, gastroenterology, pulmonary, orthopedics, pediatrics, general surgery, nephrology/urology, neurology, and cardiac surgery These services represent the highest patient demand across the Advocate System and directly relate to diseases that are among the most prevalent in the country, according to national statistics These services comprised nearly 71 percent of the total six-county metropolitan area discharges (over 111,000 patients) from Advocate facilities in 2009 By comparison, the same services comprise the majority of hospitalizations across the metropolitan area with only the order of ranking varying slightly B Mortality Rates and Prevalence Next, mortality rates and prevalence were examined Heart disease and cancer are the top two causes of death among Illinois residents The risk factor prevalence indicators above have been shown to directly impact many diseases, including heart disease and cancer While many of the diseases are a result of controllable behaviors (smoking, poor diet, lack of exercise), others are hereditary and manageable with access to a health care professional and proper treatment Reducing the risk factors above has been shown to be significant in eliminating health disparities, and improving the health status and quality of life For this reason, Advocate's community screening programs are directed specifically at improving healthy behaviors as well as encouraging prevention, early diagnosis and treatment of leading health problems, such as stroke, heart disease, colon and lung cancers, and diabetes

- 3
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligiblity for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 - Advocate Condell Medical Center assists patients with enrollment in government-supported programs for which they are eligible and in securing reimbursement from available third party resources Financial counseling will be provided to help patients identify and obtain payment from third parties, including Illinois Medicaid, Illinois Crime Victims Fund, etc , as well as to determine eligibility under Advocate Condell Medical Center's Hospital Charity Care policy Condell utilizes a financial screening software program to help identify public assistance programs for which the patient may be eligible or Condell's charity care at the time of registration or as soon as practicable thereafter In addition, HealthAdvisor, Condell's education registration and physician referral telephone center, serves as a community resource providing referrals to government-funded and other programs via telephone from 8 a m to 6 p m , Monday through Friday Advocate Condell Medical Center assists patients with applying for Condell's own financial assistance/charity care services, if patients are not eligible for government-supported programs Condell communicates the availability of charity care in the applicable languages of the hospital community Means of communication include 1 The health care consent that is signed upon registration for hospital services includes a statement that financial counseling, including charity care consideration, is available upon request 2 Signs are clearly and conspicuously posted in locations that are visible to the public, including, but not limited to hospital patient access, registration, emergency department, cashier, and business office locations 3 Brochures are placed in hospital patient access, registration, emergency department, cashier, and business office locations, and will include guidance on how a patient may apply for Medicare, Medicaid, All Kids, Family Care etc , and the hospital's charity care program A hospital contact and telephone number for financial assistance is included 4 A handout summarizing Condell's charity care policy and charity care application is given to uninsured patients who receive medically necessary hospital services at the earliest practical time of service 5 Condell's Website posts notice in a prominent place that financial assistance is available, with an explanation of the charity care application process, and enable printing of the charity care application 6 Hospital bills to uninsured patients include a request that the patient inform the hospital of any available health insurance coverage, and include a summary of Condell's charity care policy, a charity care application, and a telephone number to request financial assistance

- 4
- Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 - Advocate Health Care Network's primary service area covers the six-county, Chicago metropolitan area These counties include Cook, DuPage, Kane, Lake, McHenry, and Will Advocate Condell Medical Center serves the community of Lake County The population in Advocate's service area is described by the following demographic characteristics total population, population by group, race/ethnic distribution and key socio-economic indicators The 65+ age group is expected to have the largest increase in population (14 4%) from 2009 to 2014, followed by the 45-64 age group (7 2%) The 18-44 age group is expected to decline 2 7%, while the population aged 0-17 is expected to increase slightly (7%) While these are trends across the overall metro area, the trends vary in great degree by county A wide range of diversity exists among the communities served by each of our hospitals The following table displays the racial/ethnic distribution of the population of the metro area Asians and Hispanics are projected to continue to be the two fastest growing race/ethnic groups from 2009 to 2014 (13 3% and 12 8% growth expected, respectively) County Asian African-American Hispanic Caucasian Other ----- Cook 5 6% 25 6% 23 3% 43 5% 2 0% DuPage 9 5% 4 3% 12 6% 71 7% 1 8% Kane 3 3% 5 1% 30 0% 60 1% 1 6% Lake 6 0% 6 2% 19 4% 66 6% 1 9% McHenry 2 7% 1 1% 11 2% 83 9% 1 1% Will 3 8% 9 9% 15 7% 68 8% 1 7% Six County 5 7% 18 0% 21 0% 53 4% 1 9% The socio-economic status of the Chicago area also varies by county (see following table) In Cook County, nearly 18 percent of the households have a household income under the federal poverty level with annual incomes below the \$20,000 threshold In the collar counties, seven to nine percent of the households are subsisting on less than \$20,000 a year Overall, the number of people (as well as the percent of total population) on Medicaid and uninsured has increased across the metropolitan area from 2007 to 2009 In households that are struggling economically, access to health care can be limited either because of a lack of services available within the market or because an individual's financial challenges deter that person from seeking care Lack of preventive care or care for chronic illnesses brings more acutely ill patients to the hospital County 2009%Total Households %2009 Pop Medicaid %2009 Pop w/income<\$20,000/year Recipients Uninsured ----- Cook 17 6% 22 3% 17 1% DuPage 7 3% 7 8% 5 5% Kane 9 4% 16 5% 8 4% Lake 8 1% 9 8% 7 0% McHenry 7 2% 6 6% 5 2% Will 8 4% 9 6% 7 0% Six County 14 1% 17 6% 13 0% Advocate provides quality medical health care to various communities in the Chicagoland area regardless of race, creed, national origin, age or ability to pay Advocate annually serves over 3 1 million people In 2009, Advocate experienced 156,034 inpatient admissions, 3,530,664 outpatient visits, and 19,040 deliveries

- 5
- Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 - N/A

- 6
- Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 - In addition to providing quality inpatient and outpatient services at its sites of care, Advocate Condell Medical Center reaches beyond its walls and into the community through a wide array of activities and programs designed and delivered to promote health and improve the quality of life throughout the communities it serves - Advocate Condell Medical Center collaborates with Emergency Medical Service providers to share best practice information throughout Advocate sites as well as other medical providers Condell is a resource hospital for Illinois Region 10, which requires Condell to coordinate ongoing training in emergency response to a mass casualty situation or other disaster These education programs and training exercises involve every emergency provider, including other facilities within the Advocate Health Care Network, as well as the Lake County Health Department and other regional organizations as appropriate In 2009, Advocate Condell Medical Center's nurses provided CPR education to community healthcare providers, and Condell physicians and nurses provided EMT training to community members pursuing emergency medicine technicians (EMT) certification - Advocate Condell Day Center's Adult Day Care program fills a gap in continuity of care for clients who are unable to live independently Condell's program combines adult day care with therapeutic and personal care services Given that the program is located adjacent to other hospital services, clients can receive physical, speech and occupational therapy from a licensed therapist In addition, bathing assistance, beautician/barber and podiatry care are available as a service to the client and caregiver Comprehensive adult day care allows the caregiver to remain employed and/or receive much needed respite, thus allowing clients with frailties or dementia to remain in the community and avoid or delay the additional expense of long-term care Condell's program accepts clients with a higher acuity than other local programs, caring for patients in the later part of middle-stage Alzheimer's Condell also works with the Veteran's Administration to provide services for their patients under the care of an on-site registered nurse - Advocate Condell Medical Center's PACT (Pediatric Alternatives in Creative Therapy) program is a unique medical support service in Lake County for children and teens with neuromuscular disorders, such as spina bifida, cerebral palsy, head trauma and spinal cord injuries, as well as those with developmental delay and speech-language disorders PACT also treats children with genetic and congenital anomalies, structural abnormalities, such as cleft palate, and hearing/vision problems, sensory integration dysfunction and those receiving radiation or chemotherapy treatments PACT's interdisciplinary team of professionals, including physical therapists, occupational therapists, speech-language pathologist, partners with the families, schools, physicians and community to provide comprehensive intervention, as well as an individualized treatment program for each child - Advocate Condell Medical Center's Mission and Spiritual Care office provides clinical chaplains who offer support and services to the individuals and families that Advocate serves The office also develops partnerships with communities and congregations to help address local health care needs In 2009, Condell participated with other Advocate sites of care in working to address public concern regarding the H1N1 virus In addition to mailing and widely dispersing system-developed education materials throughout its service area, Condell's Mission and Spiritual Care office held a summit designed to support community faith leaders' efforts to provide education, reduce public anxiety and to direct people to appropriate sites of care to prevent the spread of the H1N1 virus - Throughout 2009, Condell's physicians provided free and partially subsidized care to the community for minor injuries and illnesses through its Immediate Care Centers in Gurnee, Buffalo Grove, Round Lake, and Vernon Hills Physicians, exercise physiologists, and physical therapists also provided free sports medicine consultations at the local high schools and colleges Physicians, nurses, and other clinicians led prenatal/childbirth and parenting education classes and diabetes education classes as well as support groups for diabetes, heart disease, breast and other cancers, lactation/breast feeding, hospice bereavement/loss and caregivers Condell nurses provided free flu shots at Condell Immediate Care centers and reduced-fee child immunizations through a partnership with the Lake County Department of Public Health Other community benefits include - Care that is provided free, subsidized or without full reimbursement from Medicare, Medicaid or other government insurance programs - Education to train physicians, nurses, radiology technicians, physical therapists, EMTs, clinical pastors and a host of other highly skilled health care professionals - Research shared with persons outside of the organization on health care delivery, un-reimbursed studies on therapeutic protocols, evaluation of innovative treatments, and research papers prepared by staff for professional journals - Volunteer services provided by hospital employees who volunteer in their communities and community members who volunteer at hospitals - Language-assistance services, such as interpreters and translation for signage, forms, brochures, patient education materials and other information in languages other than English - Donations of meeting and clinic space, as well as other assistance to community groups

- 7
- If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

Part VI, Line 7 - Recognized as one of the nation's top 10 health systems, Advocate Health Care is the largest integrated health care system in Illinois Advocate Health Care provides a continuum of care through its acute care hospitals, primary and specialty physician services, outpatient centers, physician office buildings, home health and hospice care to the communities it serves Advocate makes operating and financial decisions on a System-wide basis and provides for complete financial integration of the System Overall management of the System is centralized which allows for a streamlines decision making process and the ability of the System to respond to community needs

- 8
- If applicable, identify all states with which the organization, or a related organization, files a community benefit report

IL

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Advocate Condell Medical Center	Employer identification number 26-2525968
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☒ Independent compensation consultant		
☐ Form 990 of other organizations		
☐ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?	Yes	
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?		No
6b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
PART I, LINE 4A	SEVERANCE PAYMENTS	- DENNIS MILLIRONS, PRESIDENT, TERMINATED HIS EMPLOYMENT WITH CONDELL IN 2008 AND RECEIVED SEVERANCE OF \$672,000 IN 2009 AND WILL RECEIVE \$843,000 IN 2010 AND BEYOND - MARK HENNESSY, DIRECTOR OF FINANCE, TERMINATED HIS EMPLOYMENT WITH CONDELL IN 2009 AND RECEIVED SEVERANCE OF \$88,752 AND WILL RECEIVE \$101,248 IN 2010 AND BEYOND - WILFREDO RAMOS, FORMER SENIOR VICE PRESIDENT, COMMUNICATIONS AND GOVERNMENT RELATIONS, TERMINATED HIS EMPLOYMENT WITH AHHC IN 2009 AND RECEIVED SEVERANCE OF \$181,920 IN 2009 AND WILL RECEIVE \$87,000 IN 2010 AND BEYOND - ANDREW STEFO, SENIOR VP-CFO, TERMINATED HIS EMPLOYMENT WITH CONDELL IN 2008 AND RECEIVED SEVERANCE OF \$302,769 IN 2009
PART I, LINE 4B	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	- BEN GRIGALIUNUS, SENIOR VICE PRESIDENT-HUMAN RESOURCES OF AHHC, PARTICIPATES IN A NON-QUALIFIED PENSION PLAN AND \$38,585 WAS CREDITED TO HIS NON-QUALIFIED PENSION ACCOUNT - GAIL HASBROUCK, SR VICE PRESIDENT-GENERAL COUNSEL AND CORPORATE SECRETARY OF AHHC, PARTICIPATES IN A NON-QUALIFIED PENSION PLAN AND \$32,369 WAS CREDITED TO HER NON-QUALIFIED PENSION ACCOUNT

Software ID:

Software Version:

EIN: 26-2525968

Name: Advocate Condell Medical Center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JIM SKOGSBERGH	(i) 0 (ii) 1,004,994	(i) 0 (ii) 1,025,746	(i) 0 (ii) 555,816	(i) 0 (ii) 1,372,690	(i) 0 (ii) 24,749	(i) 0 (ii) 3,983,995	(i) 0 (ii) 1,025,746
DENNIS MILLIRONS	(i) 32,307 (ii) 0	(i) 672,000 (ii) 0	(i) 30,143 (ii) 0	(i) 843,000 (ii) 0	(i) 11,466 (ii) 0	(i) 1,588,916 (ii) 0	(i) 0 (ii) 0
BILL SANTULLI	(i) 0 (ii) 611,000	(i) 0 (ii) 598,434	(i) 0 (ii) 285,187	(i) 0 (ii) 809,885	(i) 0 (ii) 26,372	(i) 0 (ii) 2,330,878	(i) 0 (ii) 598,434
LEE SACKS MD	(i) 0 (ii) 568,006	(i) 0 (ii) 455,752	(i) 0 (ii) 243,029	(i) 0 (ii) 595,008	(i) 0 (ii) 23,527	(i) 0 (ii) 1,885,322	(i) 0 (ii) 455,752
DR JAMES DAN	(i) 0 (ii) 404,997	(i) 0 (ii) 191,182	(i) 0 (ii) 218,705	(i) 0 (ii) 461,164	(i) 0 (ii) 18,752	(i) 0 (ii) 1,294,800	(i) 0 (ii) 191,182
BEN GRIGALIUNAS	(i) 0 (ii) 432,495	(i) 0 (ii) 305,259	(i) 0 (ii) 234,913	(i) 0 (ii) 507,656	(i) 0 (ii) 22,359	(i) 0 (ii) 1,502,682	(i) 0 (ii) 305,259
GAIL HASBROUCK	(i) 0 (ii) 388,503	(i) 0 (ii) 238,875	(i) 0 (ii) 190,359	(i) 0 (ii) 353,500	(i) 0 (ii) 20,055	(i) 0 (ii) 1,191,292	(i) 0 (ii) 238,875
DOMINIC NAKIS	(i) 0 (ii) 464,506	(i) 0 (ii) 455,752	(i) 0 (ii) 225,262	(i) 0 (ii) 593,804	(i) 0 (ii) 25,532	(i) 0 (ii) 1,764,856	(i) 0 (ii) 455,752
SCOTT POWDER	(i) 0 (ii) 232,502	(i) 0 (ii) 95,452	(i) 0 (ii) 114,867	(i) 0 (ii) 209,356	(i) 0 (ii) 16,735	(i) 0 (ii) 668,912	(i) 0 (ii) 95,452
WILFREDO RAMOS	(i) 0 (ii) 50,028	(i) 0 (ii) 108,094	(i) 0 (ii) 221,517	(i) 0 (ii) 146,766	(i) 0 (ii) 16,010	(i) 0 (ii) 542,415	(i) 0 (ii) 108,094
BRUCE SMITH	(i) 0 (ii) 387,504	(i) 0 (ii) 249,097	(i) 0 (ii) 170,290	(i) 0 (ii) 330,834	(i) 0 (ii) 25,691	(i) 0 (ii) 1,163,416	(i) 0 (ii) 249,097
REV JERRY WAGENKNECHT	(i) 0 (ii) 73,300	(i) 0 (ii) 137,355	(i) 0 (ii) 38,450	(i) 0 (ii) 136,762	(i) 0 (ii) 61,687	(i) 0 (ii) 447,554	(i) 0 (ii) 137,355
MEGHAN CLUNE	(i) 0 (ii) 146,389	(i) 0 (ii) 32,811	(i) 0 (ii) 16,888	(i) 0 (ii) 53,368	(i) 0 (ii) 6,929	(i) 0 (ii) 256,385	(i) 0 (ii) 32,811
MIKE DELAHANTY	(i) 0 (ii) 199,534	(i) 0 (ii) 60,629	(i) 0 (ii) 20,314	(i) 0 (ii) 85,720	(i) 0 (ii) 19,021	(i) 0 (ii) 385,218	(i) 0 (ii) 60,629
JIM DOHENY	(i) 0 (ii) 241,426	(i) 0 (ii) 98,446	(i) 0 (ii) 24,204	(i) 0 (ii) 125,717	(i) 0 (ii) 28,131	(i) 0 (ii) 517,924	(i) 0 (ii) 98,846
MARIE ELLIS	(i) 0 (ii) 191,279	(i) 0 (ii) 43,817	(i) 0 (ii) 10,387	(i) 0 (ii) 78,039	(i) 0 (ii) 23,377	(i) 0 (ii) 346,899	(i) 0 (ii) 43,817
RAY KOCA	(i) 0 (ii) 179,546	(i) 0 (ii) 38,494	(i) 0 (ii) 2,204	(i) 0 (ii) 60,561	(i) 0 (ii) 12,047	(i) 0 (ii) 292,852	(i) 0 (ii) 38,494
MARTY MANNING	(i) 0 (ii) 268,507	(i) 0 (ii) 181,445	(i) 0 (ii) 107,145	(i) 0 (ii) 263,389	(i) 0 (ii) 25,775	(i) 0 (ii) 846,261	(i) 0 (ii) 181,445
AL MANSUM	(i) 0 (ii) 184,779	(i) 0 (ii) 18,804	(i) 0 (ii) 15,632	(i) 0 (ii) 88,163	(i) 0 (ii) 4,365	(i) 0 (ii) 311,743	(i) 0 (ii) 18,804
JOHN NORENBURG	(i) 0 (ii) 154,188	(i) 0 (ii) 20,556	(i) 0 (ii) 11,440	(i) 0 (ii) 56,021	(i) 0 (ii) 13,580	(i) 0 (ii) 255,785	(i) 0 (ii) 20,556
SHERRIE RUSSELL	(i) 0 (ii) 191,175	(i) 0 (ii) 60,629	(i) 0 (ii) 17,676	(i) 0 (ii) 85,886	(i) 0 (ii) 19,132	(i) 0 (ii) 374,498	(i) 0 (ii) 60,629
LAURA SAK	(i) 0 (ii) 171,683	(i) 0 (ii) 38,907	(i) 0 (ii) 11,759	(i) 0 (ii) 63,092	(i) 0 (ii) 15,020	(i) 0 (ii) 300,461	(i) 0 (ii) 38,907
WILLIAM THOMAS SUMMERFELT	(i) 0 (ii) 136,512	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 45,103	(i) 0 (ii) 18,306	(i) 0 (ii) 199,921	(i) 0 (ii) 0
DAN WEEGER	(i) 0 (ii) 213,360	(i) 0 (ii) 60,629	(i) 0 (ii) 14,507	(i) 0 (ii) 85,901	(i) 0 (ii) 14,189	(i) 0 (ii) 388,586	(i) 0 (ii) 60,629
ANDREW STEFO	(i) 0 (ii) 0	(i) 300,077 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 6,103 (ii) 0	(i) 306,180 (ii) 0	(i) 0 (ii) 0
JOAN BOOMSMA	(i) 334,000 (ii) 0	(i) 0 (ii) 0	(i) 7,416 (ii) 0	(i) 109,504 (ii) 0	(i) 5,090 (ii) 0	(i) 456,010 (ii) 0	(i) 0 (ii) 0
GWENN LESCHKE	(i) 208,415 (ii) 0	(i) 0 (ii) 0	(i) 11,214 (ii) 0	(i) 59,011 (ii) 0	(i) 15,439 (ii) 0	(i) 294,079 (ii) 0	(i) 0 (ii) 0
JOSE ELIZONDO MD	(i) 0 (ii) 179,275	(i) 0 (ii) 31,859	(i) 0 (ii) 0	(i) 0 (ii) 19,761	(i) 0 (ii) 5,040	(i) 0 (ii) 235,935	(i) 0 (ii) 0
DR ANN ERRICHETTI	(i) 362,746 (ii) 43,658	(i) 178,713 (ii) 107,387	(i) 126,549 (ii) 30,517	(i) 377,400 (ii) 0	(i) 31,895 (ii) 0	(i) 1,077,303 (ii) 181,562	(i) 0 (ii) 261,100
DAVID CARTWRIGHT	(i) 127,098 (ii) 24,172	(i) 0 (ii) 11,425	(i) 2,907 (ii) 0	(i) 47,371 (ii) 0	(i) 15,506 (ii) 0	(i) 192,882 (ii) 35,597	(i) 0 (ii) 11,425
KATHY LAPACEK	(i) 0 (ii) 114,880	(i) 0 (ii) 17,040	(i) 0 (ii) 0	(i) 0 (ii) 11,628	(i) 0 (ii) 11,120	(i) 0 (ii) 154,668	(i) 0 (ii) 0
MARK HENNESSY	(i) 55,140 (ii) 0	(i) 0 (ii) 0	(i) 89,866 (ii) 0	(i) 102,170 (ii) 0	(i) 11,173 (ii) 0	(i) 258,349 (ii) 0	(i) 0 (ii) 0
KAREN HANSON	(i) 142,106 (ii) 0	(i) 0 (ii) 0	(i) 5,880 (ii) 0	(i) 13,314 (ii) 0	(i) 8,383 (ii) 0	(i) 169,683 (ii) 0	(i) 0 (ii) 0
WENDY SCHNEIDER	(i) 179,696 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 13,737 (ii) 0	(i) 10,276 (ii) 0	(i) 203,709 (ii) 0	(i) 0 (ii) 0
JOSEPH BURI	(i) 144,143 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 13,085 (ii) 0	(i) 11,173 (ii) 0	(i) 168,401 (ii) 0	(i) 0 (ii) 0
MARGARET GRIFFIN	(i) 210,682 (ii) 0	(i) 0 (ii) 0	(i) 2,596 (ii) 0	(i) 56,588 (ii) 0	(i) 11,254 (ii) 0	(i) 281,120 (ii) 0	(i) 0 (ii) 0
CINDY WELSH RN	(i) 0 (ii) 152,545	(i) 0 (ii) 20,556	(i) 0 (ii) 9,525	(i) 0 (ii) 15,728	(i) 0 (ii) 7,784	(i) 0 (ii) 206,138	(i) 0 (ii) 0
TIMOTHY WADMAN	(i) 118,494 (ii) 0	(i) 0 (ii) 0	(i) 3,192 (ii) 0	(i) 30,826 (ii) 0	(i) 4,922 (ii) 0	(i) 157,434 (ii) 0	(i) 0 (ii) 0
REV FRED RAJAN	(i) 0 (ii) 57,461	(i) 0 (ii) 10,448	(i) 0 (ii) 4,303	(i) 0 (ii) 9,175	(i) 0 (ii) 71,120	(i) 0 (ii) 152,507	(i) 0 (ii) 0
SARAH PACINI	(i) 0 (ii) 158,158	(i) 0 (ii) 18,756	(i) 0 (ii) 8,926	(i) 0 (ii) 47,573	(i) 0 (ii) 14,157	(i) 0 (ii) 247,570	(i) 0 (ii) 0

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Part III		Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
High Technology Inc	SHARED BOARD MEMBER	116,277	EXPENSE REIMBURSED		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	188,849,762	EXPENSE REIMBURSEMENT		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	643	EXPENSE ALLOCATION		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	1,954	CATERING SERVICES		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	263,754	EXPENSE REIMBURSEMENT		No
A2CL LABORATORY	SHARED BOARD MEMBER	378,230	LAB SERVICES PAID		No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

Identifier	Return Reference	Explanation
FORM 990, PART I & PART III, LINE 1		MISSION STATEMENT THE MISSION OF ADVOCATE HEALTH CARE IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD FORM 990, PART III, LINE 4A Providing Inpatient and Outpatient healthcare services to the community regardless of the patients ability to pay Included in this program service are the provision of charity care and Trauma care As part of its community benefits strategy and its mission, Advocate Condell is committed to promoting initiatives that enhance access to health care for the uninsured and underinsured An example of this is Advocate Condell's provision of charity care Advocate Condell offers a very generous charity care program - requiring no payments from the patients most in need, and providing discounts to uninsured patients earning up to six times the federal poverty level and to insured patients earning up to four times the poverty level Although Advocate Condell's Charity Care Policy is very generous, Advocate Condell continues to review and refine its policy in an ongoing effort to ensure that financial assistance is available to those w ho need help w hen they need it Advocate Condell Medical Center maintains highly visible signage and brochures in multiple languages to inform patients of the availability of financial help and financial counselors Information about Advocate Condell's charity care program and charity applications is provided to all uninsured patients during registration and as an insert in all uninsured patients' bills In the area of Trauma care - Advocate Condell is dedicated to providing expert emergency care - today and in the future Advocate Condell's Level I Trauma Center cares for the most seriously injured people in its service area As is the case w ith all Illinois Level I Trauma Centers, Advocate Condell's trauma center is staffed by on-site, 24-hour-a-day trauma surgeons, feature 24-hour surgical and nonsurgical services, such as radiology and anesthesia, and can accommodate helicopter transports FORM 990, PART III, LINE 4B Health care and fitness services and facilities provided by physicians, nurses, clinicians and other associates employed by Advocate Condell Advocate Condell clinicians provide care to the community for mnor injuries and illnesses through its immediate care centers regardless of the patient's ability to pay Physicians, exercise physiologists and physical therapists also provide sports medicine consultations at local high schools and colleges Physicians, nurses and other clinicians lead prenatal/childbirth and parenting education classes and diabetes education classes as well as support groups for diabetes education, health disease, breast and other cancers, lactation/breast feeding bereavement/loss and caregivers Clinicians provide reduced-fee child immunizations through a partnership w ith the Lake County department of Public Health Fitness and wellness classes and services are provided at the Advocate Condell Centre Clubs

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4C		Description of Advocate Condell Medical Center Serving the community since 1928, Advocate Condell Medical Center is a 281-bed non-profit acute care hospital based in Libertyville, Illinois As the largest health care provider in Lake County, Condell provides a full spectrum of medical services - from obstetrics, emergency care, radiology services and rehabilitation to open heart surgery, neurosurgery, gastroenterology and oncology Condell Medical Center's Emergency Department is among the busiest trauma centers in the nation and has recently expanded to accommodate grow ing numbers of patients This expansion included a dedicated pediatric emergency department - the first and only in Lake County - consisting of a team of doctors and nurses dedicated to and specially trained in pediatric emergency medicine In addition, Condell is an accredited Chest Pain Center and offers the continuum of diagnostic and treatment cardiology services including open heart surgery More than 650 physicians and 2,000 associates comprise the team of medical experts know n for excellence In addition to services located on its Libertyville campus, Condell operates four immediate care centers throughout the County and tw o medically based fitness centers Condell also provides community outreach through health fairs, wellness programs and other services in support of its MVP (mission, values and philosophy) The mission of Advocate Condell Medical Center is to serve the health needs of individuals, families and communities through a w holistic philosophy rooted in the fundamental understanding of human beings as created in the image of God The values of Advocate Condell Medical Center serve as an internal compass to guide relationships and actions They include equality, compassion, excellence, partnership, and stew ardship The philosophy of Advocate Condell Medical Center is grounded in the principles of human ecology, faith and community-based health care These principles arise from an understanding of human beings as w hole persons in light of their relationships w ith God, themselves, their families and the society in w hich they live Through our actions we affirm these principles Population Served Advocate Condell Medical Center provides quality health care to individuals regardless of race, creed, national origin, age or ability to pay In 2009, Condell served nearly 200,000 patients, including 16,756 inpatient admissions and 220,275 outpatient visits, delivering 2,222 babies Commitment to the Community Even in the face of low reimbursements, Advocate Condell Medical Center is dedicated to maintaining a strong presence w thin its community and continues to monitor these expenditures to make certain that the programs and services supported are in direct response to community need In 2009, Condell reported over \$34 million in charitable care and services These services are comprised of many community health programs focused on improving access to care, addressing special needs and improving overall community health Community Benefits Plan, Goals & Examples of Program Service Accomplishments As a new hospital w ithin the Advocate Health Care system, Advocate Condell Medical Center has aligned its community benefits efforts w ith Advocate's community benefits plan The plan was developed to establish strategies for improving access to care and positively affecting the health of the communities served by Advocate Health Care The plan sets the course for strengthening existing partnerships and building new ones w ith individuals and organizations w ithin Condell's service area in order to leverage and maximize the impact of its programs The plan sets forth goals and objectives to accomplish this strategy The goals and some corresponding examples of services Condell provides are provided below Goal # 1 - Promote initiatives that enhance access to health care for the uninsured and underinsured Charity Care - Advocate Condell Medical Center offers a very generous charity care program - requiring no payments from the patients most in need, and providing discounts to uninsured patients earning up to six times the federal poverty level and to insured patients earning up to four times the poverty level Condell has also partnered w ith the Lake County Health Department to provide free diagnostic services, such as colonoscopies, radiology exams, MRIs, CT scans and biopsies to the uninsured and underserved residents of Lake County Goal # 2 - Positively impact the health status and quality of life of individuals living in the communities served by Advocate Health Care in a manner consistent w ith its mssion Condell Day Center's Adult Day Care Program - Advocate Condell Day Center's Adult Day Care program fills a gap in continuity of care for clients w ho are unable to live independently Condell's program combines adult day care w ith therapeutic and personal care services Given that the program is located adjacent to other hospital services, clients can receive physical, speech and occupational therapy from a licensed therapist In addition, bathing assistance, beautician/barber and podiatry care are available as a service to the client and caregiver Comprehensive adult day care allow s the caregiver to remain employed and/or receive much needed respite, thus allow ing clients w ith frailties or dementia to remain in the community and avoid or delay the additional expense of long-term care Condell's program accepts clients w ith a higher acuity than other local programs, caring for patients in the later part of middle-stage Alzheimer's Condell also w orks w ith the Veteran's Administration to provide services for their patients under the care of an on-site registered nurse Pediatric Rehabilitation - Advocate Condell Medical Center's PACT (Pediatric Alternatives in Creative Therapy) program is a unique medical support service in Lake County for children and teens w ith neuromuscular disorders, such as spina bifida, cerebral palsy, head trauma and spinal cord injuries, as well as those w ith developmental delay and speech-language disorders PACT also treats children w ith genetic and congenital anomalies, structural abnormalities, such as cleft palate, and hearing/vision problems, sensory integration dysfunction and those receiving radiation or chemotherapy treatments PACT's interdisciplinary team of professionals, including physical therapists, occupational therapists, speech-language pathologist, partners w ith the families, schools, physicians and community to provide comprehensive intervention, as well as an individualized treatment program for each child Goal # 3 - Build strong relationships w ith the faith community, elected officials and community organizations to enhance community outreach efforts Mission & Spiritual Care -- Advocate Condell Medical Center's Mission and Spiritual Care office provides clinical chaplains w ho offer support and services to the individuals and families that Advocate serves The office also develops partnerships w ith communities and congregations to help address local health care needs In 2009, Condell participated w ith other Advocate sites of care in w orking to address public concern regarding the H1N1 virus In addition to mailing and widely dispersing system-developed education materials throughout its service area, Condell's Mission and Spiritual Care office held a summt designed to support community faith leaders' efforts to provide education, reduce public anxiety and to direct people to appropriate sites of care to prevent the spread of the H1N1 virus Goal # 4 - Promote a system-w ide collaborative approach to community benefits, building on existing resources and maximizing Advocate's ability to continue programs to fulfill its mission Advocate Condell Medical Center collaborates w ith Emergency Medical Service providers to share best-practice information throughout Advocate sites as well as other non-Advocate medical providers Condell is a resource hospital for Illinois Region 10, w hich requires Condell to coordinate ongoing training in emergency response to a mass casualty situation or other disaster These education programs and training exercises involve every emergency provider in the area - both inside and outside of Advocate -- as well as the Lake County Health Department and other regional organizations as appropriate Condell also offers educational training courses for individuals to earn paramedic certification

PART VI, SECTION A, LINE 6 BY-LAWS PROVIDE FOR CORPORATE MEMBERS PART VI, SECTION A, LINE 7A THE NOT FOR PROFIT CORPORATIONS OF ADVOCATE HEALTH CARE, WITH THE EXCEPTION OF ADVOCATE HEALTH CARE NETWORK, HAVE CORPORATE MEMBERS WHO ELECT DIRECTORS ADVOCATE HEALTH CARE NETWORK DOES NOT HAVE ANY MEMBERS, THEREFORE, THE AHCN BOARD ELECTS ITS DIRECTORS THE FOR PROFIT ORGANIZATIONS HAVE A SOLE SHAREHOLDER WHO ELECTS DIRECTORS PART VI, SECTION A, LINE 7B YES, THE RESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBERS (FOR THE NOT FOR PROFIT CORPORATIONS) AND THE SOLE SHAREHOLDER (FOR THE FOR PROFIT CORPORATIONS) PART VI, SECTION A, LINE 11A AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE FORM 990'S WILL BE REVIEWED WITH COMMITTEE MEMBERS A MEMBER OF ACCOUNTING MANAGEMENT AND THE ERNST & YOUNG TAX PRINCIPAL WILL BE COORDINATING THE REVIEW THE FINALIZED FORM 990'S WILL BE POSTED FOR THE BOARD OF DIRECTORS TO REVIEW & YOUNG TAX PRINCIPAL WILL BE COORDINATING THE REVIEW THE FINALIZED FORM 990'S WILL BE POSTED FOR THE BOARD OF DIRECTORS TO REVIEW PART VI, SECTION B, LINE 12C VICE PRESIDENT AND CHIEF COMPLIANCE OFFICER SENDS THE CORPORATION'S CODE OF BUSINESS CONDUCT AND CONFLICT OF INTEREST POLICY TO ITS INTERESTED PERSONS, INCLUDING MEMBERS OF ADVOCATE'S BOARD OF DIRECTORS OR GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS ALL PARTIES ARE REQUIRED TO READ AND PROVIDE A DISCLOSURE STATEMENT TO THE VICE PRESIDENT AND CHIEF COMPLIANCE OFFICER WHO SUMMARIZES THE DISCLOSURES AND PROVIDES A SUMMARY OF THE DISCLOSURES TO THE EXECUTIVE MANAGEMENT AND THE AUDIT COMMITTEE FOR REVIEW THE SUMMARIES ARE THEN PROVIDED TO THE CHIEF EXECUTIVE OFFICER PART VI, SECTION B, LINES 15A & 15B EXECUTIVE COMPENSATION AT THE ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES IS BASED ON A BOARD OF DIRECTORS' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPORTUNITIES FOR EXECUTIVES, MANAGERS, PROFESSIONALS, AND ALL EMPLOYEES IN THIS STRATEGY, SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIRED LEVEL OF COMPETITIVENESS IN THOSE MARKETS SPECIFIED IN ADDITION, THE LINKAGE OF EXECUTIVE PAY TO PERFORMANCE IS ARTICULATED AND HOW THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED THESE ELEMENTS ARE - A SOLID, RELIABLE AND TESTED JOB EVALUATION METHODOLOGY - ACCURATE, QUALITY AND RELEVANT COMPENSATION SURVEY INFORMATION - A CONSISTENT ANNUAL PROCESS FOR UPDATING THE COMPENSATION LEVELS - AN ACTIVE BOARD REVIEW PROCESS THAT ASSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING REVIEW OF THE PERFORMANCE OF THE ORGANIZATION, AND - ACTIVE, EXTERNAL REVIEW AND AUDITING OF COMPENSATION BY EXTERNAL INDEPENDENT CONSULTANTS PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING SITES DACBOND.COM (DIGITAL ASSURANCE CERTIFICATION LLC) AND EMMA.MSRB.ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

26-2525968

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(f)
Direct controlling
entity

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

(f)
Direct controlling
entity

See Additional Data Table

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
CHICAGO CYBERKNIFE											
2025 WINDSOR DR OAK BROOK, IL60523 20-4669860	SURG EQUIP RENTAL	IL	NA								

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
See Additional Data Table							

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i Yes

1j No

1k Yes

1l Yes

1m No

1n No

1o Yes

1p Yes

1q Yes

1r Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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)	(b)	(c)	(d)		(e)	(f)		(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 26-2525968

Name: Advocate Condell Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ADVOCATE HEALTH & HOSPITALS CORPORATION 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-2169147	HEALTH CARE	IL	501(C)(3)	3	AHCN
ADVOCATE CHARITABLE FOUNDATION 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3297360	FUNDRAISING	IL	501(C)(3)	7	AHCN
ADVOCATE HEALTH CARE NETWORK 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-2167779	PARENT CORP	IL	501(C)(3)	11-III-FI	NA
ADVOCATE HOME HEALTH CARE SVC INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-2913108	HOME CARE	IL	501(C)(3)	9	AHHC
ADVOCATE NORTHSIDE HEALTH NETWORK 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3196629	HEALTH CARE	IL	501(C)(3)	3	AHHC
MERIDIAN HOSPICE 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3158667	HOME HOSPICE	IL	501(C)(3)	9	AHHCS
RAVENSWOOD HEALTH CARE FOUNDATION 4550 N WINCHESTER AVENUE CHICAGO, IL60640 36-3196628	FUNDRAISING	IL	501(C)(3)	11-II	AHCN
HISPANOCARE INC 2025 WINDSOR AVENUE OAK BROOK, IL60523 36-3606486	HEALTH CARE	IL	501(C)(3)	9	ANHNC
MASONIC FAMILY HEALTH FOUNDATION 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-4397387	FUNDRAISING	IL	501(C)(3)	11-I	MFHS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ADVOCATE HEALTH CENTERS INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-4217291	MEDICAL SERVICES	IL	NA	C CORP			
ADVOCATE HOME CARE PRODUCTS INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3315416	HEALTH SERVICES	IL	NA	C CORP			
DREYER CLINIC INC 1877 W DOWNER PLACE AURORA, IL60506 36-2690329	MEDICAL SERVICES	IL	NA	C CORP			
DREYER MERCY AMBULATORY SURGERY CTR 1221 N HIGHLAND AVENUE AURORA, IL60506 36-3890298	MEDICAL SERVICES	IL	NA	C CORP			
DREYER RIVER WEST RADIATION CENTER LLC 1221 N HIGHLAND AVENUE AURORA, IL60506 74-3134247	MEDICAL SERVICES	IL	NA	C CORP			
EVANGELICAL SERVICES CORP 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3208101	MGMT SVCS CORP	IL	NA	C CORP			
HIGH TECHNOLOGY INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3368224	MEDICAL SERVICES	IL	NA	C CORP			
PARKSIDE CENTER CONDO ASSN 1775 W DEMPSTER ST PARK RIDGE, IL60068 36-3452486	PROP CONDO MGMT	IL	NA	C CORP			
CERTUS INDEMNITY CO LTD 23 LIME TREE BAY AVE GOV SQ BLDG 4 GRAND CAYMAN, CJ CJ 98-0600867	INSURANCE	CJ	NA	C CORP			
ADVOCATE INSURANCE SPC 23 LIME TREE BAY AVE GOV SQ BLDG 4 GRAND CAYMAN, CJ CJ 98-0422925	INSURANCE	CJ	NA	C CORP			
CENTER FOR ENDOSCOPY LLC 22285 PEPPER ROAD LAKE BARRINGTON, IL60010 26-2387298	MEDICAL SERVICES	IL	NA	C CORP			
ADVOCATE GROUP PURCHASING LLC 1900 SPRING ROAD OAK BROOK, IL60523 37-8609100	PURCHASING	IL	NA	C CORP			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) ADVOCATE NETWORK SERVICES	O	188,849,762
(2) ADVOCATE HEALTH AND HOSPITALS CORPORATION	a	33,132
(3) ADVOCATE HEALTH AND HOSPITALS CORPORATION	l	19,822,834
(4) ADVOCATE HEALTH AND HOSPITALS CORPORATION	o	40,881,947
(5) HIGH TECHNOLOGY INC	o	116,277
(6) ADVOCATE CHARITABLE FOUNDATION	c	344,112
(7) ADVOCATE HOME AND HEALTHCARE SERVICES INC	i	71,220
(8) ADVOCATE HEALTH AND HOSPITALS CORPORATION	k	1,927,632
(9) ADVOCATE HEALTH AND HOSPITALS CORPORATION	p	12,867,669
(10) ADVOCATE NETWORK SERVICES	p	263,754
(11) ADVOCATE HOME HEALTH CARE SERVICES INC	P	61,423
(12) ADVOCATE HOME HEALTH CARE SERVICES INC	r	251,323