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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

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 HEALTH AND HOSPITALS CORP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2025 WINDSOR DRIVE

City or town, state or country, and ZIP + 4
OAK BROOK, IL 60523

D Employer identification number
36-2169147

E Telephone number
(630) 990-5155

G Gross receipts $ 3,353,871,879

F Name and address of principal officer
JAMES SKOGSBERGh
2025 WINDSOR DRIVE
OAK BROOK, IL 60523

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www ADVOCATEHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1906

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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	23,193
6	Total number of volunteers (estimate if necessary)	6	2,967
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	53,803,078
b	Net unrelated business taxable income from Form 990-T, line 34	7b	879,294

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	7,530,019	15,803,411
9	Program service revenue (Part VIII, line 2g)	2,592,185,597	2,709,546,314
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,928,745	71,563,648
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,845,605	57,896,700
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,701,489,966	2,854,810,073
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	214,777,355	15,189,774
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)	1,323,960,781	1,397,886,302
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶797,897		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,239,508,487	1,234,038,001
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,778,246,623	2,647,114,077
19	Revenue less expenses Subtract line 18 from line 12	-76,756,657	207,695,996

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	3,704,772,486	4,222,658,503
21	Total liabilities (Part X, line 26)	2,484,431,584	2,372,712,952
22	Net assets or fund balances Subtract line 21 from line 20	1,220,340,902	1,849,945,551

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-09

▶ JAMES W DOHENY TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-empolyed ▶ ☐ | 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

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

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 ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 2,144,434,909 including grants of $) (Revenue $ 2,487,375,707)

SEE SCHEDULE O

4b (Code) (Expenses $ 157,942,017 including grants of $) (Revenue $ 101,364,099)

SEE SCHEDULE O

4c (Code) (Expenses $ 51,898,611 including grants of $) (Revenue $ 18,933,121)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 107,996,222 including grants of $) (Revenue $ 101,113,117)

4e **Total program service expenses** ▶ $ 2,462,271,759

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, line10? *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	Yes	
b	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	Yes	
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	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,541		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	23,193		
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	Yes	
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	Yes	
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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 VP FINANCE
2025 WINDSOR DRIVE
OAK BROOK, IL 60523
(630) 990-5155

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			
See add'l data										

1b Total . . . . . ▶	20,257,627	879,142	9,756,729

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 ▶ 1,443

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
POWER CONSTRUCTION COMPANY 2360 N PALMER DRIVE SCHAUMBURG, IL 601733818	CONSTRUC CONTRACTOR	64,638,076
HLS WHEELING LLC 45 W HINTZ ROAD WHEELING, IL 600906073	LAUNDRY SERVICES	10,828,212
INO THERPEUTICS LLC PO BOX 642509 PITTSBURGH, PA 152642509	PHARMACUT THER SVCS	4,247,403
MEDQUIST TRANSCRIPTIONS LTD PO BOX 10832 NEWARK, NJ 071930832	TRANSCRIPTION SVCS	3,444,981
KRAUSE CONSTRUCTION LLC 3330 EDISON AVENUE BLUE ISLAND, IL 60406	CONSTRUC CONTRACTOR	2,944,922
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 ▶ 90		

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	12,998,384			
	e	Government grants (contributions)	1e	1,840,511			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	964,516			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		15,803,411			
Program Service Revenue			Business Code				
	2a	NET PROGRAM SERVICE REVENUE	621,990	1,036,360,058	1,036,360,058		
	b	MEDICARE/MEDICAID	621,990	922,207,727	922,207,727		
	c	PHARMACEUTICALS & OTHER	446,110	608,240,704	605,263,674	2,977,030	
	d	LAB	621,500	142,737,825	108,315,694	34,422,131	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,709,546,314			
	3	Investment income (including dividends, interest and other similar amounts)		96,401,413			96,401,413
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	7,037,638				
	b	Less rental expenses	12,228,131				
	c	Rental income or (loss)	-5,190,493				
	d	Net rental income or (loss)		-5,190,493			-5,190,493
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	461,331,602	463,209			
	b	Less cost or other basis and sales expenses	483,341,853	3,290,723			
	c	Gain or (loss)	-22,010,251	-2,827,514			
	d	Net gain or (loss)		-24,837,765			-24,837,765
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 257,272				
	b	Less direct expenses	b 201,099				
	c	Net income or (loss) from fundraising events		56,173			56,173
	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	CAFETERIA REVENUE	722,210	8,781,517			8,781,517
	b	PARKING REVENUE	453,220	2,656,099			2,656,099
	c	GIFT SHOP REVENUE	812,930	778,144			778,144
	d	All other revenue		50,815,260	34,411,343	16,403,917	
	e	**Total.** Add lines 11a–11d		63,031,020			
	12	**Total revenue.** See Instructions		2,854,810,073	2,706,558,496	53,803,078	78,645,088

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	15,189,774	15,189,774		
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	25,167,194	8,391,093	16,776,101	
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	1,093,703,403	1,027,232,741	66,138,708	331,954
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,369,514	39,650,716	1,706,244	12,554
9 Other employee benefits	161,223,624	147,505,665	13,669,033	48,926
10 Payroll taxes	76,422,567	70,958,466	5,440,910	23,191
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,162,526		3,162,526	
c Accounting	618,322		618,322	
d Lobbying	336,526		336,526	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	6,381,458		6,381,458	
g Other	78,124,101	74,661,036	3,463,065	
12 Advertising and promotion	5,882,228	3,915,864	1,966,364	
13 Office expenses	69,530,106	67,300,336	2,229,770	
14 Information technology	36,150,162	15,447,267	20,702,895	
15 Royalties	0			
16 Occupancy	48,101,491	47,094,408	1,007,083	
17 Travel	3,747,982	2,616,237	1,131,745	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,951,893	1,344,455	607,438	
20 Interest	33,339,463	33,339,417	46	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	114,356,893	95,949,162	18,407,731	
23 Insurance	75,505,671	74,571,593	934,078	
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	405,828,370	405,828,370		
b BAD DEBT	121,671,804	121,671,804		
c CONTRACTUAL SERVICES GENERAL	79,832,319	66,249,731	13,582,588	
d PUBLIC ASSESSMENT FEE	73,952,095	73,952,095		
e MAINTENANCE GENERAL	32,398,196	32,100,117	298,079	
f All other expenses	43,166,395	37,301,412	5,483,711	381,272
25 **Total functional expenses.** Add lines 1 through 24f	2,647,114,077	2,462,271,759	184,044,421	797,897
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,553,092	1	809,175
	2	Savings and temporary cash investments		206,207,204	2	344,430,786
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		275,177,500	4	254,796,452
	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		71,355,864	7	66,388,571
	8	Inventories for sale or use		36,778,020	8	40,766,087
	9	Prepaid expenses and deferred charges		36,144,621	9	42,034,175
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,485,709,536			
	b	Less accumulated depreciation	10b 1,450,866,080	1,026,298,656	10c	1,034,843,456
	11	Investments—publicly traded securities		1,577,813,344	11	1,938,063,934
	12	Investments—other securities See Part IV, line 11		177,971,000	12	239,510,330
	13	Investments—program-related See Part IV, line 11		2,485,892	13	2,765,525
	14	Intangible assets		0	14	633,011
	15	Other assets See Part IV, line 11		292,987,293	15	257,617,001
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,704,772,486	16	4,222,658,503
Liabilities	17	Accounts payable and accrued expenses		425,404,061	17	378,822,000
	18	Grants payable			18	
	19	Deferred revenue		4,384,413	19	3,871,419
	20	Tax-exempt bond liabilities		932,579,777	20	914,448,045
	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		854,621	23	173,490
	24	Unsecured notes and loans payable to unrelated third parties		0	24	10,500,000
	25	Other liabilities Complete Part X of Schedule D		1,121,208,712	25	1,064,897,998
	26	**Total liabilities.** Add lines 17 through 25		2,484,431,584	26	2,372,712,952
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		1,219,669,464	27	1,849,145,466
	28	Temporarily restricted net assets		671,438	28	800,085
	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		1,220,340,902	33	1,849,945,551
	34	Total liabilities and net assets/fund balances		3,704,772,486	34	4,222,658,503

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a	Yes	
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	3b	Yes	

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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 HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **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

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 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 ▶

b **33 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 ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **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: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

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			
JAMES SKOGSBERGH PRESIDENT and CEO, DIRECTOR	40 0	X		X				2,586,556	0	1,397,439
REV DR DONALD HALLBERG DIRECTOR	1 0	X						0	0	0
JOHN TIMMER DIRECTOR	1 0	X						0	0	0
DAVID ANDERSON DIRECTOR	1 0	X						0	0	0
ALEJANDRO APARICIO MD DIRECTOR	1 0	X						0	0	0
JON CHRISTOFERSEN MD DIRECTOR	1 0	X						0	0	0
BRUCE CREGER DIRECTOR	1 0	X						0	0	0
LYNN CRUMP-CAINE CHAIRPERSON	1 0	X						0	0	0
MARK HARRIS VICE CHAIRPERSON	1 0	X						0	0	0
CLARENCE NIXON JR PhD DIRECTOR	1 0	X						0	0	0
REV OZZIE SMITH JR DIRECTOR	1 0	X						0	0	0
LAURIE MEYER DIRECTOR	1 0	X						0	0	0
JOSE ELIZONDO MD DIRECTOR	1 0	X						0	211,134	24,801
CAROLYN SMELTZER DIRECTOR	1 0	X						0	0	0
JULIE SCHLUETER DIRECTOR - MARCH 2009	0 0	X						0	0	0
JOAN SHAVER DIRECTOR - MAY 2009	0 0	X						0	0	0
WILLIAM SANTULLI EXECUTIVE VICE PRESIDENT, COO	40 0			X				1,494,621	0	836,257
BEN GRIGALIUNAS SR VP HUMAN RESOURCES	40 0			X				972,667	0	530,014
LEE B SACKS MD EXEC VP, CHIEF MEDICAL OFFICER	40 0			X				1,266,787	0	618,535
BRUCE D SMITH SR VP CHIEF INFO OFFICER	40 0			X				806,891	0	356,525
GAIL D HASBROUCK SR VP GEN COUNSEL & CORP SECY	40 0			X				817,737	0	373,555
REV JERRY A WAGENKNECHT SR VP MISSION & SPIRITUAL CARE	40 0			X				249,105	0	198,449
DOMINIC J NAKIS SR VP CHIEF FINANCIAL OFFICER	40 0			X				1,145,520	0	619,336
SCOTT POWDER SVP STRATEGIC PLANNING & GRWTH	40 0			X				442,821	0	226,091
WILFREDO RAMOS SR VP COMM and GOVT RELATIONS	40 0			X				379,639	0	162,776

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			
DR JAMES DAN PRES OF PHYS & AMBULATORY SVCS	40 0			X				814,884	0	479,896
LENA DOBBS-JOHNSON PRESIDENT, BETHANY HOSPITAL	40 0			X				539,578	0	182,547
KENNETH LUKHARD MARKET PRES , CHRIST MED CTR	40 0			X				993,854	0	518,376
DAVID FOX PRESIDENT, GOOD SAMARITAN HOSP	40 0			X				819,854	0	372,620
KAREN LAMBERT PRESIDENT, GOOD SHEPHERD HOSP	40 0			X				619,435	0	345,702
JOHNATHAN BRUSS PRESIDENT, TRINITY HOSPITAL	40 0			X				562,983	0	272,094
DAVID STARK PRESIDENT, LUTHERAN GEN HOSP	40 0			X				254,112	0	35,020
ANTHONY ARMADA PRESIDENT, LUTHERAN GEN HOSP	40 0			X				103,861	0	115,753
MICHAEL ENGLEHART PRESIDENT, SOUTH SUBURBAN HOSP	40 0			X				225,214	0	75,331
JIM DOHENY VP FINANCE & CORP CONTROLLER	40 0			X				364,076	0	153,848
JAMES KELLER CHAIRMAN, OB/GYN	40 0					X		729,891	0	44,908
BRIAN MCCULLOCH PHYSICIAN, MATERNAL/FETAL MED	40 0					X		627,495	0	44,565
BRUCE PIELET PHYSICIAN, MATERNAL/FETAL MED	40 0					X		632,130	0	45,407
MANOJ SHAH PHYSICIAN, TRAUMA SURGERY	40 0					X		725,675	0	26,065
KENNETH ROJEK PRESIDENT, ACL LABS	40 0					X		675,427	0	343,579
BRUCE CAMPBELL PRESIDENT, LUTHERAN GEN HOSP	0 0						X	1,225,252	0	947,945
ANN ERRICHETTI PRESIDENT, CONDELL MEDICAL CTR	0 0						X	181,562	668,008	409,295

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	405,828,370	405,828,370		
BAD DEBT	121,671,804	121,671,804		
CONTRACTUAL SERVICES GENERAL	79,832,319	66,249,731	13,582,588	
PUBLIC ASSESSMENT FEE	73,952,095	73,952,095		
MAINTENANCE GENERAL	32,398,196	32,100,117	298,079	

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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	Employer identification number
ADVOCATE HEALTH AND HOSPITALS CORP	36-2169147

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	▶ $	0
3	Volunteer hours		0

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	▶ $	0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ $	0
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		
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-		

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

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) Yes	(a) No	(b) 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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		11,058
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?	Yes		263,002
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		606,764
j	Total lines 1c through 1i			880,824
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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 1A	ADVOCATE HEALTH AND HOSPITALS CORPORATION SPONSORS A NURSE ADVOCACY COUNCIL, COMPRISED OF NURSES EMPLOYED BY THE SYSTEM THIS GROUP PROVIDES LEGISLATIVE FORUMS AND EDUCATION SUMMITS TO APPRISE AND EDUCATE LEGISLATORS OF THE ISSUES FACING THE NURSING PROFESSION AND HOW CHANGES IN LEGISLATION AFFECT PATIENT CARE SCHEDULE C, PART II-B, LINE 1I ADVOCATE HEALTH AND HOSPITALS CORPORATION 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 ATTRIBUTABLE TO THESE LOBBYING ACTIVITIES ADVOCATE ALSO ENGAGES CERTAIN FIRMS TO LOBBY ON ITS BEHALF REGARDING ISSUES AND POLICIES THAT AFFECT HEALTHCARE SUCH AS QUALITY, AFFORDABILITY AND PATIENT ACCESS ADVOCATE ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 ▶ $ _____

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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

		Yes	No
(i) unrelated organizations	3a(i)		
(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	35,389,304	26,710,918		62,100,222
b Buildings		1,451,768,756	713,195,818	738,572,938
c Leasehold improvements		33,731,482	17,031,561	16,699,921
d Equipment		856,975,078	690,701,378	166,273,700
e Other		81,133,998	29,937,323	51,196,675
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,034,843,456

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	239,510,330	F
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	239,510,330	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
COLTRL PRCDS RCVD UND SEC LNDG	140,026,712
DUE FROM AFFILIATES	49,968,873
OTHER RECEIVABLES	24,815,565
RETIREMENT PLANS	19,149,531
DEFERRED COMPENSATION	12,472,665
3RD PARTY RECEIVABLES	9,125,484
INVSTS IN HEALTHCARE ENTITIES	2,058,171
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	257,617,001

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,064,897,998

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule D, Part X, - Other Liabilities

1	**(a)** Description of Liability	**(b)** Amount
	SELF INSURANCE LIABILITY	699,204,193
	3RD PARTY SETTLEMENTS	128,546,364
	OBLGATION TO RETURN COLLATERAL	108,758,743
	PENSION PLAN BENEFITS	43,909,499
	EXECUTIVE PENSION LIABILITY	35,841,634
	INTEREST RATE SWAP MTM SERIES	31,955,386
	REMEDIATION COST ACCRUAL	13,172,722
	UNFUNDED HRA/DRA	1,557,150
	DEFERRED COMPENSATION	1,052,307
	DEACONESS RESIDENCE LIABILITY	900,000

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	see part iv	32,331
Middle East and North Africa			Conference		873
East Asia and the Pacific			Conference		8,881
Europe (Including Iceland and Greenland)			Conference		12,412
Central America and the Caribbean			Investments		7,072,498
East Asia and the Pacific			Investments		27,359
Europe (Including Iceland and Greenland)			Investments		1,267,087
North America			Investments		488,081
South Asia			Investments		34,845
East Asia and the Pacific	1	1	Insurance		25,268,083
Totals . . . . . ▶	1	1			34,212,450

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION	PART I, LINE 3, COLUMN E	Providing educational and networking opportunities for physicians and associates by attending the Arab Health Conference One of Advocate's sites of care has a large Middle Eastern population in its service area with distinct health care needs and risks based on cultural heritage and norms This conference allows the participants to learn more about these risks and the treatments there of and allows the associates to develop contacts with the orders who could be consulted with in developing programs/treatment for the affected populations

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ 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 HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 TRINITY (event type)	(b) Event #2 CHRIST (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	108,758	71,562	76,952	257,272
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	108,758	71,562	76,952	257,272
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	0	0	2,053	2,053
	8 Entertainment				
	9 Other direct expenses	111,365	37,893	49,788	199,046
	10 Direct expense summary Add lines 4 through 9 in column (d)				201,099
	11 Net income summary Combine lines 3, column d, and line 10				56,173

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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 HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

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 *free* 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 *discounted* 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 600 %	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	Yes	
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 eligibile for free or discounted care?	5c		No
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)			22,018,227	1,554,655	20,463,572	0 810 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			382,723,707	259,997,904	122,725,803	4 860 %
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			404,741,934	261,552,559	143,189,375	5 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,919,671	0	1,919,671	0 080 %
f Health professions education (from Worksheet 5)			66,382,239	18,933,121	47,449,118	1 880 %
g Subsidized health services (from Worksheet 6)			54,384,085	38,590,614	15,793,471	0 630 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,973,945	0	1,973,945	0 080 %
j **Total** Other Benefits			124,659,940	57,523,735	67,136,205	2 670 %
k **Total.** Add lines 7d and 7j			529,401,874	319,076,294	210,325,580	0

Part II Community 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 III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	39,574,470		
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	16,533,485		
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	663,612,132		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	770,635,929		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-107,023,797		
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 IV Management 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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
BETHANY HOSPITAL 3434 WEST VAN BUREN CHICAGO,IL 60624	X								
CHRIST HOSP INCL HOPE CHILDREN'S HOSP 4440 WEST 95TH ST OAK LAWN,IL 60453	X	X	X	X			X		
GOOD SAMARITAN HOSPITAL 3815 HIGHLAND AVE DOWNERS GROVE,IL 60515	X	X					X		
GOOD SHEPHERD HOSPITAL 450 w highway 22 BARRINGTON,IL 60453	X	X					X		
LUTHERAN GEN HOSP INCL LUTH GEN CHI HOSP 1775 DEMPSTER ST PARK RIDGE,IL 60068	X	X	X	X			X		
SOUTH SUBURBAN HOSPITAL & ICU 17800 S KEDZIE HAZEL CREST,IL 60429	X	X					X		
TRINITY HOSPITAL 2320 EAST 93RD ST CHICAGO,IL 60617	X	X					X		
ACL LAB SERVICE CENTER 5400 S PEARL ROSEMONT,IL 60068									CLINICAL SERVICES
ORLAND PARK SURGICAL CENTER LLC 9550 W 167TH ST ORLAND PARK,IL 60467		X							SURGICAL CENTER

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

Advocate owns and operates various physician clinics which provide subsidized health services including the Adult Down Syndrome program, school based health clinics, a Cystic Fibrosis clinic, and addiction treatment services These clinics serve a wide range of patients without regard to their ability to pay As these clinics are wholly owned by Advocate the cost of the subsidized health care they provide is included in Part 1, line 7g The net community benefit included for physician clinic subsidized health services is $1,090,600

$121,671,804 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 Health and Hospitals Corporation 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 Health and Hospitals Corporation 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 Health and Hospitals Corporation 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 We believe that Advocate has a population of patients who are uninsured or underinsured but who do not complete the charity care assessment 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 $107,023,797 on Part III, Line 7 is the unreimbursed cost of providing services for Medicare patients and should be treated as community benefit For Advocate Health and Hospitals Corporation'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 Health and Hospitals Corporation 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 Health and Hospitals Corporation operates 6 outpatient imaging centers, 3 school based health clinics, 3 cancer care centers, 1 sleep center, 2 wellness centers along with 65 other physician office and 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 Health and Hospitals Corporation 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, as well as residents of the six-county metropolitan area These two disease categories annually account for 61 percent of all deaths in the six-county area 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 eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 - Advocate Health and Hospitals Corporation 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 Health and Hospitals Corporation's Hospital Charity Care policy Advocate utilizes a financial screening software program to help identify public assistance programs for which the patient may be eligible or Advocate's charity care at the time of registration or as soon as practicable thereafter In addition, HealthAdvisor, Advocate'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 Health and Hospitals Corporation assists patients with applying for Advocate's own financial assistance/charity care services, if patients are not eligible for government-supported programs Advocate Health and Hospitals Corporation 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 Advocate'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 Advocate'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 Advocate'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 and Hospitals Corporation's primary service area covers the six-county, Chicago metropolitan area These counties include Cook, DuPage, Kane, Lake, McHenry, and Will 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 Health and Hospitals Corporation 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 serving individuals in the acute care setting in 2009, AHHC provided community outreach to thousands of people through health fairs, wellness programs and other outreach services designed and delivered to promote the health of the communities it serves Promote initiatives that enhance access to health care for the uninsured and underinsured - Advocate continues its support of organizations addressing access to care issues In 2009, Advocate again supported the Access DuPage community program through the DuPage Health Coalition With support from Advocate and other hospitals in the area, the Access DuPage program provides health care access to 10,000 uninsured residents of DuPage County each year Advocate has partnerships with Federally Qualified Health Centers through Advocate Bethany Hospital and Advocate South Suburban Hospital to improve access to primary care services for uninsured and underinsured individuals in those areas In addition, Advocate Good Shepherd Hospital has partnered with the Family Health Partnership Clinic, a free clinic in Woodstock, Illinois Advocate Christ Medical Center has a partnership with the Access to Care organization and provides diagnostic radiology services, such as mammograms Advocate Good Shepherd Hospital has partnered with 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 - Advocate continues its support of the Gilead Outreach and Referral Center (the Center), with both a financial contribution and board leadership The Center connects uninsured individuals and families throughout metropolitan Chicago with affordable healthcare programs for which they are eligible The Center funds and oversees health outreach and enrollment work by community organizations in the Hispanic, African-American and Islamic communities It also conducts health outreach at work sites with large numbers of low-income employees, in collaboration with business and labor - Advocate works with the DuPage County Health Department in a program known as the Why Wait Clinic, where breast and cervical cancer detection and treatment services are provided to area uninsured and underinsured women between the ages of 35 and 64 Positively impact the health status and quality of life of individuals living in the communities served by AHHC - The Level III (state's highest level) Neonatal Intensive Care Unit (NICU) at Advocate Lutheran General Children's Hospital cared for 714 NICU infants in 2009, 140 of which were transferred from other hospitals The hospital's comprehensive Neonatal Development Follow-up Program brings together a team of specialists to monitor infants' progress after they leave the NICU Advocate Christ Medical Center and Advocate Good Samaritan Hospital also have Level III NICUs - Advocate Good Shepherd Hospital co-managed the Wauconda Obesity Project again this year, which has expanded from 300 fifth graders to over 1,570 first through fifth grade students, to address the increasing problem of childhood obesity in the area The project's special fitness session, nutritional counseling and other measures are credited with improving health education test scores Since the inception of the program six years ago, the amount of kids receiving National Fitness Awards has doubled For the 2009-2010 school year, preliminary results indicate an average of 28% of students achieved the National Fitness Award (up from the 16% baseline) The district also implemented the CATCH curriculum throughout the district and increased their physician education classes, all made possible through a federal earmark grant awarded through Congresswoman Melissa Bean - When the Park Ridge, Illinois school district was faced with 25 to 30 percent of its Maine East High School students not meeting state-mandated physical and immunization requirements due to their families not having any or having inadequate medical insurance, the district established a school-based health center to provide medical services to these students The school district then collaborated with Advocate Medical Group and Advocate Lutheran General Hospital to provide these uninsured/underinsured students with access to vital health care services The center provides free or low cost services, including physicals, immunizations, behavioral health treatment, nutritional counseling and educational programs The center's medical director and staff have had more than 13,200 student contacts since the facility's inception in March 2003 - In 2009, Advocate Good Samaritan Hospital reached out to children and their families in the second through ninth grades who had, for their age, a body mass index in the 85th percentile or higher During the 10-week program, 100% of the participants exhibited improvement in self-esteem, 95% of the participants reported improvement in their nutritional habits, and 98% of the participants showed some improvement in their physical fitness Through an arrangement with Advocate Good Samaritan Health and Wellness Center, all of the parents were given the opportunity to exercise for free during class and were also invited to attend three goal setting/fitness planning sessions at the Center - The Advocate Childhood Trauma Treatment Program (CTTP) offers hope and healing to children who have experienced maltreatment, psychological trauma and sexual abuse Clinicians work with a child's entire support network parents, the school and more to help foster a safe environment for the child CTTP is one of just a handful of programs in the state that specializes in mental health for children In 2009, CTTP served 350 children and adolescents In addition, the program has partnered with Darkness to Light, a nationally recognized Sexual Abuse Prevention Program As a result of this partnership, the CTTP has launched a major adult education program called Stewards of Children 17 Steps to Protect a Child The program now offers prevention education to organizations, churches, and schools Build strong relationships with the faith community, elected officials, and community organizations to enhance community outreach efforts - The Advocate Lutheran General Hospital's Adult Down Syndrome Clinic was established in the early 1990's through a partnership between the hospital and the National Association for Down Syndrome (NADS), and it is the largest center of its kind in the world The Center provides crucial psychosocial and medical services to individuals with Down syndrome living in all areas of Illinois and across the Midwest Many in this unique population are on public assistance and, in most instances, there are few sources of reimbursement for these much-needed services The Center's multidisciplinary approach to comprehensive medical care, with a strong emphasis on preventive medicine, provides practical approaches to health education and health risk reduction - Advocate Bethany Hospital has partnered with the Chicago Public Schools System in an Adopt-a-School program offering immunizations, physical examinations, and medical and social service referrals to protect the health of children and to identify children who may not be receiving regular medical care In addition to improving health care access to these children, there is potential to reduce school absenteeism since healthy children miss fewer school days In 2009, Advocate Bethany Hospital had 14 schools directly adopted into the program and 4 schools indirectly adopted through the hospital's participation in the West District Health Council - Advocate Good Shepherd Hospital has partnered with two local school districts to help establish fitness programs for youth to combat the escalating obesity dilemma The Barrington school district was able to expand education to Hispanic families, conduct a family health fair, purchase educational material, and offer incentives to help integrate healthy lifestyle behaviors among school age children - The Advocate Bethany Hospital Community Health Fund (Bethany Fund) was established in 2006 as part of Advocate Bethany Hospital's transition to a long-term acute care hospital This fund was created as part of Advocate's ongoing commitment to support existing community organizations as they build, promote and sustain healthy communities on the West Side of Chicago Through the work of the fund, Advocate will commit $14 million over 14 years to support local programs promoting health and wellness and that reduce health disparities and their determinants A Bethany Fund Board comprised of both community & Advocate representatives oversees the Bethany Fund and selects applicants who will receive grant awards Following a community needs assessment, seven priority areas were identified in which health disparities exist between the fund communities and the city of Chicago as

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 communites 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 31

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PART I, LINE 1		ADVOCATE HEALTH AND HOSPITAL CORPORATION SUPPORTS ONLY NON PROFIT ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THAT ARE CONSISTENT WITH AND COMPLIMENTARY TO THE MISSION AND CHARITABLE, TAX-EXEMPT PURPOSES OF ADVOCATE HEALTH AND HOSPITALS CORPORATION CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, BUSINESSES, OR PRIVATE PROVIDERS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS DUPAGE511 THORNHILL DR CAROL STREAM,IL 60188	36-4448208	501(C)(3)	514,280				SUPPORT EXEMPT MISSION
ADVOCATE HEALTH CARE NETWORK2025 Windsor drive oak brook,IL 60523	36-2167779	501(C)(3)	10,000,000				CAPITAL CONTRIBUTION
AMERICAN CANCER SOCIETY1114 N ARLINGTON HTS RD ARLINGTON HEIGHTS,IL 60004	36-2167721	501(C)(3)	12,500				RELAY FOR LIFE/STRIDES AGAINST BREAST CANCER
AMERICAN CANCER SOCIETY17060 OAK PARK AVENUE TINLEY PARK,IL 60477	36-2167721	501(C)(3)	55,000				RELAY FOR LIFE/BLACK & WHITE BALL
AMERICAN CANCER SOCIETY1801 MEYERS ROAD OAK BROOK,IL 60181	36-3167721	501(C)(3)	38,700				RELAY FOR LIFE
AMERICAN HEART ASSOCIATION460 N LINDBERGH BLVD ST LOUIS,MO 63141	13-5613797	501(C)(3)	375,000				HEART WALK/MISSION LIFELINE
AMERICAN HEART ASSOCIATION208 S LASALLE ST STE 900 CHICAGO,IL 60604	13-5613797	501(C)(3)	23,500				CHICAGO HEART BALL
AMERICAN LUNG ASSOCIATION55 W WACKER DR STE 800 CHICAGO,IL 60601	20-4392201	501(C)(3)	6,150				SUPPORT 2009 LUNG WALK
ANIMA YOUNG SINGERS OF CHICAGO799 ROOSEVELT RD CHICAGO,IL 60515	36-3159041	501(C)(3)	12,000				SUPPORT AN ANIMA CHRISTMAS
ASSOCIATION OF PROFESSIONAL CHAPLAINS1701 E WOODFIELD RD STE 400 SCHAUMBERG,IL 60010	36-3762667	501(C)(3)	9,325				SUPPORT ANNUAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES11717 S HALSTED ST CHICAGO,IL 60628	38-1405282	501(C)(3)	10,000				ABSTINENCE FUNDING
CHICAGO PROJECT FOR VIOLENCE PREVENTION 1603 W TAYLOR ST M/C 923 CHICAGO,IL 60621	37-6000511	501(C)(3)	25,000				SUPPORT CEASEFIRE PROGRAM
COLLEGE OF DUPAGE FOUNDATION425 FAWELL BLVD GLEN ELLYN,IL 60137	23-7011835	501(C)(3)	50,000				SUPPORT HEALTHCARE INITIATIVE
CRYSTAL LAKE CHAMBER FOUNDATION427 VIRGINIA ST CRYSTAL LAKE,IL 60014	20-3856701	501(C)(3)	10,000				SUPPORT BUILDING RENOVATION
DUPAGE COMMUNITY CLINICPO BOX 606 WHEATON,IL 60189	36-3729319	501(C)(3)	10,000				SUPPORT DENTAL CLINIC
EDUCATION FOUNDATION OF DOWNERS GROVE2001 BUTTERFIELD RD DOWNERS GROVE,IL 60515	30-0101074	501(C)(3)	9,429				SUPPORT MISSION
feed my starving childrenPO BOX 726 LIBERTYVILLE,IL 60048	41-1601449	501(C)(3)	10,000				SUPPORT EVENT
GILEAL OUTREACH AND REFERRAL CENTER222 S RIVERSIDE PLAZA CHICAGO,IL 60601	36-4351110	501(C)(3)	50,000				SUPPORT MISSION
GILDAS CLUB CHICAGO 205 W WACKER DR STE 1400 CHICAGO,IL 60606	36-4115144	501(C)(3)	13,000				SUPPORT AGENT OF HOPE
ILL HOSPITAL RESEARCH AND EDU FND11 S WHITE ST LIBERTYVILLE,IL 60566	36-2352486	501(C)(3)	1,021,584				SUPPORT ILLINOIS HOSPITALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS WORK CHILDREN'S MUSEUM205 W WACKER DR STE 1400 CHICAGO,IL 60606	20-8950470	501(C)(3)	10,000				BUILDING WAITING AREA
MIDWEST HEART FOUNDATION1919 S HIGHLAND AVE SUITE B-201 LOMBARD,IL 60148	77-0697796	501(C)(3)	49,000				SUPPORT YOUNG HEARTS FOR LIFE
MUSEUM OF SCIENCE and INDUSTRY57TH ST LAKE SHORE DR CHICAGO,IL 60637	36-2167797	501(C)(3)	9,550				SUPPORT BLACK CREATIVITY
PUBLIC HEALTH INSTITUTE28 E JACKSON BLVD STE 700 CHICAGO,IL 60604	36-3959353	501(C)(3)	7,000				SUPPORT EXEMPT MISSION
PASS PREGNANCY CARE CENTERPO BOX 3015 TINLEY PARK,IL 60477	36-3345840	501(C)(3)	45,000				SUPPORT EXEMPT MISSION
RML SPECIALTY HOSPITAL 5601 S COUNTY LINE RD HINSDALE,IL 60521	36-4113690	501(C)(3)	1,700,000				SUPPORT EXEMPT MISSION
SING TO LIVE COMMUNITY CHORUSPO BOX 81761 CHICAGO,IL 60681	20-2208180	501(C)(3)	25,000				SUPPORT CANCER RESEARCH
THE CHILDREN'S MUSEUM IN OAK LAWN9600 EAST SHORE DR OAK LAWN,IL 60453	36-4389897	501(C)(3)	30,000				SUPPORT EXHIBIT AREA
SOUTHSIDE PREGNANCY CENTER5450 WEST 95TH STREET OAK LAWN,IL 60453	36-3367445	501(C)(3)	45,000				SUPPORT EXEMPT MISSION
LINCOLN FDN FOR PERFORMANCE EXCELLENCE1415 W DIEHL RD NAPERVILLE,IL 60563	36-3952696	501(C)(3)	9,700				SUPPORT EXEMPT MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA METROPOLITAN360 N MICHIGAN AVE STE 800 CHICAGO,IL 60601	36-2179765	501(C)(3)	6,517				SUPPORT LEADER LUNCHEON

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
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	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 1A	HOUSING ALLOWANCE/SOCIAL CLUB DUES/PERSONAL SERVICES	- REV JERRY WAGENKNECHT, SENIOR VICE PRESIDENT-MISSION AND SPIRITUAL CARE, RECEIVED AN ANNUAL HOUSING ALLOWANCE OF $50,000 FROM ADVOCATE HEALTH AND HOSPITALS CORPORATION - JIM SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION IS A MEMBER OF SEVERAL CLUBS WHERE HE CONDUCTS BUSINESS MEETINGS ON BEHALF OF AHHC - JIM SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION RECEIVES AS PART OF HIS EMPLOYMENT AGREEMENT FINANCIAL PLANNING SERVICES
PART I, LINE 4A	SEVERANCE PAYMENTS	- 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 - BRUCE CAMPBELL, FORMER PRESIDENT OF ADVOCATE LUTHERAN HOSPITAL, TERMINATED HIS EMPLOYMENT WITH AHHC IN 2008 AND RECEIVED SEVERANCE OF $425,000 IN 2009 AND WILL RECEIVE $797,000 IN 2010 AND BEYOND
PART I, LINE 4B	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN	- BEN GRIGALIUNAS, SR VICE PRESIDENT-HUMAN RESOURCES, PARTICIPATES IN A NON-QUALIFIED PENSION PLAN AND $38,585 WAS CREDITED TO HIS NON-QUALIFIED PLAN ACCOUNT - GAIL HASBROUCK, SR VICE PRESIDENT-GENERAL COUNSEL AND CORPORATE SECRETARY, PARTICIPATES IN A NON-QUALIFIED PENSION PLAN AND $32,369 WAS CREDITED TO HER NON-QUALIFIED PLAN ACCOUNT
PART I, LINE 7	INCENTIVE PAYMENTS	INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED

Additional Data

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Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

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				
WILLIAM SANTULLI	(I)	611,000	598,434	285,187	809,885	26,372	2,330,878	598,434
	(II)	0	0	0	0	0	0	0
BEN GRIGALIUNAS	(I)	432,495	305,259	234,913	507,655	22,359	1,502,681	305,259
	(II)	0	0	0	0	0	0	0
JAMES SKOGSBERGH	(I)	1,004,994	1,025,746	555,816	1,372,690	24,749	3,983,995	1,025,746
	(II)	0	0	0	0	0	0	0
LEE B SACKS MD	(I)	568,006	455,752	243,029	595,008	23,527	1,885,322	455,752
	(II)	0	0	0	0	0	0	0
BRUCE D SMITH	(I)	387,504	249,097	170,290	330,834	25,691	1,163,416	249,097
	(II)	0	0	0	0	0	0	0
GAIL D HASBROUCK	(I)	388,503	238,875	190,359	353,500	20,055	1,191,292	238,875
	(II)	0	0	0	0	0	0	0
REV JERRY A WAGENKNECHT	(I)	73,300	137,355	38,450	136,762	61,687	447,554	137,355
	(II)	0	0	0	0	0	0	0
DOMINIC J NAKIS	(I)	464,506	455,752	225,262	593,804	25,532	1,764,856	455,752
	(II)	0	0	0	0	0	0	0
SCOTT POWDER	(I)	232,502	95,452	114,867	209,356	16,735	668,912	95,452
	(II)	0	0	0	0	0	0	0
WILFREDO RAMOS	(I)	50,028	108,094	221,517	146,766	16,010	542,415	108,094
	(II)	0	0	0	0	0	0	0
DR JAMES DAN	(I)	404,997	191,182	218,705	461,164	18,732	1,294,780	191,182
	(II)	0	0	0	0	0	0	0
LENA DOBBS-JOHNSON	(I)	280,010	145,538	114,030	164,008	18,539	722,125	145,478
	(II)	0	0	0	0	0	0	0
KENNETH LUKHARD	(I)	464,506	372,894	156,454	494,411	23,965	1,512,230	353,891
	(II)	0	0	0	0	0	0	0
DAVID FOX	(I)	362,003	261,100	196,751	342,916	29,704	1,192,474	261,100
	(II)	0	0	0	0	0	0	0
KAREN LAMBERT	(I)	311,001	198,611	109,823	314,361	31,341	965,137	198,611
	(II)	0	0	0	0	0	0	0
JOHNATHAN BRUSS	(I)	273,000	147,913	142,070	252,432	19,662	835,077	171,039
	(II)	0	0	0	0	0	0	0
JOSE ELIZONDO MD	(I)	0	0	0	0	0	0	0
	(II)	179,275	31,859	0	19,761	5,040	235,935	0
DAVID STARK	(I)	201,936	0	52,176	2,826	32,194	289,132	0
	(II)	0	0	0	0	0	0	0
ANTHONY ARMADA	(I)	25,961	0	77,900	107,388	8,365	219,614	0
	(II)	0	0	0	0	0	0	0
JAMES KELLER	(I)	467,171	260,713	2,007	22,684	22,224	774,799	43,062
	(II)	0	0	0	0	0	0	0
MICHAEL ENGLEHART	(I)	183,649	23,876	17,689	63,465	11,866	300,545	0
	(II)	0	0	0	0	0	0	0
BRIAN MCCULLOCH	(I)	411,762	214,151	1,582	15,334	29,231	672,060	0
	(II)	0	0	0	0	0	0	0
BRUCE PIELET	(I)	425,000	207,130	0	22,684	22,723	677,537	0
	(II)	0	0	0	0	0	0	0
MANOJ SHAH	(I)	582,657	36,390	106,628	22,684	3,381	751,740	0
	(II)	0	0	0	0	0	0	0
KENNETH ROJEK	(I)	357,000	196,908	121,519	335,379	8,200	1,019,006	0
	(II)	0	0	0	0	0	0	0
BRUCE CAMPBELL	(I)	13,600	325,399	886,253	936,506	11,439	2,173,197	55,814
	(II)	0	0	0	0	0	0	0
ANN ERRICHETTI	(I)	43,658	107,387	30,517	0	0	181,562	261,100
	(II)	362,746	178,713	126,549	377,400	31,895	1,077,303	0
JIM DOHENY	(I)	241,426	98,446	24,204	125,717	28,131	517,924	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	ILLINOIS HEALTH FACILITIES AUTHORITY	36-2780046	45200PXH5	10-29-2003	115,000,000	SEE SCHEDULE O		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FAZ2	10-10-2007	348,300,000	SEE SCHEDULE O		X		X
C	illinois finance authority	86-1091967	45200bpug	10-10-2007	226,350,000	SEE SCHEDULE O	X			X
D	illinois finance authority	86-1091967	45200fed7	04-23-2008	153,430,000	SEE SCHEDULE O		X		X
E	illinois finance authority	86-1091967	45200fsb6	12-01-2008	175,920,559	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	116,432,024	352,851,959	226,350,000	154,545,580	176,136,469
2	Gross proceeds in reserve funds	3,590,485	0	0	141,527	34,330
3	Proceeds in refunding or defeasance escrows	0	192,581,505	222,528,614	100,005,000	133,391,836
4	Other unspent proceeds	0	0	0	972	19,763,782
5	Issuance costs from proceeds	1,034,454	5,749,732	3,821,386	3,245,421	2,640,929
6	Working capital expenditures from proceeds	0	0	0	0	0
7	Capital expenditures from proceeds	111,807,084	154,520,722	0	51,152,660	20,305,592
8	Year of substantial completion	2005	2009	2009	2009	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X	X			X	X			X
10	Were the bonds issued as part of an advance refunding issue?		X		X	X			X		X
11	Has the final allocation of proceeds been made?	X			X		X		X		X
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X			X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X			X	X			X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X			X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 050 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 900 %		0 700 %		0 700 %		1 200 %		1 500 %
6	Total of lines 4 and 5		0 950 %		0 700 %		0 700 %		1 200 %		1 500 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X			X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X		X			X		X
b	Name of provider	CITIbank na		CITIbank na		citibank na					
c	Term of hedge		30 5		30 5		30 5				
4a	Were gross proceeds invested in a GIC?		X	X			X		X		X
b	Name of provider	trinity plus funding		trinity plus funding							
c	Term of GIC		2 1		2 1						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X	X			X	X		X	

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **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 HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	120,229	PROPERTY RENTAL		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	669,584	ADMIN SERVICES		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	2,032,788	EXPENSE ALLOCATION		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	1,545	EXPENSE TRANSFER		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	22,557	PROPERTY RENTAL		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	5,493,620	MISC SERVICES		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	21,710,333	EXP REIMBURSEMENT		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	347,143	REIMBURSEMENT		No
HIGH TECHNOLOGY INC	SHARED BOARD MEMBER	20,959	PROPERTY RENTAL		No
HIGH TECHNOLOGY INC	SHARED BOARD MEMBER	113,732	MEDICAL SERVICES		No
HIGH TECHNOLOGY INC	SHARED BOARD MEMBER	444,482	EXPENSE ALLOCATION		No
HIGH TECHNOLOGY INC	SHARED BOARD MEMBER	2,345,667	MISC SERVICES		No
HIGH TECHNOLOGY INC	SHARED BOARD MEMBER	2,893,605	EXPENSE REIMBURSEMENT		No
CHICAGO CYBERKNIFE LLC	SHARED BOARD MEMBER	2,021,064	EQUIPMENT RENTAL		No
CHICAGO CYBERKNIFE LLC	SHARED BOARD MEMBER	497,494	MISC SERVICES		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	8,567	EXPENSE REIMBURSEMENT		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	101,323	ADMIN SERVICES		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	1,997,047,533	EXPENSE ALLOCATION		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	107,572	REIMBURSEMENT		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	7,145,233	EXPENSE REIMBURSEMENT		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	164,749	PROPERTY RENTAL		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	2,786,758	MISC SERVICES		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	453,841	REIMBURSEMENT		No
ADVOCATE HOME CARE PRODUCTS INC	SHARED BOARD MEMBER	244,948	HOME HEALTH SVCS PAID		No
ADVOCATE HOME CARE PRODUCTS INC	SHARED BOARD MEMBER	275,581	EXPENSE ALLOCATION		No
ADVOCATE HOME CARE PRODUCTS INC	SHARED BOARD MEMBER	184,310	MISC SERVICES		No
ADVOCATE HOME CARE PRODUCTS INC	SHARED BOARD MEMBER	1,325,363	EXPENSE REIMBURSEMENT		No
ADVOCATE INSURANCE SPC	SHARED BOARD MEMBER	10,069,495	INSURANCE		No
A2CL LABORATORY	SHARED BOARD MEMBER	422,090	LAB SERVICES PAID		No
MIDWEST CENTER FOR DAY SURGERY LLC	SHARED BOARD MEMBER	16,726	EXPENSE REIMBURSEMENT		No
MIDWEST CENTER FOR DAY SURGERY LLC	SHARED BOARD MEMBER	1,340	CLINICAL ENGINEERING		No
MIDWEST CENTER FOR DAY SURGERY LLC	SHARED BOARD MEMBER	67,480	INSURANCE REIMBURSEMENT		No
MIDWEST CENTER FOR DAY SURGERY LLC	SHARED BOARD MEMBER	2,150	LEGAL FEES		No
MIDWEST CENTER FOR DAY SURGERY LLC	SHARED BOARD MEMBER	1,355	MISC SVCS FEES		No
MIDWEST CENTER FOR DAY SURGERY LLC	SHARED BOARD MEMBER	44,303	MAINT EXP REIMB		No
NAPERVILLE SURGICAL CENTRE LLC	SHARED BOARD MEMBER	1,740	CLINICAL ENGINEERING		No
NAPERVILLE SURGICAL CENTRE LLC	SHARED BOARD MEMBER	44,751	INSURANCE REIMBURSEMENT		No
NAPERVILLE SURGICAL CENTRE LLC	SHARED BOARD MEMBER	11,858	EQUIP USAGE FEES		No
TINLEY WOODS SURGERY CENTER	SHARED BOARD MEMBER	29,114	REIMBURSEMENT		No
TINLEY WOODS SURGERY CENTER	SHARED BOARD MEMBER	114,994	INSURANCE REIMBURSEMENT		No
TINLEY WOODS SURGERY CENTER	SHARED BOARD MEMBER	1,580	CLINICAL ENGINEERING		No

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		Form 990 Part I & III, Line 1 MISSION STATEMENT THE MISSION OF ADVOCATE HEALTH AND HOSPITALS CORPORATION 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 patient's 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 is committed to promoting initiatives that enhance access to health care for the uninsured and underinsured An example of this is Advocate's provision of charity care Advocate 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's Charity Care Policy is very generous, Advocate continues to review and refine its policy in an ongoing effort to ensure that financial assistance is available to those who need help when they need it Advocate hospitals maintain highly visible signage and brochures in multiple languages to inform patients of the availability of financial help and financial counselors Information about Advocate's charity care program and charity applications is provided to all uninsured patients during registration and as an insert in all uninsured patients' bills Additionally, Advocate is one of the largest providers of health care services to Medicaid and Medicare patients in Chicago and the surrounding suburbs In the area of Trauma care - Advocate Health Care is dedicated to providing expert emergency care - today and in the future Advocate's Level I Trauma Centers care for the most seriously injured people in Chicagoland Advocate's trauma centers comprise an estimated 20% of Illinois' trauma centers having this highest designation level As is the case with all Illinois Level I Trauma Centers, Advocates trauma centers are 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 services provided by physicians employed by the organization As part of Advocate's broad array of services and programs designed to meet community health needs, Advocate physicians focus on addressing the most significant issues impacting public health in Advocate's service area Through this focused approach, they also concentrate on providing programs and services that target the unique needs for health care access of uninsured, underinsured, underserved and special needs individuals living in Chicagoland communities At the Adult Down Syndrome Clinic on the Advocate Lutheran General Hospital campus, Advocate physicians provide crucial psychosocial and medical services to individuals with Down syndrome living in Illinois and the Midwest Many individuals in this unique population receive public assistance and, in most instances, there are few sources of reimbursement for these much needed services A community partnership with the Main East High School Health Center places Advocate physicians at the school to provide uninsured and underinsured students with free or low-cost physicals, immunizations, behavioral health treatment, nutritional education and counseling These services help the students meet state-mandated physical and immunization requirements In addition to the examples provided above, Advocate physicians also provide year round health education, lectures and screenings at community health events throughout the metropolitan Chicago area Form 990 Part III Line 4C Graduate Medical Education - Advocate is committed to training health care providers in a broad range of specialties Each year, more than 1,600 medical students complete rotations and 400 residents and fellows receive hands-on training at Advocate's teaching hospitals - Advocate Christ Medical Center and Advocate Lutheran General Hospital Not included in the above expense and revenue amounts, but important to the organizations role in training health care professionals are nursing residency programs at Advocate Good Samaritan Hospital, as well as programs which training students in respiratory care, radiologic technology, physical therapy and other disciplines at Advocate sites of care Form 990 Part III Line 4d Other program services Description of Advocate Health Care Advocate Health Care is a faith-based not for profit health care delivery network, ranked as one of the nation's leading health care delivery networks and is the second largest private-sector employer in the Chicago area As part of a network with over 250 sites of care its more than 27,000 associates provide care at nine acute care hospitals and two full-service children's hospitals totaling 3,115 licensed beds--in 2009 Advocate provides expert emergency care to the Chicago area's seriously injured people through its five Level I Trauma Centers which comprise the largest emergency and Level 1 Trauma network in Illinois The organization is also recognized as having one of the largest home health companies in the state More than 5,400 physicians are affiliated with Advocate, of which more than 3,500 belong to Advocate Physician Partners, the system's care management and managed contracting organization and 900 belong to system's affiliated medical groups Additionally, Advocate is also committed to training future health care providers in its professional medical education program developed and sustained through an affiliation with the University of Illinois at Chicago Health Sciences Center Incorporated as Advocate Health Care in January 1995, the system has a long tradition of health care dating back more than 100 years to hospitals founded by predecessor churches of the Evangelical Lutheran Church in America and the United Church of Christ Advocate's common mission, values, and philosophy was developed from the similar mission-oriented histories of both organizations 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 The Values of Advocate serve as an internal compass to guide relationships and actions They include equality, compassion, excellence, partnership' and stewardship The philosophy of Advocate is grounded in the principles of human ecology, faith, and community-based health care These principles arise from an understanding of human beings as whole persons in light of their relationships with God, themselves, their families and society in which they live Through our actions we affirm these principles Population Served Advocate Health Care provides quality medical health care to various communities in the Chicagoland area regardless of race, creed, national origin, age or ability to pay Advocate Health Care annually serves over 3 1 million people In 2009, Advocate experienced 156,034 inpatient admissions and 3,530,664 outpatient visits and 19,040deliveries Advocate Home Health Services and Advocate Hospice reported 105,272 adult patient days Commitment to the Community In 1997, based on recommendations of the Community Benefits Task Force of the Advocate Health Care Board of Directors, Advocate reaffirmed its commitment to a community benefit program comprised of charity care, cost of unreimbursed care to Medicaid recipients, unreimbursed costs of services and programs addressing community health, wellness and service needs, and donations That definition was later expanded to include other services, such as language assistance and volunteer services for example, in compliance with the Illinois Community Benefits Act passed by the Illinois State Legislature in 2003 Even in the face of low reimbursements, Advocate is dedicated to maintaining a strong presence within its communities and continues to monitor these expenditures to make certain that the programs and services supported are in direct response to their needs In 2009, Advocate reported $462 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

Identifier	Return Reference	Explanation
		Community Benefits Plan, Goals and Examples of Program Service Accomplishments Advocate's Community Benefits Plan was developed to establish strategies for improving access to care and to positively affect the health of the communities that it serves The Plan set the course for strengthening existing partnerships and building new ones with individuals and organizations within Advocate's primary service areas in order to leverage and maximize the impact of its programs In developing its plan, Advocate set four goals and corresponding objectives to accomplish this strategy Although each goal is supported by multiple programs/projects throughout the Advocate system, only two program examples have been selected as examples of Advocate's working towards each goal The four goals and corresponding examples are provided below Goal # 1-Promote initiatives that enhance access to health care for the uninsured and underinsured Charity Care-Advocate 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 up to four times the poverty level for a family of four Advocate is also one of the largest providers of health care services to Medicaid and Medicare patients in Chicago and the surrounding suburbs Federally Qualified Health Centers (FQHC) Advocate has partnerships with FQHC's through Advocate Bethany Hospital and Advocate South Suburban Hospital to improve access to primary care services for uninsured and underinsured individuals in those areas In addition, Advocate Good Shepherd Hospital has partnered with the Family Health Partnership Clinic in Woodstock-a free clinic Working with other area hospitals, Advocate Good Samaritan Hospital supports the Access DuPage organization-a community collaboration designed to provide low-cost primary medical care services to the low income, medically-uninsured residents of DuPage County Advocate Christ Medical Center has a partnership with the Access to Care organization and provides diagnostic radiology services, such as mammograms Advocate Good Shepherd Hospital has partnered with 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 with its mission School based Health Center-When the Park Ridge school district was faced with 25 to 30 percent of its Maine East High School students not meeting state-mandated physical and immunization requirements due to their families not having any or having inadequate medical insurance, the district established a school-based health center to provide medical services to these students The school district then collaborated with Advocate Medical Group and Advocate Lutheran General Hospital to provide these uninsured/underinsured students with access to vital health care services The center provides free or low cost services, including physicals, immunizations, behavioral health treatment, nutritional counseling and educational programs The center's medical director and staff have encountered more than 13,200 student contacts since the center's inception in March 2003 Wauconda Obesity Project-Advocate Good Shepherd Hospital co-managed the Wauconda Obesity Project again this year, which has expanded from 300 fifth graders to over 1,570 second through fifth graders, to address the increasing problem of childhood obesity in the area The project's special fitness session, nutritional counseling and other measures are credited with improving health education test scores Since the inception of the program seven years ago, the number of kids receiving National fitness Awards has doubled For the 2009-2010 school year, preliminary results indicate an average of 28% of the students achieved the National Fitness Award (up from the 16% baseline) The district also implemented the CATCH curriculum throughout the district and increased their physical education classes, all made possible through a federal earmark grant awarded through Congresswomen Melissa Bean Goal #3-Build strong relationships with the faith community, elected officials and community organizations to enhance community outreach efforts The Bethany Fund-Advocate Health Care founded the Advocate Bethany Hospital Community Health Fund (Bethany Fund) in 2006 Established as part of Advocate Bethany Hospital's transition to a long-term acute care hospital, this fund was created as part of Advocate's ongoing commitment to support existing community organizations as they build, promote and sustain healthy communities on the West Side of Chicago Through the work of the fund, Advocate will commit $14 million over 14 years to support local programs promoting health and wellness and that reduce health disparities and their determinants A Bethany Fund Board comprised of both community and Advocate representatives oversees the Bethany Fund and selects applicants who will receive grants awards Following a community needs assessment, seven priority areas were identified in which health disparities exist between the fund communities and the city of Chicago as a whole These key funding areas include diabetes, HIV/AIDS, homicide, infant mortality, school dropout, teen births and unemployment During fiscal year 2009, the Board awarded a total of $1 145 million in grants to 48 organizations focused on addressing one or more of these funding priorities Advocate Lutheran General's Adult Down Syndrome Center-Established in the early 1990's through a partnership between the hospital and the National Association for Down Syndrome (NADS), Advocate Lutheran General Hospital's Adult Down Syndrome Center is the largest Center of its kind in the world The Center provides crucial psychosocial and medical services to individuals with Down syndrome living in all areas of Illinois and across the Midwest Many in this unique population are on public assistance and, in most instances, there are few sources of reimbursement for these much-needed services The Center's multidisciplinary approach to comprehensive medical care, with a strong emphasis on preventive medicine, provides practical approaches to health education and health risk reduction Goal #4-Promote a system-wide collaborative approach to community benefits, building on existing resources and maximizing Advocate's ability to continue programs to fulfill its mission Healthy Steps-Though its Healthy Steps program, Advocate touched nearly 6,000 young children in 2009 through early childhood programs within pediatric/family practice residencies at Advocate Illinois Masonic Medical Center, Advocate Lutheran General Hospital and Advocate Hope Children's Hospital This system-wide program uses a national model to engage parents as partners with physicians in their children's health Healthy Steps specialists help bridge the two groups by preparing parents to take an active role in, and physicians to access and meet more effectively, a range of child development needs In addition, Healthy Steps is implementing, in collaboration with the Illinois Chapter of the American Academy of Pediatrics, an initiative to train primary care providers across the state to use validated tools for developmental and family risk screening (such as post partum depression) and how to refer for follow-up care During 2009, Advocate trained 826 primary care staff across the state including 354 primary care providers who provide care to 158,000 between birth and age three in Illinois

Identifier	Return Reference	Explanation
		Mission and Spiritual Care-Advocate Health Care's Office for Mission and Spiritual Care provides clinical chaplains and ethicists 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 An example of this is Advocate's co-sponsorship/support of 19 Advocate parish nurses serving 22 congregations and 10 congregations who provide health education, wellness promotion, health screening, advocacy and spiritual support to faith communities in Advocate's city and suburban hospital service areas In 2009, Advocate's Mission and Spiritual Care department also partnered with Advocate's Emergency Preparedness Team to support its communities during the H1N1 pandemic Advocate provided various communications, flu education, lectures and information on sites of care to churches, mosques, synagogues and temples, as well as government officials, community organizations, and schools throughout Chicago and the surrounding suburbs to assists community leaders in addressing increasing community concern and to direct individuals to the appropriate sites of care Form 990 Part VI, Section A Line 6 Bylaws provide for corporate members Form 990 Part VI Section A Line 7a Directors of the Board are Corporate Members of Advocate Health and Hospital Board, which elects the Board of Directors Form 990 Part VI Section A Line 7b There are reserve powers indentified in the bylaws that require the approval of the Corporate Members Form 990 Part VI Section A Line 11A The Forms are reviewed by members or the Audit committee A member of accounting management and the Ernst and Young tax principal will be coordinating the review The finalized Form 990s will be posted for the Board of Directors to review Form 990 Part VI Section B Line 12c The 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 to the Executive Management and Audit Committee for review The summaries are then provided to the Chief Executive Form 990 Part VI Section B Line 15(a)(b) Executive compensation at Advocate Health and Hospital Corporation 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 levels 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 Form 990 Part VI Section C Line 19 The organization makes its financial statements available to the public through the following web sites dacbond com (Digital Assurance Certification LLC) emma msrb org (Electronic Municipal Market Access) Form 990 Part VI Section C line 19 The Organization does not make its governing documents or conflicts interest policy available to the public Form Schedule K Part I Line A(f) The proceeds of the Illinois Health Facilities Authority Revenue Bonds, Series 2003A, 2003B and Series 2003C (Advocate Health Care Network) were issued for the purpose, together with other available funds, of financing certain capital expenditures of certain of the health care facilities of the Organization and Advocate North Side Health Network Form Schedule K Part I Line B(f) The proceeds of the Illinois Finance Authority Revenue Bonds, Series 2007B-1, Series 2007B-2 and Series 2007B-3 (Advocate Health Care Network), were issued on October 10, 2007 for the purpose, together with other available funds, of refunding all or a portion of the Organization's Series 1997ABonds, Series 1997B Bonds, Series 2003B Bonds and Series 2005 bonds The Series 2007B Bonds were exchanged for the Illinois Finance Authority Revenue bonds, Series 2008C-1, Series 2008C-2A, Series 2008C-2B, Series 2008C-3A, and Series 2008C-3B (Advocate Health Care Network) on April 25, 2008 Based on the advice of bond counsel, the Organization is treating the Series 2008C bonds as the same issue as the Series 2007B Bonds for federal income tax purposes Further information regarding the Series 2008C Bonds is set forth in the table below Form Schedule K Part I Line C(f) The proceeds of the Illinois Finance Authority Refunding revenue Bonds, Series 2005A-1, Series 2005A-2, Series 2005B-1, Series 2005B-2, and Series 2005B-3 (Advocate Health Care Network) were issued on July 7, 2005 for the purpose, together with other available funds, refunding all or a portion of the Organization's Series 1997A bonds and Series 1997B Bonds A portion of the Series 2005 Bonds was exchanged for the Illinois Finance Authority revenue bonds, Series 2008B-1, Series 2008B-2, Series 2008B-3, Series 2008B-4 and Series 2008B-5 (Advocate Health Care Network) on April 25, 2008 Based on the advice of bond counsel, the Organization is treating the Series 2008B Bonds as the same issue as the Series 2005 Bonds for federal income tax purposes Further information regarding the Series 2008B Bonds is set forth in the table below Form Schedule K Part I Line D(f) The proceeds of the Illinois Finance Authority Revenue bonds, Series 2008A-1, Series 2008A-2 and Series 2008A-3 (Advocate Health Care Network) were used, together with other available funds, for the purpose of refunding all of the Organization's Series 2007A Bonds, which were issued on October 10, 2007 Form Schedule K Part I Line E(f) The proceeds of the Illinois Finance Authority Revenue Bonds, Series 2008D (Advocate Health Care Network) were issued for the purpose, together with other available funds, of financing the costs of purchasing assets of Condell Medical Center and the costs of constructing and equipping a new patient tower for Advocate Condell Medical Center The acquired assets include Condell Medical Center, a 283-licensed bed acute care hospital located in Libertyville, Illinois B (a) Issuer Name - Illinois Finance Authority (b) Issuer EIN - 86-1091967 (c) CUSIP # - 45200FFQ7, 45200FFR5, 45200FFS3, 45200FFT1, 45200FFU8 (d)Date exchanged - 4/25/2008 (e) Issue price - N/A (f) Description of Purpose - Exchanged for Series 2007B Bonds (same issue) C (a) Issuer Name - Illinois Finance Authority (b) Issuer EIN - 86-1091967 (c) CUSIP # - 45200FFK0, 45200FFL8, 45200FFM6, 45200FFN4, 45200FFP9 (d) Date exchanged - 4/23/2008 (e) Issue price - N/A (f) Description of Purpose - Exchanged for Series 2005 Bonds (same issue) Form Schedule K Part II Line 5(B) Consists of issuance costs of $2,331,125 and qualified guarantee fees of $3,418,607 Form Schedule K Part II Line 5(C) Consists of issuance costs of $1,666,156 and qualified guarantee fees of $2,155,230 Form Schedule K Part II Line 5(D) Consists of issuance costs of $1,837,112 and qualified guarantee fees of $1,408,309 Form Schedule K Part III Lines 4-6 Private business use percentage was calculated based on new money portion of the bond issue only The proceeds used to refund prior bonds did not, to the best of our knowledge, fund any space or assets which would result in private use This was investigated during due diligence The spreadsheet used to compute the percentage monitors the new money only Form Schedule K Part III Line 1 Advocate North Side Health Network is a partner with the Rehab Institute of Chicago, a 501(c)(3) organization, which provide rehabilitation services at an Advocate hospital

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number
36-2169147

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
CHICAGO CYBERKNIFE 2025 WINDSOR Drive 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

		Yes	No
1	During the tax year, did the orgranization 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	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b** Yes	
c	Gift, grant, or capital contribution from other organization(s)	**1c** Yes	
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i** Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j** Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k** Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l** Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o** Yes	
p	Reimbursement paid by other organization for expenses	**1p** Yes	
q	Other transfer of cash or property to other organization(s)	**1q** Yes	
r	Other transfer of cash or property from other organization(s)	**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)			

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

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-2169147
Name: ADVOCATE HEALTH AND HOSPITALS CORP

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
HISPANO CARE INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3606486	HEALTH CARE	IL	501(C)(3)	9	ANHN
ADVOCATE CHARITABLE FOUNDATION 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3297360	FUNDRAISING	IL	501(C)(3)	7	AHCN
ADVOCATE CONDELL MEDICAL CENTER 2025 WINDSOR DRIVE OAK BROOK, IL60523 26-2525968	HEALTH CARE	IL	501(C)(3)	3	ahhc
ADVOCATE HEALTH CARE NETWORK 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-2167779	PARENT CORP	IL	501(C)(3)	11 TYPE III	NA
EHS HOME HEALTH CARE SERVICES 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	HOSPICE CARE	IL	501(C)(3)	9	AHHC
RAVENSWOOD HEALTH CARE FOUNDATION 4550 N WINCHESTER AVENUE CHICAGO, IL60640 36-3196628	FUNDRAISING	IL	501(C)(3)	11 TYPE II	ANHN
MASONIC FAMILY HEALTH FOUNDATION 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-4397387	FUNDRAISING	IL	501(C)(3)	11 TYPE 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	PHYSICIAN SVCS	IL	NA	C CORP			
ADVOCATE HOME CARE PRODUCTS 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3255609	HEALTH SERVICes	IL	NA	C CORP			
DREYER CLINIC INC 1877 W DOWNER PLACE AURORA, IL60506 36-3315416	MEDICAL SERVIces	IL	NA	C CORP			
DREYER RIVER WEST RADIATION CENTER LLC 1211 N HIGHLAND AVE AURORA, IL60506 74-3134247	MEDICAL SERVIces	IL	NA	C CORP			
EVANGELICAL SERVICES CORPORATION 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3208101	MGMT SERVICES	IL	NA	C CORP			
DREYER MERCY AMBULATORY SURGERY CENTER 1211 N HIGHLAND AVENUE AURORA, IL60506 36-3890298	MEDICAL SERVIces	IL	NA	C CORP			
HIGH TECHNOLOGY INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3368224	HEALTH SERVICes	IL	NA	C CORP			
PARKSIDE CENTER CONDO ASSN 1775 W DEMPSTER ST PARK RIDGE, IL60068 36-3452486	PROPERTY MGMT	IL	AHHC	C CORP	0	0	86 500 %
CERTUS INDEMNITY CO LTD 23 LIME TREE BAY AVE GOV SQ BLD 4F GRAND CAYMAN, CJ CJ 98-0600867	INSURANCE	CJ	AHHC	C CORP	117,448	18,039,983	100 000 %
ADVOCATE INSURANCE SPC 23 LIME TREE BAY AVE GOV SQ BLD 4F GRAND CAYMAN, CJ CJ 98-0422925	INSURANCE	CJ	AHHC	C CORP	22,828,188	261,693,855	100 000 %
ADVOCATE GROUP PURCHASING LLC 1900 SPRING ROAD OAK BROOK, IL60523 37-8609100	PURCHASING SVcs	IL	NA	C CORP			
CENTER FOR ENDOSCOPY 22285 PEPPER ROAD LAKE BARRINGTON, IL60010 26-2387298	HEALTH SERVICes	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 CONDELL MEDICAL CENTER	A	18,704
(2)	ADVOCATE NORTHSIDE HEALTH NETWORK	A	5,223,512
(3)	ADVOCATE HOME HEALTH SERVICES INC	A	193,901
(4)	MERIDIAN HOSPICE DBA ADVOCATE HOSPICE	A	11,819
(5)	ADVOCATE HEALTH CARE NETWORK	B	10,000,000
(6)	ADVOCATE CHARITABLE FOUNDATION	C	12,998,384
(7)	ADVOCATE NETWORK SERVICES	I	164,749
(8)	ADVOCATE CHARITABLE FOUNDATION	I	271,136
(9)	ADVOCATE HEALTH CENTERS INC	J	120,229
(10)	CHICAGO CYBERKNIFE LLC	J	2,021,064
(11)	ADVOCATE NORTHSIDE HEALTH NETWORK	K	39,799,425
(12)	ADVOCATE HEALTH CENTERS INC	K	5,493,620
(13)	ADVOCATE CONDELL MEDICAL CENTER	K	19,822,834
(14)	HIGH TECHNOLOGY INC	K	2,345,667
(15)	CHICAGO CYBERKNIFE LLC	K	497,494
(16)	ADVOCATE NETWORK SERVICES	K	2,786,758
(17)	ADVOCATE HOME CARE PRODUCTS INC	K	184,310
(18)	ADVOCATE CHARITABLE FOUNDATION	K	151,688
(19)	ADVOCATE HOME HEALTH CARE SERVICES INC	K	1,255,091
(20)	MERIDIAN HOSPICE DBA ADVOCATE HOSPICE	K	1,468,528
(21)	ADVOCATE NORTHSIDE HEALTH NETWORK	L	162,127
(22)	ADVOCATE HEALTH CENTERS INC	L	669,584
(23)	ADVOCATE CONDELL MEDICAL CENTER	L	1,927,632
(24)	HIGH TECHNOLOGY INC	L	113,732
(25)	ADVOCATE NETWORK SERVICES	L	101,323
(26)	ADVOCATE HOME CARE PRODUCTS	L	244,948
(27)	ADVOCATE NORTHSIDE HEALTH NETWORK	O	34,311,085
(28)	ADVOCATE HEALTH CENTERS INC	O	2,032,788
(29)	ADVOCATE CONDELL MEDICAL CENTER	O	12,867,669
(30)	HIGH TECHNOLOGY INC	O	444,482
(31)	ADVOCATE NETWORK SERVICES	O	1,997,047,533
(32)	ADVOCATE HOME CARE PRODUCTS	O	275,581
(33)	ADVOCATE CHARITABLE FOUNDATION	O	111,481
(34)	ADVOCATE HOME HEALTH CARE SERVICES INC	O	280,038
(35)	MERIDIAN HOSPICE DBA ADVOCATE HOSPICE	O	154,075
(36)	ADVOCATE NORTHSIDE HEALTH NETWORK	P	70,315,624
(37)	ADVOCATE HEALTH CENTERS INC	P	21,710,333
(38)	ADVOCATE CONDELL MEDICAL CENTER	P	40,881,947
(39)	HIGH TECHNOLOGY INC	P	2,893,605
(40)	ADVOCATE NETWORK SERVICES	P	7,145,233
(41)	ADVODATE HOME CARE PRODUCTS INC	P	1,325,363
(42)	ADVOCATE INSURANCE SPC	P	10,069,495
(43)	ADVOCATE CHARITABLE FOUNDATION	P	1,019,769
(44)	ADVOCATE HOME HEALTH CARE SERVICES INC	P	4,619,091
(45)	MERIDIAN HOSPICE DBA ADVOCATE HOSPICE	P	1,297,072
(46)	ADVOCATE HEALTH CARE NETWORK	P	274,438
(47)	ADVOCATE NORTHSIDE HEALTH NETWORK	Q	1,358,376
(48)	ADVOCATE NETWORK SERVICES	Q	107,572
(49)	ADVOCATE CHARITABLE FOUNDATION	Q	615,212
(50)	ADVOCATE NORTHSIDE HEALTH NETWORK	R	51,192
(51)	ADVOCATE HEALTH CENTERS INC	R	347,143
(52)	ADVOCATE NETWORK SERVICES	R	453,841