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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 NORTH SIDE HEALTH NETWORK

Doing Business As
ADVOCATE ILLINOIS MASONIC MED CENTER

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 605231586

D Employer identification number
36-3196629

E Telephone number
(630) 990-5155

G Gross receipts $ 463,331,496

F Name and address of principal officer
SUSAN NORDSTROM LOPEZ
2025 WINDSOR DRIVE
OAK BROOK, IL 605231586

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 1983 | **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	3,259
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	279,575
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	6,147,716	7,899,220
9	Program service revenue (Part VIII, line 2g)	394,304,707	434,994,691
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,189,115	-2,709,977
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,697,611	8,193,864
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,960,919	448,377,798
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	318,095	970,130
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)	189,406,474	198,005,655
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	197,326,829	203,612,660
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	387,051,398	402,588,445
19	Revenue less expenses Subtract line 18 from line 12	12,909,521	45,789,353

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	357,810,317	375,986,993
21	Total liabilities (Part X, line 26)	197,992,575	149,070,846
22	Net assets or fund balances Subtract line 21 from line 20	159,817,742	226,916,147

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 $	268,700,346	including grants of $	) (Revenue $	382,485,922)
	SEE SCHEDULE O					
4b	(Code	) (Expenses $	50,773,341	including grants of $	) (Revenue $	38,544,427)
	SEE SCHEDULE O					
4c	(Code	) (Expenses $	17,002,802	including grants of $	) (Revenue $	6,784,711)
	SEE SCHEDULE O					
4d	Other program services (Describe in Schedule O)					
	(Expenses $	39,097,364	including grants of $		) (Revenue $	9,639,586)
4e	**Total program service expenses** ▶ $	375,573,853				

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	320		
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	3,259		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

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

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

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JAMES DOHENY
2025 WINDSOR DRIVE
OAK BROOK, IL 605231586
(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 . . . . . ▶	6,103,170	16,872,758	9,426,610

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 ▶ 49

			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**		No
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
HLS WHEELING LLC 45 W HINTZ RD WHELLING, IL 600906073	LAUNDRY SERVICES	1,511,690
POWER CONSTRUCTION COMPANY 2360 N PALMER DRIVE SCHAUMBURG, IL 601733818	CONSTRUCTION CONTR	710,454
KRAUSE CONSTRUCTION LLC 330 EDISON AVENUE BLUE ISLAND, IL 60406	CONSTRUCTION CONTR	425,494
CASSIDAY SCHADE LLP 20 N WACKER DRIVE CHICAGO, IL 60406	LEGAL SERVICES	353,555
LOWIS GELLEN LLP 200 WEST ADAMS STREET SUITE 1900 CHICAGO, IL 60606	LEGAL SERVICES	187,316
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 ▶ 9		

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	4,537,676			
	e	Government grants (contributions)	1e	3,273,169			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	88,375			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		7,899,220			
Program Service Revenue			Business Code				
	2a	ROUTINE REVENUE	621,990	225,282,113	225,282,113		
	b	INPATIENT REVENUE	621,990	495,857,821	495,857,821		
	c	OUTPATIENT REVENUE	621,400	440,807,466	440,807,466		
	d	PREMIUM REVENUE	621,990	6,971,924	6,971,924		
	e	3RD PARTY ALLOW/FREE CARE/MEDICAID	623,000	-735,522,758	-735,522,758		
	f	All other program service revenue		1,598,125	1,598,125		
	g	**Total.** Add lines 2a–2f		434,994,691			
	3	Investment income (including dividends, interest and other similar amounts)		3,039,513			3,039,513
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,644,675				
	b	Less rental expenses					
	c	Rental income or (loss)	1,644,675				
	d	Net rental income or (loss)		1,644,675		279,575	1,365,100
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	9,204,208	0			
	b	Less cost or other basis and sales expenses	14,205,814	747,884			
	c	Gain or (loss)	-5,001,606	-747,884			
	d	Net gain or (loss)		-5,749,490			-5,749,490
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING INCOME	812,930	1,882,037			1,882,037
	b	CAFETERIA REVENUE	722,210	1,363,020			1,363,020
	c	CONSUMER FINANCE CHARGE	900,099	1,123,752			1,123,752
	d	All other revenue		2,180,380	2,180,380		
	e	**Total.** Add lines 11a–11d		6,549,189			
	12	**Total revenue.** See Instructions		448,377,798	437,175,071	279,575	3,023,932

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	970,130	970,130		
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	5,892,036	5,892,036		
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	154,708,275	150,790,991	3,917,284	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,730,101	5,730,101		
9 Other employee benefits	20,942,306	20,849,911	92,395	
10 Payroll taxes	10,732,937	10,549,555	183,382	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,791		2,791	
c Accounting	190,514		190,514	
d Lobbying	4,069		4,069	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	148,722		148,722	
g Other	6,606,875	6,162,404	444,471	
12 Advertising and promotion	314,233	196,925	117,308	
13 Office expenses	9,266,245	8,918,830	347,415	
14 Information technology	14,169,778	3,649,283	10,520,495	
15 Royalties	0			
16 Occupancy	6,552,692	6,552,692		
17 Travel	314,386	252,193	62,193	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	929,220	914,454	14,766	
20 Interest	4,495,259	4,495,259		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	12,109,786	11,847,240	262,546	
23 Insurance	11,939,154	11,939,154		
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	44,770,908	44,559,451	211,457	
b BAD DEBTS	25,939,867	25,939,867		
c PURCHASED SERVICES	23,785,697	23,743,744	41,953	
d PUBLIC AID ASSESSMENT FEES	14,450,136	14,450,136		
e CONTRACTED SERVICES	7,811,190	7,752,352	58,838	
f All other expenses	19,811,138	9,417,145	10,393,993	
25 **Total functional expenses.** Add lines 1 through 24f	402,588,445	375,573,853	27,014,592	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		404,787	1	482,896
	2	Savings and temporary cash investments		28,574,038	2	61,524,233
	3	Pledges and grants receivable, net		2,228,058	3	1,546,870
	4	Accounts receivable, net		64,400,871	4	42,891,449
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,190,310	8	5,628,323
	9	Prepaid expenses and deferred charges		634,636	9	498,747
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 200,331,336			
	b	Less accumulated depreciation	10b 80,376,374	123,450,035	10c	119,954,962
	11	Investments—publicly traded securities		42,805,663	11	48,806,681
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		67,362,526	13	79,581,560
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		22,759,393	15	15,071,272
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		357,810,317	16	375,986,993
Liabilities	17	Accounts payable and accrued expenses		38,363,518	17	35,866,640
	18	Grants payable			18	
	19	Deferred revenue		2,417,934	19	2,225,966
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		157,211,123	25	110,978,240
	26	**Total liabilities.** Add lines 17 through 25		197,992,575	26	149,070,846
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		159,817,742	27	226,916,147
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		159,817,742	33	226,916,147
	34	Total liabilities and net assets/fund balances		357,810,317	34	375,986,993

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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH NETWORK

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 EXEC V P AND COO	10	X		X				0	2,586,556	1,397,439
LYNN CRUMP-CAINE CHAIRPERSON	10	X						0	0	0
MARK HARRIS VICE CHAIRPERSON	10	X						0	0	0
DAVID ANDERSON director	10	X						0	0	0
ALEJANDRO APARICIO MD director	10	X						0	0	0
JON CHRISTOFERSEN MD DIRector	10	X						0	0	0
BRUCE CREGER DIRector	10	X						0	0	0
Jose Elizondo MD director	10	X						211,134	0	24,801
REV DR DONALD HALBERG director	10	X						0	0	0
LAURIE MEYER DIRECTOR	10	X						0	0	0
CLARENCE NIXON JR PhD director	10	X						0	0	0
CAROLYN SMELTZER DIRECTOR	10	X						0	0	0
REV OZZIE SMITH JR director	10	X						0	0	0
JOHN TIMMER DIRECTOR	10	X						0	0	0
JULIE SCHLUETER DIRECTOR - MARCH 2009	00	X						0	0	0
JOAN SHAVER DIRECTOR - MAY 2009	00	X						0	0	0
WILLIAM SANTULLI PRESIDENT & CHIEF EXEC OFFICER	10			X				0	1,494,621	836,257
LEE B SACKS MD EXEC V P & CHIEF MED OFFICER	10			X				0	1,266,787	618,535
DR JAMES DAN PRES PHYSICIAN AMBULATORY SVCS	10			X				0	814,884	479,896
Ben Grigaliunas SR V P , HUMAN RESOURCES	10			X				0	972,667	530,015
SUSAN NORDSTROM LOPEZ PRES OF ADVOCATE IMMC Med Ctr	400			X				787,819	0	389,702
GAIL D HASBROUCK SR VP, GEN COUNSEL & CORP SEC	10			X				0	817,737	373,555
DOMINIC J NAKIS SR V P & CHIEF FIN OFFICER	10			X				0	1,145,520	619,336
SCOTT POWDER SVP STRATEGIC PLANNING & GRWTH	10			X				0	442,821	226,091
WILFREDO RAMOS SR V P , COMM & GOVT RELATIONS	10			X				0	379,639	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			
BRUCE SMITH SR V P , INFO SYSTEMS & CIO	1 0			X				0	806,891	356,525
REV JERRY WAGENKNECHT SR VP, MISSION & SPIRITAL CARE	1 0			X				0	249,105	198,449
REVDELOISE BROWN DANIELS V P ,MISSION & SPIRITAL CARE	40 0			X				192,508	0	36,312
MARY ANN CLEMENS V P , MED EDUCATION & RESEARCH	1 0			X				0	229,125	62,024
MEGHAN CLUNE V P , GOVERNMENT RELATIONS	1 0			X				0	196,088	60,297
ELYSE FORKOSH CUTLER VP-STRATEGIC PLANNING/NWRK DEV	1 0			X				0	170,259	31,515
MIKE DELAHANTY VP, APPLICATIONS PROD/PROJECTS	1 0			X				0	280,477	104,741
JACK GILBERT V P , FINANCE	40 0			X				281,613	0	94,880
JIM DOHENY VP, FINANCE & CORP CONTROLLER	1 0			X				0	364,076	153,848
MARIE ELLIS V P , ASSOCIATE RELATIONS	1 0			X				0	245,482	101,416
JIM FELTES VP & CHIEF COMPLIANCE OFFICER	1 0			X				0	284,943	323,419
GREGORY HARDEN V P , STRATEGIC FIN ANALYSIS	1 0			X				0	224,977	81,090
MICHAEL KERNS VP-ASSOC GEN COUNSEL/ASST SECY	1 0			X				0	323,463	112,872
DONNA KING V P ,CLINICAL OPERATIONS & CNO	40 0			X				327,362	0	98,598
RAY KOCA V P , TREASURY SERVICES	1 0			X				0	220,244	72,608
THOMAS LUBOTSKY V P , SUPPLY CHAIN & CRM	1 0			X				0	66,088	341
MARTY MANNING V P , MANAGED CARE	1 0			X				0	557,097	289,164
AL MANSHUM V P , DESIGN & CONSTRUCTION	1 0			X				0	219,215	92,528
KAREN MOORE NALIWAJKO V P , AMBUL IMAGING OPS-NORTH	1 0			X				0	178,544	66,620
JOHN NORENBERG VP, INFO SYS & PHYSICIAN SVCS	1 0			X				0	186,184	69,601
SARAH PACINI V P , RISK MGMT & INSURANCE	1 0			X				0	185,840	61,730
JEFFREY PIEJAK V P , BUSINESS DEVELOPMENT	40 0			X				188,638	0	63,280
SHERRIE RUSSELL V P , FIELD SERVICES	1 0			X				0	269,480	105,018
LAURA SAK V P , INTERNAL AUDIT	1 0			X				0	222,349	78,112
MARK SENESAC V P , HUMAN RESOURCES	40 0			X				280,633	0	91,876

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			
JOEL SCHOOLIN MD V P , CLINICAL INFORMATION	1 0			X				0	425,919	124,710
WILLIAM T SUMMERFELT PHD V P , RESEARCH	1 0			X				0	136,512	63,409
MICHAEL SWARZMAN REGIONAL VP BUS DEV & PHYS SVC	40 0			X				306,299	0	103,938
JEFFREY TESKE V P , CHIEF COMPLIANCE OFFICER	1 0			X				0	123,712	22,553
ERIC TOWER V P , ASSOCICATE GEN COUNSEL	1 0			X				0	314,334	109,914
DAN WEEGER V P , TEChnical SVCS & CSO	1 0			X				0	288,496	100,090
WILLIAM WERNER MD V P , CLINICAL TRANSFORMATION	40 0			X				332,159		96,577
CINDY WELSH V P , ADULT CRITICAL CARE	1 0			X				0	182,626	23,512
ROBERT ZADYLAK MD V P , MEDICAL MANAGEMENT	1 0			X				386,603	0	126,978
LEONARD KRANZLER NEUROSURGEON	40 0					X		1,100,373	0	37,197
KEVIN MADSEN PHYSICIAN OB/GYN	40 0					X		392,413	0	41,863
STEVEN LOCHER CHIEF OB/GYN	40 0					X		408,584	0	39,905
ABRAHAM SHASHOUA PHYSICIAN OB/GYN	40 0					X		467,471	0	40,741
VIJAY MAKER CHAIRMAN-SURGERY	40 0					X		439,561	0	29,956

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ROUTINE REVENUE	621,990	225,282,113	225,282,113		
INPATIENT REVENUE	621,990	495,857,821	495,857,821		
OUTPATIENT REVENUE	621,400	440,807,466	440,807,466		
PREMIUM REVENUE	621,990	6,971,924	6,971,924		
3RD PARTY ALLOW/FREE CARE/MEDICAID	623,000	-735,522,758	-735,522,758		

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	44,770,908	44,559,451	211,457	
BAD DEBTS	25,939,867	25,939,867		
PURCHASED SERVICES	23,785,697	23,743,744	41,953	
PUBLIC AID ASSESSMENT FEES	14,450,136	14,450,136		
CONTRACTED SERVICES	7,811,190	7,752,352	58,838	

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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 NORTH SIDE HEALTH NETWORK	36-3196629

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		47,535
j	Total lines 1c through 1i			47,535
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
OTHER ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I	ADVOCATE NORTH SIDE HEALTH NETWORK 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 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 NORTHSIDE HEALTH NETWORK ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE NORTHSIDE HEALTH NETWORK 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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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	25,384,227	13,180,694		38,564,921
b Buildings		104,956,902	45,916,034	59,040,868
c Leasehold improvements		2,908,288	1,633,391	1,274,897
d Equipment		48,506,120	31,709,672	16,796,448
e Other		5,395,105	1,117,277	4,277,828
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				119,954,962

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
INV IN MASONIC FAMILY HLTH FDN	77,558,979	F
INV IN CHICAGO MRI	1,720,269	F
INV IN REHAB INSTIT OF CHICAGO	247,312	F
OTHER INVESTMENTS	55,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	79,581,560	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INTERCOMPANY PAYABLE	80,990,432
THIRD PARTY SETTLEMENTS PAYABLE	19,219,538
RAVENSWOOD COMMUNITY COMMITMENT	6,191,656
UMBRELLA SELF-INSURANCE LIABILITY	2,579,292
REMEDIATION COST LIABILITY	1,997,322
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	110,978,240

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

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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

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Name of the organization
ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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)			10,045,506	260,432	9,785,074	2 600 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			96,735,135	90,085,316	6,649,819	1 770 %
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			106,780,641	90,345,748	16,434,893	4 370 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			597,634	0	597,634	0 160 %
f Health professions education (from Worksheet 5)			19,426,628	6,784,711	12,641,917	3 360 %
g Subsidized health services (from Worksheet 6)			5,592,797	2,596,322	2,996,475	0 800 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			429,338	0	429,338	0 110 %
j **Total** Other Benefits			26,046,397	9,381,033	16,665,364	4 430 %
k **Total.** Add lines 7d and 7j			132,827,038	99,726,781	33,100,257	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	8,147,449		
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	2,800,760		
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	81,278,608		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	78,388,649		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	2,889,959		
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)
ILLINOIS MASONIC MEDICAL CENTER 836 WEST WELLINGTON AVENUE CHICAGO,IL 60657	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information

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

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

N/A

$25,939,867 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 North Side Health Network 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 North Side Health Network 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 North Side Health Network makes every effort to identify those patients who are eligible for charity care or other financial assistance by strictly adhering to its Charity Care policy The estimated amount of bad debt expense (at cost) which could be reasonably attributable to patients who would likely qualify for financial assistance under the organizations charity care policy if sufficient information had been available to make a determination of their eligibility was based upon self pay patient accounts which had amounts written off to bad debts Our method was to use the cost to charge ratio multiplied by the amount of bad debt attributable to self pay accounts This cost was then reduced by any payments posted to these accounts subsequent to year end We believe this process, although it may understate the charity care, is a reasonable basis for our estimate As we are only considering self-pay accounts written off to bad debt for this estimate, this estimate does not include the immediate 20% discount to charges which is applied to all self-pay patients It also does not include account balances or co-pays of non-self pay accounts which are written off to bad debt when the patient has no other financial resources to pay these amounts and the patient does not apply for charity care Bad debt amounts have been excluded from other community benefit amounts reported throughout Schedule H

The shortfall of $2,889,960 on Part III, Line 7 is the unreimbursed cost of providing services for Medicare patients and should be treated as community benefit For Advocate North Side Health Network'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 North Side Health Network 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 North Side Health Network operates four 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 community Advocate North Side Health Network serves, several data sources are examined annually, including inpatient hospitalization trends, prevalence of key risk factors and behaviors associated with the leading causes of death and hospitalization, and mortality rates associated with the highest volume of inpatient hospitalizations A Inpatient Hospitalization Trends An examination of inpatient hospitalizations by diagnosis identified the top ten services based on volume across the Advocate System obstetrics, cardiac medicine, gastroenterology, pulmonary, orthopedics, pediatrics, general surgery, nephrology/urology, neurology, and cardiac surgery These services represent the highest patient demand across the Advocate System and directly relate to diseases that are among the most prevalent in the country, according to national statistics These services comprised nearly 71 percent of the total six-county metropolitan area discharges (over 111,000 patients) from Advocate facilities in 2009 By comparison, the same services comprise the majority of hospitalizations across the metropolitan area with only the order of ranking varying slightly B Mortality Rates and Prevalence Next, mortality rates and prevalence were examined Heart disease and cancer are the top two causes of death among Illinois residents The risk factor prevalence indicators above have been shown to directly impact many diseases, including heart disease and cancer While many of the diseases are a result of controllable behaviors (smoking, poor diet, lack of exercise), others are hereditary and manageable with access to a health care professional and proper treatment Reducing the risk factors above has been shown to be significant in eliminating health disparities, and improving the health status and quality of life For this reason, Advocate's community screening programs are directed specifically at improving healthy behaviors as well as encouraging prevention, early diagnosis and treatment of leading health problems, such as stroke, heart disease, colon and lung cancers, and diabetes

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

Part VI, Line 3 - Advocate North Side Health Network 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 North Side Health Network'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 North Side Health Network assists patients with applying for Advocate's own financial assistance/charity care services, if patients are not eligible for government-supported programs Advocate North Side Health Network 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 Care Network's primary service area covers the six-county, Chicago metropolitan area These counties include Cook, DuPage, Kane, Lake, McHenry, and Will Advocate North Side Health Network serves the community of Cook County The population in Advocate's service area is described by the following demographic characteristics total population, population by group, race/ethnic distribution and key socio-economic indicators The 65+ age group is expected to have the largest increase in population (14 4%) from 2009 to 2014, followed by the 45-64 age group (7 2%) The 18-44 age group is expected to decline 2 7%, while the population aged 0-17 is expected to increase slightly (7%) While these are trends across the overall metro area, the trends vary in great degree by county A wide range of diversity exists among the communities served by each of our hospitals The following table displays the racial/ethnic distribution of the population of the metro area Asians and Hispanics are projected to continue to be the two fastest growing race/ethnic groups from 2009 to 2014 (13 3% and 12 8% growth expected, respectively) County Asian African-American Hispanic Caucasian Other ------- ----- ---------- -------- --------- ----- Cook 5 6% 25 6% 23 3% 43 5% 2 0% DuPage 9 5% 4 3% 12 6% 71 7% 1 8% Kane 3 3% 5 1% 30 0% 60 1% 1 6% Lake 6 0% 6 2% 19 4% 66 6% 1 9% McHenry 2 7% 1 1% 11 2% 83 9% 1 1% Will 3 8% 9 9% 15 7% 68 8% 1 7% Six County 5 7% 18 0% 21 0% 53 4% 1 9% The socio-economic status of the Chicago area also varies by county (see following table) In Cook County, nearly 18 percent of the households have a household income under the federal poverty level with annual incomes below the $20,000 threshold In the collar counties, seven to nine percent of the households are subsisting on less than $20,000 a year Overall, the number of people (as well as the percent of total population) on Medicaid and uninsured has increased across the metropolitan area from 2007 to 2009 In households that are struggling economically, access to health care can be limited either because of a lack of services available within the market or because an individual's financial challenges deter that person from seeking care Lack of preventive care or care for chronic illnesses brings more acutely ill patients to the hospital County 2009%Total Households %2009 Pop Medicaid %2009 Pop w/income<$20,000/year Recipients Uninsured ------- ---------- ---------- ---------- Cook 17 6% 22 3% 17 1% DuPage 7 3% 7 8% 5 5% Kane 9 4% 16 5% 8 4% Lake 8 1% 9 8% 7 0% McHenry 7 2% 6 6% 5 2% Will 8 4% 9 6% 7 0% Six County 14 1% 17 6% 13 0% Advocate provides quality medical health care to various communities in the Chicagoland area regardless of race, creed, national origin, age or ability to pay Advocate annually serves over 3 1 million people In 2009, Advocate experienced 156,034 inpatient admissions, 3,530,664 outpatient visits, and 19,040 deliveries

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

Part VI, Line 5 - N/A

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

Part VI, Line 6 - Advocate North Side Health Network d/b/a Advocate Illinois Masonic Medical Center (AIMMC) was named an Everest Award winner and one of the nation's 100 Top Hospitals by Thomson Reuters AIMMC, located on Chicago's north side, is one of the state's largest, most comprehensive nonprofit medical centers The hospital has 408 licensed beds and has more than 880 active physicians AIMMC is designated as a Level I trauma center and as a Level III Neonatal Intensive Care Unit (NICU) - the highest designations awarded by the state AIMMC's Level I trauma center is one of only four trauma centers in Chicago The hospital is nationally recognized for expertise in cardiac care and its use of the most innovative technologies available to provide advanced care with attention to patient safety, quality and excellence AIMMC has also received Magnet recognition status for excellence in nursing services by the American Nurses Credentialing Center As one of Illinois' largest non-university medical teaching hospitals, the hospital trains 200 residents and 500 medical students each year through its affiliations with the University of Illinois at Chicago Health Sciences Center, Rosalind Franklin University and Midwestern University In addition to serving individuals in the acute care setting in 2009, AIMMC provided community outreach to over 555,000 people through health fairs, wellness programs and other outreach services designed and delivered to promote the health of the communities it serves - AIMMC's school-based health centers located at Amundsen and Lake View High Schools on Chicago's north side offer health services to teenagers from low-income neighborhoods, reaching students more effectively because the services are in the school During 2009, the centers served nearly 1,300 students for a total of over 4,500 individual medical and mental health visits, and 10,000 visits in group encounters through workshops covering topics such as nutrition, reproductive health, domestic violence, tobacco use and substance abuse The health centers serve the schools' communities with the goal of not only providing top quality, affordable and accessible health and mental health care, but also educating adolescents about being good consumers of health care services - AIMMC recognized the need to increase the Deaf and Hard of Hearing community's access to important, but sensitive, health information Written English text did not prove successful, so the hospital began using streaming video technology to provide information in American Sign Language (ASL) Advocate Illinois Masonic Medical Center produced videos about HIV/AIDS, breast health, sexually transmitted diseases, diabetes and smoking cessation and posted them on its Web site, so the videos could be viewed privately and at the convenience of the patient The Web site also includes health screenings for anxiety, depression, heart disease, risk for HIV, and readiness to stop smoking - all communicated in ASL so deaf and hard of hearing people have access to preventive health tools In 2009, 4,054 unique visitors connected to the Web site Over the years, Advocate Illinois Masonic Medical Center has distributed over 2,300 free ASL DVDs on HIV/AIDS, STDs, breast health, diabetes, depression and smoking cessation - More than 40,000 members of Chicago's Latino community benefit from Hispanocare, a network of over 200 bilingual and bicultural health care providers representing nearly 300 office locations The goal of Hispanocare is to provide quality, cost-effective health care to Chicago's Latino community in a culturally sensitive manner To ease the financial burden, Hispanocare providers agree to give enrollees a 20 percent discount on all out-of-pocket expenses - The Mobile Dental Van offers access to oral health services to over 600 underserved and uninsured individuals each year Providing dental screenings, treatment, and education, the mobile van regularly travels across the city of Chicago making stops at senior residences, schools and primary care clinics to provide care to hard-to-reach and underserved populations including elderly people with limited mobility, children from low-income families, disabled persons, immigrants and the homeless The Mobile Dental Van services have resulted in significant reductions in diseased teeth among homeless populations served - The Pediatric Development Center at Advocate Illinois Masonic Medical Center offers a 12-month course of intensive, home-based intervention for children with autism between ages 2 to 6 years old Integrating a variety of treatment approaches, program goals include organizing the home environment for successful parenting, developing a functional communication system for the child, teaching parents how to help their young child with autism to grow and learn, and prepared the child to take full advantage of special education - The Asthma Learning Center provides adults and children with free education to help regulate their asthma - The Diabetes Care Program has been recognized for its comprehensive, bilingual educational services - The Creticos Cancer Center is home to the first hospital-based Gilda's Club in the U S , offering support to cancer patients and their families - As a respected member of the community, AIMMC representatives bring their expertise to the surrounding community by serving on area boards, councils, task forces and committees AIMMC is not only actively involved with the area's chamber of commerce but, for example, a leadership team representative has served for several years on the Mayor of Chicago's Senior Wellness Task Force Each year, the hospital also hosts quarterly community clergy functions and serves as a co-sponsor to the School Health Fair with State Senator Martinez and the Senior Health Fair with Chicago Alderman Tunney Other community benefits include - Care that is provided free, subsidized or without full reimbursement from Medicare, Medicaid or other government insurance programs - Education to train physicians, nurses, radiology technicians, physical therapists, EMTs, clinical pastors and a host of other highly skilled health care professionals - Research shared with persons outside of the organization on health care delivery, un-reimbursed studies on therapeutic protocols, evaluation of innovative treatments, and research papers prepared by staff for professional journals - Volunteer services provided by hospital employees who volunteer in their communities and community members who volunteer at hospitals - Language-assistance services, such as interpreters and translation for signage, forms, brochures, patient education materials and other information in languages other than English - Donations of meeting and clinic space, as well as other assistance to community groups

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the 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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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
HISPANOCARE2025 WINDSOR DRIVE OAK BROOK,IL 60523	363606486	501(c)(3)	800,000				HISPANIC PROGRAMS
PARKWAYS FOUNDATION 541 N FAIRBANKS CT 4TH FL CHICAGO,IL 60611	363959347	501(c)(3)	157,136				PARK RENOVATION

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

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
SCHEDULE I, PART I, LINE 2		ADVOCATE NORTHSIDE HEALTH NETWORK SUPPORTS ONLY NONPROFIT ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE AND THAT ARE CONSISTENT WITH AND COMPLEMENTARY TO THE MISSION AND CHARITABLE, TAX-EXEMPT PURPOSES OF ADVOCATE NORTHSIDE HEALTH NETWORK CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, BUSINESSES, OR PRIVATE PROVIDERS

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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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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**		
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**		
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 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 PART I, LINE 4B SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN - BEN GRIGALIUNUS, SENIOR VICE PRESIDENT-HUMAN RESOURCES OF AHHC, PARTICIPATES IN A NON-QUALIFIED PENSION PLAN AND $38,585 WAS CREDITED TO HIS NON-QUALIFIED PENSION ACCOUNT - GAIL HASBROUCK, SR VICE PRESIDENT-GENERAL COUNSEL AND CORPORATE SECRETARY OF AHHC, PARTICIPATES IN A NON-QUALIFIED PENSION PLAN AND $32,369 WAS CREDITED TO HER NON-QUALIFIED PENSION ACCOUNT SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS MADE INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE GOALS ARE ACHIEVED

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH NETWORK

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				
JAMES SKOGSBERGH	(I)	0	0	0	0	0	0	0
	(II)	1,004,994	1,025,746	555,816	1,372,690	24,749	3,983,995	1,025,746
Jose Elizondo MD	(I)	179,275	31,859	0	19,761	5,040	235,935	0
	(II)	0	0	0	0	0	0	0
WILLIAM SANTULLI	(I)	0	0	0	0	0	0	0
	(II)	611,000	598,434	285,187	809,885	26,372	2,330,878	598,434
LEE B SACKS MD	(I)	0	0	0	0	0	0	0
	(II)	568,006	455,752	243,029	595,008	23,527	1,885,322	455,752
DR JAMES DAN	(I)	0	0	0	0	0	0	0
	(II)	404,997	191,182	218,705	461,164	18,732	1,294,780	191,182
Ben Grigaliunas	(I)	0	0	0	0	0	0	0
	(II)	432,495	305,259	234,913	507,656	22,359	1,502,682	305,259
SUSAN NORDSTROM LOPEZ	(I)	358,010	278,818	150,991	363,558	26,144	1,177,521	278,819
	(II)	0	0	0	0	0	0	0
GAIL D HASBROUCK	(I)	0	0	0	0	0	0	0
	(II)	388,503	238,875	190,359	353,500	20,055	1,191,292	238,875
DOMINIC J NAKIS	(I)	0	0	0	0	0	0	0
	(II)	464,506	455,752	225,262	593,804	25,532	1,764,856	455,752
SCOTT POWDER	(I)	0	0	0	0	0	0	0
	(II)	232,502	95,452	114,867	209,356	16,735	668,912	95,452
WILFREDO RAMOS	(I)	0	0	0	0	0	0	0
	(II)	50,028	108,094	221,517	146,766	16,010	542,415	108,094
BRUCE SMITH	(I)	0	0	0	0	0	0	0
	(II)	387,504	249,097	170,290	330,834	25,691	1,163,416	249,097
REV JERRY WAGENKNECHT	(I)	0	0	0	0	0	0	0
	(II)	73,300	137,355	38,450	136,762	61,687	447,554	137,355
REVDELOISE BROWN DANIELS	(I)	127,608	18,283	46,617	15,301	21,011	228,820	18,232
	(II)	0	0	0	0	0	0	0
MARY ANN CLEMENS	(I)	0	0	0	0	0	0	0
	(II)	144,971	33,889	50,265	53,123	8,901	291,149	33,889
MEGHAN CLUNE	(I)	0	0	0	0	0	0	0
	(II)	146,389	32,811	16,888	53,368	6,929	256,385	32,811
ELYSE FORKOSH CUTLER	(I)	0	0	0	0	0	0	0
	(II)	145,509	19,955	4,795	20,382	11,133	201,774	0
MIKE DELAHANTY	(I)	0	0	0	0	0	0	0
	(II)	199,534	60,629	20,314	85,720	19,021	385,218	60,629
JACK GILBERT	(I)	233,347	43,437	4,829	74,532	20,348	376,493	43,037
	(II)	0	0	0	0	0	0	0
JIM DOHENY	(I)	0	0	0	0	0	0	0
	(II)	241,426	98,446	24,204	125,717	28,131	517,924	98,846
MARIE ELLIS	(I)	0	0	0	0	0	0	0
	(II)	191,278	43,817	10,387	78,039	23,377	346,898	43,817
JIM FELTES	(I)	0	0	0	0	0	0	0
	(II)	202,117	57,537	25,289	306,451	16,968	608,362	38,907
GREGORY HARDEN	(I)	0	0	0	0	0	0	0
	(II)	182,340	40,939	1,698	64,263	16,827	306,067	40,939
MICHAEL KERNS	(I)	0	0	0	0	0	0	0
	(II)	232,458	64,502	26,503	90,670	22,202	436,335	64,502
DONNA KING	(I)	249,457	59,928	17,977	80,927	17,671	425,960	59,928
	(II)	0	0	0	0	0	0	0
RAY KOCA	(I)	0	0	0	0	0	0	0
	(II)	179,546	38,494	2,204	60,561	12,047	292,852	38,494
MARTY MANNING	(I)	0	0	0	0	0	0	0
	(II)	268,507	181,445	107,145	263,389	25,775	846,261	181,445
AL MANSHUM	(I)	0	0	0	0	0	0	0
	(II)	184,779	18,804	15,632	88,163	4,365	311,743	18,804
KAREN MOORE NALIWAJKO	(I)	0	0	0	0	0	0	0
	(II)	134,906	32,026	11,612	48,906	17,714	245,164	0
JOHN NORENBERG	(I)	0	0	0	0	0	0	0
	(II)	154,188	20,556	11,440	56,021	13,580	255,785	20,556
SARAH PACINI	(I)	0	0	0	0	0	0	0
	(II)	158,158	18,756	8,926	47,573	14,157	247,570	0
JEFFREY PIEJAK	(I)	150,697	29,017	8,924	44,906	18,374	251,918	29,017
	(II)	0	0	0	0	0	0	0
SHERRIE RUSSELL	(I)	0	0	0	0	0	0	0
	(II)	191,175	60,629	17,676	85,886	19,132	374,498	60,629
LAURA SAK	(I)	0	0	0	0	0	0	0
	(II)	171,683	38,907	11,759	63,092	15,020	300,461	38,907
MARK SENESAC	(I)	215,801	55,131	9,701	77,258	14,618	372,509	55,131
	(II)	0	0	0	0	0	0	0
JOEL SCHOOLIN MD	(I)	0	0	0	0	0	0	0
	(II)	273,312	107,676	44,931	104,257	20,453	550,629	0
WILLIAM T SUMMERFELT PHD	(I)	0	0	0	0	0	0	0
	(II)	136,512	0	0	45,103	18,306	199,921	0
MICHAEL SWARZMAN	(I)	242,414	44,310	19,575	76,323	27,615	410,237	44,310
	(II)	0	0	0	0	0	0	0
ERIC TOWER	(I)	0	0	0	0	0	0	0
	(II)	229,936	64,502	19,896	89,644	20,270	424,248	64,502
DAN WEEGER	(I)	0	0	0	0	0	0	0
	(II)	213,360	60,629	14,507	85,901	14,189	388,586	60,629
WILLIAM WERNER MD	(I)	261,617	59,128	11,414	78,905	17,672	428,736	59,128
	(II)							
CINDY WELSH	(I)	0	0	0	0	0	0	0
	(II)	152,545	20,556	9,525	15,728	7,784	206,138	0
ROBERT ZADYLAK MD	(I)	287,211	80,660	18,732	115,345	11,633	513,581	80,660
	(II)	0	0	0	0	0	0	0
LEONARD KRANZLER	(I)	840,852	203,766	55,755	22,684	14,513	1,137,570	0
	(II)	0	0	0	0	0	0	0
KEVIN MADSEN	(I)	392,413	0	0	22,684	19,179	434,276	0
	(II)	0	0	0	0	0	0	0
STEVEN LOCHER	(I)	339,500	29,342	39,742	22,684	17,221	448,489	0
	(II)	0	0	0	0	0	0	0
ABRAHAM SHASHOUA	(I)	391,499	50,690	25,282	22,684	18,057	508,212	0
	(II)	0	0	0	0	0	0	0
VIJAY MAKER	(I)	397,846	28,849	12,866	22,684	7,272	469,517	0
	(II)	0	0	0	0	0	0	0

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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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH NETWORK

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	12,876	PROPERTY RENTAL		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	3,086	ANSWERING PHONES		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	1,072	DIETARY SERVICES		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	97,282	EXPENSE ALLOCATION		No
ADVOCATE HEALTH CENTERS	SHARED BOARD MEMBER	147,391	EXPENSE REIMBURSEMENT		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	215,567,617	EXPENSE REIMBURSEMENT		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	1,170	PROPERTY RENTAL		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	4,697	DIETARY SERVICES		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	42,510	MEDICAL DIRECTOR SERVICES		No
EVANGELICAL SERVICES CORPORATION	SHARED BOARD MEMBER	552,362	EXPENSE REIMBURSEMENT		No
ADVOCATE HOME CARE PRODUCTS INC	SHARED BOARD MEMBER	52,008	EXPENSE REIMBURSED		No
ADVOCATE HOME CARE PRODUCTS INC	SHARED BOARD MEMBER	180,927	HOME HEALTH SERVICES		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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

Identifier	Return Reference	Explanation
Form 990, Part I & III, line 1	Mission Statement	THE MISSION OF ADVOCATE HEALTH CARE IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD Form 990, Part III, line 4A PROVIDING INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS ABILITY TO PAY INCLUDED IN THIS PROGRAM SERVICE ARE THE PROVISION OF CHARITY CARE AND TRAUMA CARE AS PART OF ITS COMMUNITY BENEFITS STRATEGY AND ITS MISSION, ADVOCATE IS COMMITTED TO PROMOTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED AN EXAMPLE OF THIS IS ADVOCATE NORTH SIDE'S PROVISION OF CHARITY CARE ADVOCATE NORTH SIDE 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 NORTH SIDE'S CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE NORTH SIDE 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 NORTH SIDE MAINTAINS HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS INFORMATION ABOUT ADVOCATE NORTH SIDE'S CHARITY CARE PROGRAM AND CHARITY APPLICATIONS IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND AS AN INSERT IN ALL UNINSURED PATIENTS' BILLS IN THE AREA OF TRAUMA CARE - ADVOCATE NORTH SIDE IS DEDICATED TO PROVIDING EXPERT EMERGENCY CARE - TODAY AND IN THE FUTURE ADVOCATE NORTH SIDE'S LEVEL I TRAUMA CENTER CARES FOR THE MOST SERIOUSLY INJURED PEOPLE IN ITS SERVICE AREA AS IS THE CASE WITH ALL ILLINOIS LEVEL I TRAUMA CENTERS, ADVOCATE NORTH SIDE'S TRAUMA CENTER IS STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS, FEATURES 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 NORTH SIDE'S BROAD ARRAY OF SERVICES AND PROGRAMS DESIGNED TO MEET COMMUNITY HEALTH NEEDS, ADVOCATE NORTH SIDE PHYSICIANS FOCUS ON ADDRESSING THE MOST SIGNIFICANT ISSUES IMPACTING PUBLIC HEALTH IN ITS 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 THE COMMUNITIES SERVED BY ADVOCATE NORTH SIDE IN ADDITION TO THE EXAMPLES PROVIDED ABOVE, ADVOCATE NORTH SIDE PHYSICIANS ALSO PROVIDE YEAR ROUND HEALTH EDUCATION, LECTURES AND SCREENINGS AT COMMUNITY HEALTH EVENTS THROUGHOUT ITS SERVICE AREA Form 990, Part III, line 4C GRADUATE MEDICAL EDUCATION - ADVOCATE NORTH SIDE IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF SPECIALTIES EACH YEAR MEDICAL STUDENTS COMPLETE ROTATIONS AND 180 RESIDENTS AND FELLOWS RECEIVE HANDS-ON TRAINING AT ADVOCATE NORTH SIDE HEALTH NETWORK

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d		ADVOCATE NORTH SIDE HEALTH NETWORK D/B/A ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (AIMMC) WAS NAMED AN EVEREST AWARD WINNER AND ONE OF THE NATION'S 100 TOP HOSPITALS BY THOMSON REUTERS AIMMC, LOCATED ON CHICAGO'S NORTH SIDE, IS ONE OF THE STATE'S LARGEST, MOST COMPREHENSIVE NONPROFIT MEDICAL CENTERS THE HOSPITAL HAS 408 LICENSED BEDS AND HAS MORE THAN 880 ACTIVE PHYSICIANS AIMMC IS DESIGNATED AS A LEVEL I TRAUMA CENTER AND AS A LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) - THE HIGHEST DESIGNATIONS AWARDED BY THE STATE AIIMC'S LEVEL I TRAUMA CENTER IS ONE OF ONLY FOUR TRAUMA CENTERS IN CHICAGO THE HOSPITAL IS NATIONALLY RECOGNIZED FOR EXPERTISE IN CARDIAC CARE AND ITS USE OF THE MOST INNOVATIVE TECHNOLOGIES AVAILABLE TO PROVIDE ADVANCED CARE WITH ATTENTION TO PATIENT SAFETY, QUALITY AND EXCELLENCE AIMMC HAS ALSO RECEIVED MAGNET RECOGNITION STATUS FOR EXCELLENCE IN NURSING SERVICES BY THE AMERICAN NURSES CREDENTIALING CENTER AS ONE OF ILLINOIS'S LARGEST NON-UNIVERSITY MEDICAL TEACHING HOSPITALS, THE HOSPITAL TRAINS 200 RESIDENTS AND 500 MEDICAL STUDENTS EACH YEAR THROUGH ITS AFFILIATIONS WITH THE UNIVERSITY OF ILLINOIS AT CHICAGO HEALTH SCIENCES CENTER, ROSALIND FRANKLIN UNIVERSITY AND MIDWESTERN UNIVERSITY IN ADDITION TO SERVING INDIVIDUALS IN THE ACUTE CARE SETTING IN 2009, AIMMC PROVIDED COMMUNITY OUTREACH TO OVER 555,000 PEOPLE THROUGH HEALTH FAIRS, WELLNESS PROGRAMS AND OTHER OUTREACH SERVICES IN SUPPORT OF ITS MVP (MISSION, VALUES AND PHILOSOPHY) THE MISSION OF AIMMC IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN THE FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD THE VALUES OF AIMMC SERVE AS AN INTERNAL COMPASS TO GUIDE RELATIONSHIPS AND ACTIONS THEY INCLUDE EQUALITY, COMPASSION, EXCELLENCE, PARTNERSHIP, AND STEWARDSHIP THE PHILOSOPHY OF AIMMC IS GROUNDED IN 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 RELATIONSHIP WITH GOD, THEMSELVES, THEIR FAMILIES, AND THE SOCIETY IN WHICH THEY LIVE THROUGH OUR ACTIONS WE AFFIRM THESE PRINCIPLES AIMMC PROVIDES QUALITY HEALTH CARE TO INDIVIDUALS REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY IN 2009, THE HOSPITAL SERVED 170,350 PATIENTS, INCLUDING 17,928 INPATIENT ADMISSIONS AND 152,422 OUTPATIENT VISITS, DELIVERING 2,489 BABIES THE NUMBER OF PATIENTS SERVED INCREASES TO 416,007 WHEN ADDING INDIVIDUALS SERVED BY THE PHYSICIAN GROUP AND BEHAVIORAL HEALTH SERVICES NEARLY 40% OF THE POPULATION IN AIMMC'S SERVICE AREA IS HISPANIC RESULTING IN A HEIGHTENED EMPHASIS ON PROVIDING BILINGUAL AND BICULTURAL-SPECIFIC HEALTH CARE SERVICES EVEN IN THE FACE OF LOW REIMBURSEMENTS, AIMMC IS DEDICATED TO MAINTAINING A STRONG PRESENCE WITHIN ITS COMMUNITY AND CONTINUES TO MONITOR THESE EXPENDITURES TO MAKE CERTAIN THAT THE PROGRAMS AND SERVICES SUPPORTED ARE IN DIRECT RESPONSE TO COMMUNITY NEED IN 2009, AIMMC REPORTED $29 5 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 AIMMC'S COMMUNITY BENEFITS PLAN WAS DEVELOPED TO ESTABLISH STRATEGIES FOR IMPROVING ACCESS TO CARE AND POSITIVELY AFFECTING THE HEALTH OF THE COMMUNITIES THAT IT SERVES THE PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES WITH INDIVIDUALS AND ORGANIZATIONS WITHIN ITS SERVICE AREA IN ORDER TO LEVERAGE AND MAXIMIZE THE IMPACT OF ITS PROGRAMS AIMMC HAS SET FORTH THREE GOALS AND MULTIPLE OBJECTIVES TO ACCOMPLISH THIS STRATEGY THE GOALS AND CORRESONDING EXAMPLES ARE PROVIDED BELOW GOAL #1 - PROMOTE INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED CHARITY CARE - AIMMC OFFERS A VERY GENEROUS CHARITY CARE PROGRAM - REQUIRING NO PAYMENT FROM 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 FOR A FAMILY OF FOUR HISPANOCARE - MORE THAN 40,000 MEMBERS OF CHICAGO'S LATINO COMMUNITY BENEFIT FROM HISPANOCARE, A NETWORK OF OVER 200 BILINGUAL AND BICULTURAL HEALTH CARE PROVIDERS REPRESENTING NEARLY 300 OFFICE LOCATIONS THE GOAL OF HISPANOCARE IS TO PROVIDE QUALITY, COST-EFFECTIVE HEALTH CARE TO CHICAGO'S LATINO COMMUNITY IN A CULTURALLY SENSITIVE MANNER TO EASE THE FINANCIAL BURDEN, HISPANOCARE PROVIDERS AGREE TO GIVE ENROLLEES A 20 PERCENT DISCOUNT ON ALL OUT-OF-POCKET EXPENSES MOBILE DENTAL VAN - THE MOBILE DENTAL VAN OFFERS ACCESS TO ORAL HEALTH SERVICES TO OVER 600 UNDERSERVED AND UNINSURED INDIVIDUALS EACH YEAR PROVIDING DENTAL SCREENINGS, TREATMENT, AND EDUCATION, THE MOBILE VAN REGULARLY TRAVELS ACROSS THE CITY OF CHICAGO MAKING STOPS AT SENIOR RESIDENCES, SCHOOLS AND PRIMARY CARE CLINICS TO PROVIDE CARE TO HARD-TO-REACH AND UNDERSERVED POPULATIONS INCLUDING ELDERLY PEOPLE WITH LIMITED MOBILITY, CHILDREN FROM LOW-INCOME FAMILIES, DISABLED PERSONS, IMMIGRANTS AND THE HOMELESS 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 DEAF AND HARD OF HEARING PROGRAM - AIMMC'S DEAF AND HARD OF HEARING PROGRAM PROVIDES COMPREHENSIVE MENTAL HEALTH CARE IN AMERICAN SIGN LANGUAGE TO DEAF, HARD OF HEARING AND DEAF-BLIND CHILDREN, ADOLESCENTS, AND ADULTS IN THE SIX-COUNTY CHICAGO REGION THE PROGRAM IS LOCATED AT SEVERAL ADVOCATE SITES AND OFFERS CONTINUUM OF CARE THAT INCLUDES CLINICAL ASSESSMENTS, PRE-SCREENINGS AND LINKAGE, INDIVIDUAL, FAMILY, AND GROUP THERAPY, PSYCHIATRIC EVALUATIONS AND MEDICATION, MONITORING AND INTERVENTION WITH A 24-HOUR PHONE LINE CONNECTED TO A TTY SYSTEM A TELEPSYCHIATRY NETWORK ENABLES THE PROVISION OF OTHERWISE SCARCE DEAF-FRIENDLY PSYCHIATRIC SERVICES TO NOT ONLY AIMMC BUT TO MULTIPLE ADVOCATE HEALTH CARE SITES, OTHER COMMUNITY ORGANIZATIONS AND IN THE HOMES OF DEAF PATIENTS WHO HAVE RECEIVED THE FREE VIDEOPHONE EQUIPMENT AND SERVICES SUPPORTED BY THE FCC A HEALTH EDUCATION WEB SITE THAT ALLOWS USERS TO ORDER FREE ASL HEALTH EDUCATION DVD'S IS ALSO AVAILABLE FOR USE BY THE DEAF AND HARD OF HEARING COMMUNITY IN 2009, OVER 4,054 UNIQUE VISITORS CONNECTED TO THE WEB SITE AND, OVER THE YEARS, THE HOSPITAL HAS DISTRIBUTED OVER 2,300 FREE ASL DVD'S ON HIV/AIDS, STD'S, BREAST HEALTH, AND DIABETES PEDIATRIC DEVELOPMENT CENTER- AN INTENSIVE TREATMENT CAN BE KEY FOR CHILDREN DIAGNOSED WITH AUTISM FOR CHILDREN WITH AUTISM BETWEEN AGES 2 TO 6 YEARS OLD, THE PEDIATRIC DEVELOPMENT CENTER AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER OFFERS A 12-MONTH COURSE OF INTENSIVE, HOME-BASED INTERVENTION INTEGRATING A VARIETY OF TREATMENT APPROACHES, PROGRAM GOALS INCLUDE ORGANIZING THE HOME ENVIRONMENT FOR SUCCESSFUL PARENTING, DEVELOPING A FUNCTIONAL COMMUNICATION SYSTEM FOR THE CHILD, TEACHING PARENTS HOW TO HELP THEIR YOUNG CHILD WITH AUTISM TO GROW AND LEARN, AND PREPARING THE CHILD TO TAKE FULL ADVANTAGE OF SPECIAL EDUCATION GOAL #3 - BUILD STRONG RELATIONSHIPS WITH THE FAITH COMMUNITY, ELECTED OFFICIALS, AND COMMUNITY ORGANIZATIONS TO ENHANCE COMMUNITY OUTREACH EFFORTS SCHOOL-BASED HEALTH CENTERS - AIMMC'S SCHOOL-BASED HEALTH CENTERS LOCATED AT AMUDSEN AND LAKEVIEW HIGH SCHOOLS ON CHICAGO'S NORTH SIDE OFFER HEALTH SERVICES TO TEENAGERS FROM LOW-INCOME NEIGHBORHOODS, REACHING STUDENTS MORE EFFECTIVELY BECAUSE THE SERVICES ARE IN THE SCHOOL DURING THE 2009-2010 SCHOOL YEAR, THE CENTERS SERVED NEARLY 1,300 STUDENTS FOR A TOTAL OF OVER 4,500 INDIVIDUAL MEDICAL AND MENTAL HEALTH VISITS, AND 10,000 VISITS IN GROUP ENCOUNTERS THROUGH WORKSHOPS COVERING TOPICS SUCH AS NUTRITION, REPRODUCTIVE HEALTH, TOBACCO USE, AND SUBSTANCE ABUSE THE HEALTH CENTERS SERVE THE SCHOOLS' COMMUNITIES WITH THE GOAL OF NOT ONLY PROVIDING TOP QUALITY, AFFORDABLE AND ACCESSIBLE HEALTH AND MENTAL HEALTH CARE, BUT ALSO EDUCATING ADOLESCENTS ABOUT BEING GOOD CONSUMERS OF HEALTH CARE SERVICES COMMUNITY INVOLVEMENT -- AS A RESPECTED MEMBER OF THE COMMUNITY, AIMMC REPRESENTATIVES BRING THEIR EXPERTISE TO THE SURROUNDING COMMUNITY BY SERVING ON AREA BOARDS, COUNCILS, TASK FORCES AND COMMITTEES AIMMC IS NOT ONLY ACTIVELY INVOLVED WITH THE AREA'S CHAMBER OF COMMERCE BUT, FOR EXAMPLE, A LEADERSHIP TEAM REPRESENTATIVE HAS SERVED FOR SEVERAL YEARS ON THE MAYOR OF CHICAGO'S SENIOR WELLNESS TASK FORCE EACH YEAR THE HOSPITAL ALSO HOSTS QUARTERLY COMMUNITY CLERGY FUNCTIONS AND SERVES AS A CO-SPONSOR TO THE SCHOOL HEALTH FAIR WITH STATE SENATOR MARTINEZ AND THE SENIOR HEALTH FAIR WITH CHICAGO ALDERMAN TUNNEY

FORM 990, PART VI, SECTION 1, LINE 6 BYLAWS PROVIDE FOR CORPORATE MEMBERS FORM 990, PART VI, SECTION A, LINE 7A THE NOT FOR PROFIT CORPORATIONS OF ADVOCATE HEALTH CARE, WITH THE EXCEPTION OF ADVOCATE HEALTH CARE NETWORK, HAVE CORPORATE MEMBERS WHO ELECT DIRECTORS ADVOCATE HEALTH CARE NETWORK DOES NOT HAVE ANY MEMBERS, THEREFORE, THE AHCN BOARD ELECTS ITS DIRECTORS THE FOR PROFIT ORGANIZATIONS HAVE A SOLE SHAREHOLDER WHO ELECTS DIRECTORS FORM 990, PART VI, SECTION A, LINE 7B YES, THE RESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBERS (FOR THE NOT FOR PROFIT CORPORATIONS) AND THE SOLE SHAREHOLDER (FOR THE FOR PROFIT CORPORATIONS) FORM 990, PART VI, SECTION B, LINE 11A AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE FORM 990'S WILL BE REVIEWED WITH COMMITTEE MEMBERS A MEMBER OF ACCOUNTING MANAGEMENT AND THE ERNST & YOUNG TAX PRINCIPAL WILL BE COORDINATING THE REVIEW THE FINALIZED FORM 990'S WILL BE POSTED FOR THE BOARD OF DIRECTORS TO REVIEW FORM 990, PART VI, SECTION B, LINE 12 VICE PRESIDENT AND CHIEF COMPLIANCE OFFICER SENDS THE CORPORATION'S CODE OF BUSINESS CONDUCT AND CONFLICT OF INTEREST POLICY TO ITS INTERESTED PERSONS, INCLUDING MEMBERS OF ADVOCATE'S BOARD OF DIRECTORS OR GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS ALL PARTIES ARE REQUIRED TO READ AND PROVIDE A DISCLOSURE STATEMENT TO THE VICE PRESIDENT AND CHIEF COMPLIANCE OFFICER WHO SUMMARIZES THE DISCLOSURES AND PROVIDES A SUMMARY OF THE DISCLOSURES TO THE EXECUTIVE MANAGEMENT AND THE AUDIT COMMITEE FOR REVIEW THE SUMMARIES ARE THEN PROVIDED TO THE CHIEF EXECUTIVE OFFICER FORM 990, PART VI, SECTION C, LINES 15A & 15B EXECUTIVE COMPENSATION AT THE ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES IS BASED ON A BOARD OF DIRECTORS' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPORTUNITIES FOR EXECUTIVES, MANAGERS, PROFESSIONALS, AND ALL EMPLOYEES IN THIS STRATEGY, SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIRED LEVEL OF COMPETITIVENESS IN THOSE MARKETS SPECIFIED IN ADDITION, THE LINKAGE OF EXECUTIVE PAY TO PERFORMANCE IS ARTICULATED AND HOW THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED THESE ELEMENTS ARE (1) A SOLID, RELIABLE, AND TESTED JOB EVALUATION METHODOLOGY, (2) ACCURATE, QUALITY, AND RELEVANT COMPENSATION SURVEY INFORMATION, (3) A CONSISTENT ANNUAL PROCESS FOR UPDATING THE COMPENSATION LEVELS, (4) AN ACTIVE BOARD REVIEW PROCESS THAT ASSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING REVIEW OF THE PERFORMANCE OF THE ORGANIZATION, AND (5) 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 SITES DACBOND COM (DIGITAL ASSURANCE CERTIFICATION LLC) AND EMMA MSRB ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

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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 NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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 RE	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.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
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**			**No**
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**		**Yes**	
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**		**Yes**	
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: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH NETWORK

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
ADVOCATE HEALTH CENTERS INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-4217291	HEALTH CARE SVCS	IL	NA	C CORP			
ADVOCATE HOME CARE PRODUCTS INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3315416	HEALTH SERVICES	IL	NA	C CORP			
DREYER CLINIC INC 1877 W DOWNER PLACE AURORA, IL60506 36-2690329	MEDICAL SERVICES	IL	NA	C CORP			
DREYER RIVER WEST RADIATION CENTER 1221 N HIGHLAND AVENUE AURORA, IL60506 74-3134247	MEDICAL SERVICES	IL	NA	C CORP			
DREYER MERCY AMBULATORY SURGERY CENTER 1221 N HIGHLAND AVENUE AURORA, IL60506 36-3890298	MEDICAL SERVICES	IL	NA	C CORP			
HIGH TECHNOLOGY INC 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-3368224	MEDICAL SERVICES	IL	NA	C CORP			
PARKSIDE CENTER CONDO ASSN 1775 W DEMPSTER STREET PARK RIDGE, IL60068 36-3452486	PROP/CONDO MGMT	IL	NA	C CORP			
CERTUS INDEMNITY CO LTD 23 LIME TREE AVE GOV SQ BLDG 4F GRAND CAYMANS, CJ CJ 98-0600867	INSURANCE	CJ	NA	C CORP			
ADVOCATE INSURANCE SPC 23 LIME TREE AVE GOV SQ BLDG 4F GRAND CAYMAN, CJ CJ 98-0422925	INSURANCE	CJ	NA	C CORP			
EVANGELICAL SERVICES CORP 2025 WINDSOR DRIVE OAK BROOK, IL60523 36-2167779	MGMT SERVICES	IL	NA	C CORP			
CENTER FOR ENDOSCOPY LLC 22285 PEPPER ROAD LAKE BARRINGTON, IL60010 26-2387298	HEALTH SERVICES	IL	NA	C CORP			
ADVOCATE GRP PURCHASING LLC 1900 SPRING ROAD OAK BROOK, IL60523 37-8609100	PURCHASING SVCS	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 HEALTH AND HOSPITALS CORPORATION	K	162,127
(2)	ADVOCATE HEALTH AND HOSPITALS CORPORATION	Q	51,192
(3)	ADVOCATE HEALTH AND HOSPITALS CORPORATION	L	39,823,109
(4)	ADVOCATE HEALTH AND HOSPITALS CORPORATION	P	34,311,085
(5)	ADVOCATE HEALTH AND HOSPITALS CORPORATION	O	70,295,794
(6)	ADVOCATE HEALTH AND HOSPITALS CORPORATION	R	1,358,376
(7)	HISPANOCARE	B	800,000
(8)	ADVOCATE NETWORK SERVICES	O	215,567,617
(9)	ADVOCATE NETWORK SERVICES	P	552,362
(10)	ADVOCATE HOME CARE PRODUCTS	O	52,008
(11)	ADVOCATE HOME CARE PRODUCTS	L	180,927
(12)	ADVOCATE HEALTH CENTERS	P	147,391
(13)	ADVOCATE HEALTH CENTERS	O	97,282
(14)	ADVOCATE CHARITABLE FOUNDATION	R	2,796,997
(15)	ADVOCATE CHARITABLE FOUNDATION	Q	729,366
(16)	ADVOCATE CHARITABLE FOUNDATION	C	4,060,288
(17)	MASONIC FAMILY HEALTH FOUNDATION INC	C	477,388