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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 private foundations)
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 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

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

C Name of organization: Advocate Health And Hospitals Corp
 % JAMES DOHENY
 Doing business as

D Employer identification number: 36-2169147

E Telephone number: (630) 572-9393

G Gross receipts \$ 6,005,061,075

F Name and address of principal officer:
 JAMES SKOGSBERGH
 3075 HIGHLAND PARKWAY
 DOWNERS GROVE, IL 60515

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

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

J Website: ▶ www.ADVOCATEHEALTH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1906 **M** State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SERVE HEALTH NEEDS OF COMMUNITIES THROUGH WHOLISTIC PHILOSOPHY ROOTED IN FUNDAMENTAL UNDERSTANDING OF HUMANS AS CREATED IN THE IMAGE OF GOD		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	29,151	
6 Total number of volunteers (estimate if necessary)	6	4,409	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	59,339,941	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,097,763	24,370,687
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,827,990,362	4,075,372,322
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	212,983,026	214,590,661
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,958,337	18,405,139
		4,072,029,488	4,332,738,809
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,673,470	5,301,251
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,892,609,682	2,005,401,718
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 402,831		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,782,045,318	1,967,277,840
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,679,328,470	3,977,980,809	
19 Revenue less expenses Subtract line 18 from line 12	392,701,018	354,758,000	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,707,693,122	7,251,361,082
	21 Total liabilities (Part X, line 26)	3,145,090,464	3,509,146,769
22 Net assets or fund balances Subtract line 21 from line 20	3,562,602,658	3,742,214,313	

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: 2015-11-13
 JAMES W DOHENY VP FIN & CONTROLLER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: TAMARA TARAZI Preparer's signature: TAMARA TARAZI Date: _____
 Firm's name: ▶ ERNST & YOUNG US LLP Firm's EIN: _____
 Firm's address: ▶ 155 N Wacker Drive Chicago, IL 60606 Phone no: (312) 879-2000

Check if self-employed PTIN: P01266026

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF ADVOCATE HEALTH AND HOSPITALS CORPORATION IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,106,988,668 including grants of \$ 5,301,251) (Revenue \$ 2,803,275,108)
SEE SCHEDULE O

4b (Code) (Expenses \$ 784,638,334 including grants of \$ 0) (Revenue \$ 808,214,278)
SEE SCHEDULE O

4c (Code) (Expenses \$ 70,931,608 including grants of \$ 0) (Revenue \$ 21,679,329)
SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
(Expenses \$ 390,189,254 including grants of \$ 0) (Revenue \$ 442,293,963)

4e Total program service expenses 3,352,747,864

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

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

Table with columns for question number, description, sub-part, amount, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (7), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).


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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (IL), 18 (Own website, Another's website, Upon request, Other), 19 (Describe in Schedule O), 20 (State the name, address, and telephone number of the person who possesses the organization's books and records).

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	33,492,719	955,378	7,958,594

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2,834**

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

(A) Name and business address	(B) Description of services	(C) Compensation
POWER CONSTRUCTION COMPANY, 2360 N PALMER DR SCHAUMBERG, IL 601733818	CONSTRUCTION CONTR	92,391,585
ARAMARK HEALTHCARE SUPPORT SERVICES, 25271 NETWORK PLACE CHICAGO, IL 606731252	HOSPITAL SERVICES	19,173,131
XTEND HEALTHCARE LLC, 171 MADISON AVE NEW YORK, NY 10016	BUSINESS OFFICE SVCS	6,784,669
ALLCRIPTS HEALTHCARE LLC, 24630 NETWORK PLACE CHICAGO, IL 606731246	MEDICAL SOFTWARE	6,686,108
SUPERIOR HEALTH LINENS, 5005 S PACKARD AVENUE CUDAHAY, WI 53110	LAUNDRY SERVICES	5,648,292

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **127**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d	16,849,938					
	e	Government grants (contributions) 1e	4,255,772					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,264,977					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f	24,370,687					
Program Service Revenue			Business Code					
	2a	BLUE CROSS/MANAGED CARE	622110	1,700,605,581	1,700,605,581			
	b	MEDICARE/MEDICAID	622110	956,925,292	956,925,292			
	c	PROGRAM SERVICE REVENUE	622110	715,031,150	701,012,284	14,018,866		
	d	PHARMACY	446110	382,832,024	382,351,029	480,995		
	e	LABORATORY	621511	319,978,275	269,106,889	50,871,386		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		4,075,372,322				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		138,769,313		-6,031,306		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	10,281,357				
			(ii) Personal					
			b	Less rental expenses	9,861,323			
			c	Rental income or (loss)	420,034		0	
	d	Net rental income or (loss)		420,034		420,034		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,733,173,696				
			(ii) Other		5,098,295			
			b	Less cost or other basis and sales expenses	1,659,830,818		2,619,925	
			c	Gain or (loss)	73,342,878		2,478,370	
	d	Net gain or (loss)		75,821,348		75,821,348		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a		18,421					
b	Less direct expenses b	10,200						
c	Net income or (loss) from fundraising events		8,221		8,221			
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses b							
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code						
11a	CAFETERIA REVENUE	722212	9,999,817			9,999,817		
b	MISCELLANEOUS	621999	6,949,163	22,023		6,927,140		
c	GIFTSHOP REVENUE	812930	959,571			959,571		
d	All other revenue		68,333	68,333				
e	Total. Add lines 11a-11d		17,976,884					
12	Total revenue. See Instructions		4,332,738,809	4,010,091,431	59,339,941	238,936,750		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,301,251	5,301,251		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	36,079,299	2,064,650	34,010,163	4,486
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	831,993	831,887		106
7	Other salaries and wages	1,585,478,286	1,462,184,804	123,096,339	197,143
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,678,779	52,878,479	5,792,075	8,225
9	Other employee benefits	218,716,408	205,412,223	13,277,132	27,053
10	Payroll taxes	105,616,953	98,241,356	7,362,533	13,064
11	Fees for services (non-employees)				
a	Management	14,228,443		14,228,443	
b	Legal	3,724,074		3,724,074	
c	Accounting	362,910		362,910	
d	Lobbying	706,094		706,094	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	10,330,396		10,330,396	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	336,688,633		336,688,633	
12	Advertising and promotion	14,273,506	1,941,665	12,331,841	
13	Office expenses	43,639,018	40,566,353	3,072,665	
14	Information technology	85,464,309	79,010,212	6,454,097	
15	Royalties	0			
16	Occupancy	87,559,712	83,501,780	4,057,932	
17	Travel	7,421,066	5,237,225	2,183,841	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,593,138	6,307,143	1,285,995	
20	Interest	45,358,701	45,358,701		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	182,002,261	152,099,872	29,902,389	
23	Insurance	107,391,400	106,496,769	894,631	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	510,459,330	510,476,173	-16,843	
b	BAD DEBT	212,681,858	212,681,858		
c	PUBLIC ASSESSMENT FEE	101,694,413	101,694,413		
d	REPAIR AND MAINTENANCE	68,917,039	63,515,754	5,401,285	
e	All other expenses	126,781,539	116,945,296	9,683,489	152,754
25	Total functional expenses. Add lines 1 through 24e	3,977,980,809	3,352,747,864	624,830,114	402,831
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	384,810,725	1	148,084,260
	2 Savings and temporary cash investments	0	2	396,140
	3 Pledges and grants receivable, net	1,598,115	3	1,540,021
	4 Accounts receivable, net	411,649,412	4	482,355,852
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	102,368
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	251,804	7	161,414,318
	8 Inventories for sale or use	46,665,158	8	47,800,917
	9 Prepaid expenses and deferred charges	63,876,973	9	59,340,897
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,736,406,653		
	b Less accumulated depreciation	10b 2,002,100,782	1,505,675,186	10c 1,734,305,871
	11 Investments—publicly traded securities	3,056,388,335	11	2,220,620,864
	12 Investments—other securities See Part IV, line 11	951,608,302	12	2,144,112,484
	13 Investments—program-related See Part IV, line 11	3,164,280	13	38,487,901
	14 Intangible assets	25,222,144	14	24,860,715
	15 Other assets See Part IV, line 11	256,782,688	15	187,938,474
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,707,693,122	16	7,251,361,082	
Liabilities	17 Accounts payable and accrued expenses	702,112,532	17	706,530,901
	18 Grants payable	0	18	0
	19 Deferred revenue	1,638,780	19	3,833,798
	20 Tax-exempt bond liabilities	1,390,347,612	20	1,572,310,991
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24.) Complete Part X of Schedule D	1,050,991,540	25	1,226,471,079
	26 Total liabilities. Add lines 17 through 25	3,145,090,464	26	3,509,146,769
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,561,522,143	27	3,711,636,595
	28 Temporarily restricted net assets	1,080,515	28	30,577,718
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,562,602,658	33	3,742,214,313	
34 Total liabilities and net assets/fund balances	6,707,693,122	34	7,251,361,082	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,332,738,809
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,977,980,809
3	Revenue less expenses Subtract line 2 from line 1	3	354,758,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,562,602,658
5	Net unrealized gains (losses) on investments	5	-119,197,593
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-55,948,752
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,742,214,313

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: Advocate Health And Hospitals Corp

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Skogsbergh PRESIDENT & CEO, DIRECTOR	40 0 4 0	X		X				5,592,968	0	2,089,788
(1) Michele Baker Richardson Chairperson, Director	1 0 3 0	X						0	0	0
(2) John Timmer Vice Chairperson, Director	1 0 3 0	X						0	0	0
(3) Gail D Hasbrouck SVP, Gen Counsel & Corp Sec	40 0 9 0	X		X				1,150,732	0	188,617
(4) David Anderson Director	1 0 3 0	X						0	0	0
(5) Rev Dr Nathaniel Edmond Director	1 0 5 0	X						0	0	0
(6) Ron Greene Director	1 0 3 0	X						0	0	0
(7) Mark Harris Director	1 0 3 0	X						0	0	0
(8) Laune Meyer Director	1 0 3 0	X						0	0	0
(9) Clarence Nixon Jr PhD Director	1 0 3 0	X						0	0	0
(10) Rick Jakle Director	1 0 5 0	X						0	0	0
(11) Gary Stuck MD Director	1 0 3 0	X						0	0	0
(12) William P Santulli EXEC VP, COO	40 0 4 0			X				2,492,478	0	779,240
(13) Lee B Sacks MD EXEC VP, CHIEF MEDICAL OFFICER	40 0 3 0			X				1,890,745	0	347,784
(14) James Doheny VP, Sys Contr & Asst Treasurer	40 0 10 0			X				454,164	0	54,251
(15) James Dan MD PRES PHYSICIAN/AMBULATORY SVCS	40 0 4 0			X				1,382,301	0	263,198
(16) Rev K Bender Schwich SVP, Mission & Spiritual Care	40 0 3 0			X				548,238	0	223,890
(17) Kevin Brady SVP, Chf Human Resources offc	40 0 3 0			X				1,199,503	0	252,728
(18) Vincent Bufalino SVP, CARDIO/SR MED DIR CARDIO	40 0 0 0			X				835,043	0	312,949
(19) Susan Campbell SVP OF PATIENT CR-CHF NRS OFFC	40 0 4 0			X				521,658	0	193,381
(20) Kelly Jo Golson SVP, Chief Marketing Officer	40 0 3 0			X				801,861	0	119,399
(21) Dominic J Nakis SVP, CFO & TREASURER	40 0 7 0			X				1,774,769	0	348,593
(22) Scott Powder SVP, Chief Strategy Officer	40 0 3 0			X				856,917	0	179,488
(23) Bruce D Smith SVP, Information Systems, CIO	40 0 3 0			X				1,136,939	0	206,153
(24) Jonathan Bruss President, Trinity Hosp Jan-14	40 0 0 0				X			391,256	0	47,076

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Michael Farrell PRESIDENT -ADV CHILDREN'S HOSP	40 0 0 0				X			1,250,097	0	481,400
(1) David Fox President, Good Samantan Hosp	40 0 0 0				X			1,128,836	0	219,166
(2) Michelle Gaskill President, Trinity Hospital	40 0 0 0				X			397,261	0	109,428
(3) Richard Heim President, South Suburban Hosp	40 0 0 0				X			645,085	0	160,670
(4) Colleen Kannaday President, BroMenn Medical Ctr	40 0 0 0				X			747,888	0	265,387
(5) Karen Lambert President, Good Shepherd Hosp	40 0 1 0				X			981,093	0	191,084
(6) Kenneth Lukhard Mkt President, Chrst Med Ctr	40 0 0 0				X			1,497,807	0	282,721
(7) Rick Floyd President, Lutheran Gen Hosp	40 0 1 0				X			831,711	32,639	253,557
(8) Thomas Grobelny Physician-Neuroint Radiology	40 0 0 0					X		983,776	0	40,764
(9) Caleb Lippman Neurosurgeon	40 0 0 0					X		832,084	0	51,537
(10) Thom Lobe Physician - General Surgery	40 0 0 0					X		966,103	0	32,372
(11) Kenji Muro Neurosurgeon	40 0 0 0					X		938,929	0	48,879
(12) John Song Neurosurgeon	40 0 0 0					X		1,046,899	0	28,847
(13) Michael Englehart FMR PRES, SOUTH SUBURBAN HOSP	0 0 41 0						X	0	922,739	186,247
(14) Ben Grigaliunas Senior VP, Human Resources	0 0 0 0						X	215,578	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number
36-2169147

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

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

- 1 A church, convention of churches, or association of churches described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of the organization (Advocate Health And Hospitals Corp) and Employer identification number (36-2169147)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
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 function 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		14,438
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		411,609
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		527,750
j Total Add lines 1c through 1i			953,797
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?			

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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Form 990, Schedule C, Part II-B, Lines 1A, B, D, G	SUPPLEMENTAL LOBBYING INFORMATION ADVOCATE HEALTH AND HOSPITALS CORPORATION SPONSORS A NURSE ADVOCACY COUNCIL, COMPRISED OF NURSES EMPLOYED BY THE SYSTEM THIS GROUP PROVIDES LEGISLATIVE FORUMS AND EDUCATION SUMMITS TO APPRISE AND EDUCATE LEGISLATORS OF THE ISSUES FACING THE NURSING PROFESSION AND HOW CHANGES IN LEGISLATION AFFECT PATIENT CARE FORM 990, SCHEDULE C, PART II-B, LINE 1I ADVOCATE HEALTH AND HOSPITALS CORPORATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE ILLINOIS HOSPITAL ASSOCIATION AND THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE IN 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 ALSO ENGAGES CERTAIN FIRMS TO LOBBY ON ITS BEHALF REGARDING ISSUES AND POLICIES THAT AFFECT HEALTHCARE SUCH AS QUALITY, AFFORDABILITY AND PATIENT ACCESS ADVOCATE ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Advocate Health And Hospitals Corp

Employer identification number

36-2169147

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art..., a Revenue included..., b Assets included...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	35,776,804	112,768,880		148,545,684
b Buildings		1,942,575,302	1,047,543,554	895,031,748
c Leasehold improvements		80,044,730	45,176,787	34,867,943
d Equipment		1,234,419,424	908,915,979	325,503,445
e Other		330,821,513	464,462	330,357,051
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,734,305,871

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and a Total row.

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes a Total row.

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for Federal income taxes and a Total row.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: Advocate Health And Hospitals Corp

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

1	(a) Description of Liability	(b) Book Value
	SELF INSURANCE LIABILITY	764,923,786
	3RD PARTY SETTLEMENTS	191,587,748
	OBLIGATION TO RETURN COLLATERAL	19,768,372
	PENSION PLAN BENEFITS	28,497,449
	EXECUTIVE PENSION LIAB & DEF COMP	86,442,038
	LONG TERM DISABILITY	19,970,000
	INTEREST RATE SWAP MTM SERIES	86,245,808
	REMEDIATION COST ACCRUAL	12,666,755
	UNFUNDED HRA/DRA	15,910,051
	DEACONESS RESIDENCE LIABILITY	459,072

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number

36-2169147

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

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


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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			1,819,230,258
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			1,819,230,258

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities 

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

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Form 990, Schedule F, Part I, Line 3	Total Expenditures The Expenditures reported in Part I, Line 3 are based on the cash paid for these activities

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: Advocate Health And Hospitals Corp

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	1	Program Services	Self-Insurance	22,082,370
East Asia and the Pacific	0	0	Program Services	CONFERENCE	43,787
Europe (Including Iceland and Greenland)	0	0	Program Services	CONFERENCE	1,668

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	CONFERENCE	13,209
Central America and the Caribbean	0	0	Investments		1,201,109,528
East Asia and the Pacific	0	0	Investments		118,093,890

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		440,574,276
Middle East and North Africa	0	0	Investments		2,526,407
North America	0	0	Investments		23,530,313

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Investments		7,948,814
South Asia	0	0	Investments		3,305,996

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Advocate Health And Hospitals Corp

Employer identification number 36-2169147

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BOWLING EVENT (event type)	(event type)	8 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	5,929		12,492	18,421
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	5,929		12,492	18,421
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,988		8,212	10,200
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(10,200)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				8,221	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2014

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Advocate Health And Hospitals Corp

Employer identification number

36-2169147

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
3b Did the organization use FPG as a factor in determining eligibility for providing discounted care?
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
			212,681,858
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
			14,963,555
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	761,965,518
6	Enter Medicare allowable costs of care relating to payments on line 5	6	906,107,326
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-144,141,808
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

8

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

Name of hospital facility or letter of facility reporting group _____

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

Name of hospital facility or letter of facility reporting group _____

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

GOOD SAMARITAN HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

3

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

GOOD SAMARITAN HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

GOOD SAMARITAN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

GOOD SHEPHERD HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

4

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

GOOD SHEPHERD HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

GOOD SHEPHERD HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	Yes
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 SOUTH SUBURBAN HOSPITAL & ICU

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

SOUTH SUBURBAN HOSPITAL & ICU

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

SOUTH SUBURBAN HOSPITAL & ICU

Name of hospital facility or letter of facility reporting group _____

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

BROMENN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

6

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

BROMENN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

BROMENN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

7

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

EUREKA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

8

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
a	If "Yes" (list url) <u>WWW.ADVOCATEHEALTH.COM/CHNAREPORTS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

EUREKA HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u> _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u> _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

EUREKA HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	Yes	
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 194

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 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 financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
1 REQUIRED DESCRIPTIONS	<p>PART I, LINE 3C N/A PART I, LINE 6A A SYSTEM-WIDE COMMUNITY BENEFIT REPORT IS FILED BY ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515 EIN 36-2167779 PART I, LINE 7 A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7A SCHEDULE H INSTRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7B A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I PART VI, LINE 1-7E ADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES AHHC PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS IN ADDITION, OTHER PROGRAMS ARE CARRIED OUT WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GENERAL HEALTH KNOWLEDGE THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES THESE SERVICES AND PROGRAMS INCLUDE SENIOR BREAKFAST CLUBS WHICH INCLUDE EDUCATIONAL SPEAKERS FOCUSING ON HEALTH AND WELLNESS AND INCLUDE BLOOD PRESSURE SCREENINGS, CANCER SUPPORT GROUPS FOR VARIOUS TYPES OF CANCER INCLUDING, PROSTATE, BREAST AND SKIN CANCERS THESE GROUPS FOCUS ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS SKIN CANCER SCREENING ARE ALSO PROVIDED, VARIOUS PROGRAMS REGARDING JOINT PAIN AND REPLACEMENT INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF, VARIOUS WOMEN AND BABY, BREASTFEEDING, MULTIPLES AND CHILD BIRTH CLASSES, VARIOUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS TO RAISE AWARENESS OF HEART DISEASE RISK FACTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE, THERE ARE VARIOUS PROGRAMS REGARDING HEALTH EATING AND THE RISKS OF BEING OVERWEIGHT FOR BOTH ADULTS AND ADOLESCENTS THESE PROGRAMS INCLUDE SCREENING, EDUCATION AND OPTIONS FOR DEALING WITH THE ISSUE, PROGRAMS RELATED TO SPORTS MEDICINE AND ATHLETIC TRAINING AND INJURIES ARE ALSO OFFERED, CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR CAREER COUNSELING, MENTORING AND JOB SHADOWING ARE ALSO OFFERED TO STUDENTS WHO EXPLORE CAREER POSSIBILITIES IN HEALTH CARE CERTAIN OF THESE PROGRAMS ARE GEARED TO THE LOW INCOME AND DIVERSE STUDENT POPULATIONS PART I, LINE 7G ADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR AHHC THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF AHHC DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR, MENTAL, BEHAVIORAL AND CHEMICAL DEPENDENCY HEALTH SERVICES, REHABILITATION SERVICES, CARDIAC SURGERY, ORTHOPEDIC AND HOSPICE SERVICES PART I, LINE 7 H AHHC 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 2014 FORM 990, SCHEDULE H PART I, LINE 7, COLUMN (F) \$212,681,858 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART I X, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F) PART II N/A PART III, LINES 2, 3, AND 4 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 AND THE PERCENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS) FOR 2014, FOR AHHC, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 24.7% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE AHHC 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 DETERMINED UNCOLLECTIBLE 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 UNREIMBURSED COST OF BAD DEBT 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) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED AC</p>

Form and Line Reference	Explanation
1 REQUIRED DESCRIPTIONS	<p>COUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED. ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY. WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION OR ARE NOT IDENTIFIED THROUGH OTHER MEANS AS PERMITTED IN THE 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 ORGANIZATION'S FINANCIAL ASSISTANCE 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 BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION. THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD CHARITY APPLICATIONS PENDING AT THE TIME OF SERVICE. THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE. THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT. WE BELIEVE THIS PROCESS 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 FINANCIAL ASSISTANCE. BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H, PART III, LINE 8. THE SHORTFALL OF \$144,141,808 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SERVICES FOR MEDICARE PATIENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT REIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY. FOR ADVOCATE HEALTH AND HOSPITAL CORPORATION'S HOSPITAL OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2. RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS.</p>

Form and Line Reference	Explanation
PART III, LINE 9B	<p>ADVOCATE HEALTH AND HOSPITALS CORPORATION MAINTAINS BOTH WRITTEN FINANCIAL ASSISTANCE AND BAD DEBT/COLLECTION POLICIES THE BAD DEBT/COLLECTION POLICY DOES NOT APPLY TO THOSE PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE, THEREFORE SUCH PATIENTS ARE NOT SUBJECT TO COLLECTION PRACTICES 2 NEEDS ASSESSMENT ADVOCATE CHRIST MEDICAL CENTER IN ADDITION TO IDENTIFYING ITS COMMUNITY'S HEALTH CARE NEEDS THROUGH ITS CHNA, ACMC ALSO ASSESSES THE NEEDS OF ITS COMMUNITY THROUGH ONGOING COLLABORATIONS WITH *LOCAL FAITH-BASED ORGANIZATIONS - PROVIDING SCREENINGS AND EDUCATIONAL OPPORTUNITIES DIRECTLY TO CONGREGATIONS AS REQUESTED, *SCHOOL SYSTEMS (CHICAGO AND SUBURBAN)- WORKING WITH CPS AND SUBURBAN SCHOOL DISTRICTS TO DETERMINE HEALTH NEEDS SEEN MOST OFTEN BY SCHOOL HEALTH PROVIDERS, PROVIDING HOSPITAL EXPERTS FOR COMMUNITY SPEAKING ENGAGEMENTS AND PROFESSIONAL EDUCATION OPPORTUNITIES, *SCHOOL NURSES - PROVIDING ANNUAL SCHOOL NURSES CONFERENCE TO UPDATE FRONT-LINE PROVIDERS ON LATEST TREATMENT OPTIONS AND HEALTH CONDITIONS AFFECTING THEIR STUDENTS SUBSEQUENT YEAR'S CONFERENCE TOPICS ARE DETERMINED BY EVALUATIONS FROM PREVIOUS CONFERENCE ATTENDEES WHO REQUEST TOPICS BASED ON FREQUENCY OF ISSUES AFFECTING THEIR STUDENTS, *CIVIC GROUPS (ROTARY, OAK LAWN COMMUNITY PARTNERSHIP) -- THE HEALTHCARE ROTARY IS BASED AT CHRIST MEDICAL CENTER MOST MEMBERS ARE ACMC ASSOCIATES (EMPLOYEES) THE GROUP LOOKS FOR OPPORTUNITIES FOR THE MEDICAL CENTER AND ITS ASSOCIATES TO PARTICIPATE IN HEALTH-FOCUSED COMMUNITY PROJECTS, *PATIENT-FAMILY ADVISORY COUNCILS - COMMUNITY MEMBERS HAVING FIRST-HAND EXPERIENCE WITH HOSPITAL SERVICES COMPRISE THE COUNCIL AS PART OF THEIR PARTICIPATION, THEY ARE CONSULTED ON SERVICES PROVIDED AND THOSE TO BE CONSIDERED ADVOCATE LUTHERAN GENERAL HOSPITAL ADVOCATE LUTHERAN GENERAL HOSPITAL ASSESSES THE NEEDS OF ITS COMMUNITIES IN MULTIPLE WAYS INCLUDING EVALUATION OF COMMUNITY HEALTH EVENTS, DELIBERATIONS OF THE HOSPITAL'S COUNCILS OF ADVISORS, PATIENT ROUNDING AND CAREGIVER INTERACTIONS, MIDAS PATIENT COMPLAINT REPORTING, ACCREDITATION SURVEY REPORTS, LEADERSHIP PARTICIPATION IN COMMUNITY ORGANIZATIONS, INPUT BY CARE MANAGERS WHO ARE HELPING PATIENTS AND FAMILIES TRANSITION FROM HOSPITAL TO HOME, AND COMMENTS RECEIVED THROUGH LETTERS, PHONE CALLS AND SOCIAL MEDIA POSTS IN ADDITION, MORE FORMAL PRIMARY DATA COLLECTION HAS BEEN A PART OF BOTH THE HEALTHIER PARK RIDGE AND HEALTHIER NILES PROJECTS, AND THE KOREAN COMMUNITY ASSESSMENT NOTED IN PART V, QUESTION 11 HEALTHIER NILES PROJECT AS DONE WITH THE HEALTHIER PARK RIDGE PROJECT IN 2013, ADVOCATE LUTHERAN GENERAL HOSPITAL COLLABORATED WITH THE COMMUNITY BY CHAIRING THE HEALTHIER NILES PROJECT RECOGNIZING THAT OVERALL FAMILY NEEDS, NEEDS OF SENIORS AND MENTAL/BEHAVIORAL HEALTH NEEDS ARE AMONG THE TOP SIGNIFICANT HEALTH NEEDS IMPACTING ALL OF ITS COMMUNITIES, ADVOCATE LUTHERAN GENERAL HOSPITAL'S DIRECTOR OF COMMUNITY AND HEALTH RELATIONS ENGAGED OTHER COMMUNITY PARTNERS TO BETTER UNDERSTAND AND DEVELOP INTERVENTIONS FOR IMPACTING THESE ISSUES THE DIRECTOR, AS CHAIR OF THE NILES HEALTHY COMMUNITY PARTNERSHIP, INITIATED AND CHAIRED A COALITION OF OVER 27 LOCAL PARTNERS TO STUDY AND ADDRESS THE NEED COLLABORATIVELY THE COALITION WAS COMPRISED OF MULTIPLE STAKEHOLDERS INCLUDING REPRESENTATIVES FROM LOCAL GOVERNMENT, POLICE/FIRE/PARAMEDICS, COMMUNITY-BASED AGENCIES, FAITH COMMUNITIES AND SCHOOLS WITH INPUT FROM THE COALITION, A SURVEY WAS DESIGNED AND SENT OUT TO THE COMMUNITY IN LATE SUMMER 2014 WITH APPROXIMATELY 500 SURVEYS COMPLETED AND RETURNED THE RESULTS WERE COMPILED AND A REPORT DRAFTED FOR PRESENTATION TO THE VILLAGE OF NILES AND OTHER VILLAGE ORGANIZATIONS IN 2015 ADVOCATE GOOD SAMARITAN HOSPITAL ADVOCATE GOOD SAMARITAN HOSPITAL NOW PARTICIPATES IN IMPACT DUPAGE AND CONTINUES PARTICIPATION IN FORWARD (AN OBESITY COALITION) TO EXPAND PARTNERSHIPS AND NEEDS ASSESSMENT ACTIVITIES IN THE COMMUNITY ADVOCATE GOOD SHEPHERD HOSPITAL IN ADDITION TO THE FORMAL SURVEYS CONDUCTED FOR THE ASSESSMENT, THE HOSPITAL ALSO PARTNERS WITH LOCAL COMMUNITY GROUPS AND CONGREGATIONS TO HELP ASSESS AND PROVIDE RESOURCES TO IMPROVE THE HEALTH STATUS OF INDIVIDUALS WITHIN THESE GROUPS THE MISSION AND SPIRITUAL CARE TEAM AT THE HOSPITAL WORKS CLOSELY WITH SEVERAL COMMUNITY CONGREGATIONS TO SURVEY AND RESPOND TO SPECIFIC NEEDS IDENTIFIED THROUGH THIS PROCESS SOME CONGREGATIONS HAVE ASKED FOR SPECIFIC EDUCATION ON END OF LIFE ISSUES, OTHERS ON DIABETES MANAGEMENT, ETC THE HOSPITAL WORKS WITH THESE CONGREGATIONS AND OTHER COMMUNITY GROUPS TO BRIDGE SERVICES TO CONGREGANTS THE HOSPITAL ALSO ACTS AS A CATALYST BY PROVIDING LEADERSHIP AND RESOURCES TO COMMUNITY COALITIONS TO HELP ADDRESS ISSUES THAT MAY SURFACE, SUCH AS SUICIDE AND SUBSTANCE ABUSE CONCERNS ADVOCATE SOUTH SUBURBAN HOSPITAL N/A ADVOCATE BROMENN MEDICAL CENTER ADVOCATE BROMENN MEDICAL CENTER'S COMMUNITY HEALTH LEADER AND ANOTHER MEMBER OF THE LEADERSHIP TEAM WERE A PART OF THE MCLEAN COUNCIL</p>

Form and Line Reference	Explanation
PART III, LINE 9B	<p>TY COMMUNITY HEALTH ADVISORY COMMITTEE (CHAC) AND HELPED IN THE DEVELOPMENT OF THE 2012-20 17 COMMUNITY HEALTH PLAN (CHP) FOR MCLEAN COUNTY THE PLAN WAS CREATED USING THE HANLON ME THOD THE HANLON METHOD WAS UTILIZED TO ESTABLISH PRIORITIES BASED ON THE SIZE AND SERIOUS NESS OF THE HEALTH PROBLEM AS WELL AS THE EFFECTIVENESS OF THE AVAILABLE INTERVENTIONS ON APRIL 19, 2012, THE CHAC APPROVED THE CHP BROMENN MEDICAL CENTER'S COMMUNITY HEALTH LEAD ER ALSO PARTICIPATED IN OSF SAINT JOSEPH MEDICAL CENTER'S COLLABORATIVE CHNA TEAM IN FEBRU ARY 2013 ADVOCATE TRINITY HOSPITAL IN ADDITION TO THE NEEDS ASSESSMENTS PREVIOUSLY REPORT ED, IN 2014 THE HOSPITAL IMPLEMENTED THE CENTER FOR FAITH AND HEALTH TRANSFORMATION'S CONG REGATIONAL HEALTH SURVEY, WHICH ASSESSES THE COMMUNITY HEALTH NEEDS OF CONGREGATIONS AND S PECIFIC POPULATIONS SURROUNDING THEM THE FOCUS GROUP SURVEYED INCLUDED FIVE FAITH ORGANIZ ATIONS THAT WERE MEMBERS OF THE PARTNERS FOR FAITH AND HEALTH NETWORK, A COLLABORATIVE WIT HIN THE TRINITY HOSPITAL SERVICE AREA THE SURVEYS RESULTED IN THE IDENTIFICATION OF SEVER AL HEALTH NEEDS INCLUDING THE TOP THREE HEALTH CONCERNS OF HYPERTENSION, OBESITY AND DIABE TES THE FINDINGS ARE CONSISTENT WITH THE FINDINGS OF THE COMMUNITY HEALTH NEEDS IDENTIFIE D IN THE 2011-2013 TRINITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT THE SURVEY ALSO PRO VIDED INFORMATION REGARDING HEALTH EDUCATION NEEDS AND PROGRAMMATIC NEEDS TO ADDRESS CHRON IC HEALTH ISSUES TRINITY HOSPITAL USES THIS VALUABLE INFORMATION TO DESIGN AND DEVELOP SP ECIFIC COMMUNITY HEALTH OUTREACH EFFORTS TO IMPACT THE HEALTH OF THE COMMUNITY ADVOCATE EUREKA HOSPITAL ADVOCATE EUREKA HOSPITAL HAS A STRONG PARTNERSHIP WITH THE WOODFORD COUNTY HEALTH DEPARTMENT THE HOSPITAL'S ADMINISTRATOR PARTICIPATED IN THE IPLAN MEETINGS HELD ON 9/27/11, 11/16/11, 12/7/11, 1/11/12, 1/25/12 AND 8/8/12 AT THE 1/25/12 MEETING, THE IPLA N GROUP APPROVED THREE HEALTH PRIORITIES FOR WOODFORD COUNTY, INCLUDING * ACCESS TO MENTA L HEALTH SERVICES * OBESITY * SUBSTANCE ABUSE IN THE OVER 18 POPULATION EUREKA HOSPITAL SE LECTED ACCESS TO MENTAL HEALTH SERVICES AS ITS KEY HEALTH PRIORITY AS DETERMINED THROUGH T HE HOSPITAL'S CHNA PROCESS ACCESS TO MENTAL HEALTH SERVICES ALSO ALIGNS WITH THE HEALTH P RIORITIES SELECTED FOR THE WOODFORD COUNTY HEALTH DEPARTMENT 3 PATIENT EDUCATION OF ELIG IBLITY FOR ASSISTANCE AHHC ASSISTS PATIENTS WITH ENROLLMENT IN GOVERNMENT-SUPPORTED PROGR AMS FOR WHICH THEY ARE ELIGIBLE AND IN SECURING REIMBURSEMENT FROM AVAILABLE THIRD PARTY R ESOURCES FINANCIAL COUNSELING IS PROVIDED TO HELP PATIENTS IDENTIFY AND OBTAIN PAYMENT FR OM THIRD PARTIES, INCLUDING ILLINOIS MEDICAID, ILLINOIS CRIME VICTIMS FUND, ETC , AS WELL AS TO DETERMINE ELIGIBILITY UNDER AHHC'S HOSPITAL FINANCIAL ASSISTANCE POLICY ADVOCATE UT ILIZES A FINANCIAL SCREENING SOFTWARE PROGRAM TO HELP IDENTIFY PUBLIC ASSISTANCE PROGRAMS FOR WHICH THE PATIENT MAY BE ELIGIBLE OR ADVOCATE'S FINANCIAL ASSISTANCE AT THE TIME OF RE GISTRATION OR AS SOON AS PRACTICABLE THEREAFTER IN ADDITION, HEALTHADVISOR, ADVOCATE'S ED UCATION REGISTRATION AND PHYSICIAN REFERRAL TELEPHONE CENTER, SERVES AS A COMMUNITY RESOUR CE PROVIDING REFERRALS TO GOVERNMENT-FUNDED AND OTHER PROGRAMS VIA TELEPHONE FROM 8 A M T O 6 P M , MONDAY THROUGH FRIDAY AHHC ASSISTS PATIENTS WITH APPLYING FOR ADVOCATE'S OWN FI NANCIAL ASSISTANCE SERVICES IF PATIENTS ARE NOT ELIGIBLE FOR GOVERNMENT-SUPPORTED PROGRAMS ADVOCATE HEALTH AND HOSPITALS CORPORATION COMMUNICATES THE AVAILABILITY OF FINANCIAL ASS ISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY MEANS OF COMMUNICATION INCL UDE 1 THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INC LUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST 2 SIGNS ARE CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THA T ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL PATIENT ACCESS, REGIST RATION, EMERGENCY DEPARTMENT, CASHIER, A</p>

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	<p>ADVOCATE CHRIST MEDICAL CENTER DEFINITION OF COMMUNITY FOR ITS CHNA, ACMC'S COMMUNITY WAS DEFINED AS THE TOTAL SERVICE AREA (TSA), WHICH INCLUDES THE PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) FOR CHRIST MEDICAL CENTER THE PRIMARY SERVICE AREA (PSA) INCLUDES THE COMMUNITIES OF CHICAGO RIDGE, MIDLOTHIAN, OAK FOREST, OAK LAWN, BRIDGEVIEW, HOMETOWN, HICKORY HILLS, JUSTICE, BURBANK, ORLAND PARK, PALOS HEIGHTS, PALOS PARK, PALOS HILLS, ORLAND HILLS, TINLEY PARK, WORTH, TINLEY PARK, ALSIP, EVERGREEN PARK, AUBURN PARK, CHICAGO LAWN, ELSDON, OGDEN PARK, CLEARING, MORGAN PARK, ASHBURN AND MOUNT GREENWOOD THE SECONDARY SERVICE AREA (SSA) INCLUDES THE COMMUNITIES OF BLUE ISLAND, FRANKFORT, HARVEY, MARKHAM, LEMONT, LOCKPORT, MOKENA, NEW LENOX, HOMER GLEN, NEW CITY, SOUTH CHICAGO, GRAND CROSSING, ENGLEWOOD, ROSELAND, SOUTH SHORE AND RIVERDALE THE TSA IS 38.4% WHITE NON-HISPANIC, 35.6% BLACK NON-HISPANIC, 23.2% HISPANIC, 1.6% ASIAN AND PACIFIC ISLANDER NON-HISPANIC, WITH ALL OTHERS BEING 1.1% AS REPORTED BY THE U.S. BUREAU OF LABOR IN JULY 2013, THERE IS A SIGNIFICANTLY HIGHER UNEMPLOYMENT RATE IN CHRIST MEDICAL CENTER'S TSA (9.7%) AS COMPARED TO THE U.S. UNEMPLOYMENT RATE (7.4%) THE AVERAGE HOUSEHOLD INCOME IS \$63,630, WHICH IS SLIGHTLY LESS THAN THE U.S. AVERAGE OF \$67,315 HEALTH RESOURCES IN DEFINED COMMUNITY THE TARGET COMMUNITY IS SERVED BY A VARIETY OF HEALTH RESOURCES, INCLUDING FULL-SERVICE COMMUNITY AND ACADEMIC HOSPITALS, AS WELL AS SAFETY NET PROVIDERS, SUCH AS PUBLIC HEALTH CLINICS, FEDERALLY QUALIFIED HEALTH CENTERS AND MOBILE HEALTH PROVIDERS DESPITE WHAT APPEARS TO BE A LONG LIST OF PROVIDERS WITHIN CHRIST MEDICAL CENTER'S TSA, SUBSTANTIAL VARIATION EXISTS IN BOTH AVAILABILITY AND ACCESSIBILITY TO RESOURCES ACROSS COMMUNITIES THE AREAS OF GREATEST NEED ARE FOUND MAINLY ON CHICAGO'S SOUTH SIDE WHERE CLINICS ARE SCATTERED AND THE RATIO OF PATIENTS TO FAMILY PHYSICIANS IS LOWER THAN IN MORE AFFLUENT AREAS THERE ARE THIRTEEN HOSPITALS IN CHRIST MEDICAL CENTER'S TSA, INCLUDING ADVOCATE CHRIST MEDICAL CENTER IN OAK LAWN, LITTLE COMPANY OF MARY HOSPITAL IN EVERGREEN PARK, PALOS COMMUNITY HOSPITAL IN PALOS HEIGHTS, HOLY CROSS HOSPITAL IN MARQUETTE PARK (CHICAGO), ADVOCATE TRINITY HOSPITAL IN CHICAGO, INGALLS MEMORIAL HOSPITAL IN HARVEY, ROSELAND COMMUNITY HOSPITAL IN ROSELAND (CHICAGO), SOUTH SHORE HOSPITAL IN SOUTH CHICAGO (CHICAGO), METRO SOUTH MEDICAL CENTER IN BLUE ISLAND, JACKSON PARK HOSPITAL IN SOUTH SHORE (CHICAGO), LA RABIDA CHILDREN'S HOSPITAL IN SOUTH SHORE (CHICAGO), ST BERNARD HOSPITAL IN ENGLEWOOD (CHICAGO) AND SILVER CROSS HOSPITAL IN NEW LENOX THERE ARE FOUR COOK COUNTY HEALTH CLINICS LOCATED IN ENGLEWOOD, OAK FOREST, ROSELAND AND HARVEY IN ADDITION, THERE ARE FOUR CHICAGO DEPARTMENT OF HEALTH CENTERS IN CHICAGO LAWN, ROSELAND, SOUTH CHICAGO AND ENGLEWOOD THERE ARE ALSO FOUR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) INCLUDING MILES SQUARE HEALTH CENTER IN SOUTH SHORE, COMMUNITY HEALTH FREE CARE IN ENGLEWOOD, BELOVED COMMUNITY HEALTH CENTER IN ENGLEWOOD AND CHRISTIAN COMMUNITY HEALTH CENTER IN MORGAN PARK AND OAK FOREST ADVOCATE LUTHERAN GENERAL HOSPITAL LUTHERAN GENERAL HOSPITAL'S COMMUNITY HEALTH COUNCIL ULTIMATELY SETS THE DIRECTION FOR THE HOSPITAL'S COMMUNITY HEALTH INITIATIVES FOR THE PURPOSES OF THIS COMMUNITY ASSESSMENT, LUTHERAN GENERAL HOSPITAL'S COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY AS ITS PRIMARY SERVICE AREA (PSA) THIS PSA IS COMPRISED OF THE FOLLOWING COMMUNITIES PARK RIDGE (60068), DES PLAINES (60016 AND 60017), NILES (60714), MORTON GROVE (60053), GLENVIEW (60025 AND 60026), SKOKIE (60076 AND 60077), MOUNT PROSPECT (60056), ARLINGTON HEIGHTS (60004 AND 60005), DEERFIELD (60015), LAKE ZURICH (60047), NORTHBROOK (60062), PALATINE (60067 AND 60074), PROSPECT HEIGHTS (60070), BUFFALO GROVE (60089), WHEELING (60090), AND CHICAGO COMMUNITIES OF JEFFERSON PARK (60630), NORWOOD PARK (60631), DUNNING (60634), IRVING PARK (60641), FOREST GLEN (60646), HARWOOD HEIGHTS (60656 AND 60706), AND ELMWOOD PARK (60707) WHILE MOST OF THE DATA REVIEWED BY LUTHERAN GENERAL HOSPITAL'S COMMUNITY HEALTH COUNCIL WAS FOR ITS PRIMARY SERVICE AREA, THE COUNCIL REVIEWED SOME ADDITIONAL, MORE SPECIFIC DATA FOR PARTS OF ITS PSA, INCLUDING (1) DATA FOR THE TOWNSHIP SURROUNDING THE HOSPITAL, MAINE TOWNSHIP, (2) THE HOSPITAL'S HOME CITY OF PARK RIDGE, AND (3) DATA FOR SPECIFIC ETHNIC POPULATIONS THAT THE COUNCIL RECOGNIZED AS GROWING POPULATIONS WITHIN THE HOSPITAL'S TOTAL SERVICE AREA POPULATION LOCATED IN PARK RIDGE, ILLINOIS (2010 POP 37,480) ADVOCATE LUTHERAN GENERAL HOSPITAL SERVES A MAJOR PORTION OF NORTHWEST COOK COUNTY WITH THE PRIMARY SERVICE AREA (PSA) ENCOMPASSING 28 ZIP CODES AND 1,052,855 PERSONS ACROSS 217 SQUARE MILES LARGER COMMUNITIES INCLUDE ARLINGTON HEIGHTS (75,101), DES PLAINES (58,364), MOUNT PROSPECT (54,167), PALATINE (68,557) AND SKOKIE (64,784) AS WELL AS A PORTION OF THE CITY OF CHICAGO AND A VERY SMALL PORTION OF LAKE COUNTY MOST HOUSEHOLDS</p>

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	<p>IN THE PSA (68.6%) ARE FAMILY HOUSEHOLDS. MARRIED COUPLED FAMILIES ARE 53.9% OF HOUSEHOLDS WHILE 10.4% HAVE FEMALE HOUSEHOLDERS. THREE IN TEN HOUSEHOLDS (32.3%) INCLUDE CHILDREN. ABOUT ONE-FOURTH OF HOMES (26.5%) INCLUDE A PERSON WHO IS 65 OR OLDER, WHILE ONE OF NINE SENIOR CITIZENS (11.7%) LIVES ALONE. HOMEOWNERS CONSTITUTE 71.2% OF HOUSEHOLDS, WHILE 26.5% RENT. THE AVERAGE HOUSEHOLD SIZE IS 2.63 WHICH IS CONSISTENT WITH THE NATION'S AVERAGE HOUSEHOLD SIZE OF 2.58, AND THE STATE OF ILLINOIS AVERAGE AT 2.59. AGE AND GENDER ON THE WHOLE, THE POPULATION OF LUTHERAN GENERAL HOSPITAL'S PSA IS RELATIVELY OLDER. THE MEDIAN AGE IS 41.0 (U.S. 37.2) WITH A SENIOR 65+ POPULATION OF 165,714 (15.7%) AND A 62+ POPULATION OF 200,756 (19.1%) OR NEARLY ONE IN FIVE PERSONS. OF THE PSA POPULATION OF MORE THAN ONE MILLION, 511,641 (48.6%) ARE MALE AND 541,214 (51.4%) ARE FEMALE FOR A GENDER RATIO OF 94.5 MALES PER 100 FEMALES. THE "BABY BOOMER" GENERATION HAS EXPERIENCED THE LARGEST GROWTH FROM 2000-2010. MAINE TOWNSHIP HAS AN EVEN OLDER POPULATION THAN THE OVERALL PRIMARY SERVICE AREA, WITH PARK RIDGE HAVING AN EVEN OLDER POPULATION THAN MAINE TOWNSHIP. MAINE TOWNSHIP HAS A MEDIAN AGE OF 42.4 YEARS, WITH 17.5% OF ITS POPULATION 65+ AND A GENDER RATIO OF 92.1 MEN PER 100 WOMEN. PARK RIDGE HAS A MEDIAN AGE OF 44.8 WITH 18.4% OF ITS POPULATION AGE 65 OR OLDER. RACE AND ETHNICITY WHILE LUTHERAN GENERAL'S PRIMARY SERVICE AREA IS PREDOMINANTLY WHITE, NON-HISPANIC (66.0%), THE POPULATION ALSO INCLUDES 18.1% HISPANIC, 11.2% ASIAN AND 3.1% AFRICAN AMERICAN. THE HISPANIC POPULATION IS MOSTLY OF MEXICAN ORIGIN, WHILE THE LARGEST ASIAN GROUP IS SOUTH ASIAN. OVERALL, 37.5% OF THE RESIDENTS IN THE AREA ARE FOREIGN BORN. HALF OF THE FOREIGN BORN POPULATION HAS BECOME CITIZENS. NEARLY 15.6% REPORT SPEAKING SPANISH AT HOME WITH NEARLY HALF OF THOSE WHO DO SPEAK ENGLISH REPORTING THEY DO NOT SPEAK ENGLISH VERY WELL. HOWEVER, THERE IS A HIGHER MINORITY RATIO AMONG YOUTH THAN AMONG OLDER POPULATIONS. FOR EXAMPLE, IN MAINE TOWNSHIP, ONLY 58.1% OF CHILDREN 8 OR UNDER ARE WHITE, NON-HISPANIC COMPARED TO 87.1% OF SENIOR CITIZENS (68.4% FOR THE TOTAL POPULATION) BECAUSE MINORITY GROUPS ARE YOUNG, WITH HIGHER BIRTH RATES, THEY WILL LIKELY BECOME A PROPORTIONATELY LARGER POPULATION IN THE FUTURE. ACCORDING TO THE U.S. CENSUS BUREAU (2000 AND 2010), THE NUMBER OF SOUTH ASIANS IN THE UNITED STATES INCREASED 70%, FROM 1,678,765 TO 2,843,391 FROM 2000 TO 2010. SOUTH ASIANS ARE DEFINED BY THOSE WHO DERIVE THEIR ETHNIC ORIGINS FROM THE INDIAN SUBCONTINENT. NUMBERS FOR THE SAME ETHNIC POPULATION GROUP IN ILLINOIS INCREASED 50%, FROM 124,723 TO 188,328, IN THE SAME 2000 TO 2010 TIME PERIOD. THE GREATER CHICAGO AREA CURRENTLY SERVES AS ONE OF THE MAJOR CULTURAL CENTERS OF THE UNITED STATES' SOUTH ASIAN COMMUNITY. MORE THAN 50% OF THIS COMMUNITY IS BETWEEN THE AGES OF 25 AND 55 YEARS OLD. LUTHERAN GENERAL HOSPITAL'S TOTAL PRIMARY SERVICE AREA HAS MORE THAN 53,363 SOUTH ASIANS WITHIN A 40 MINUTE DRIVE OF LUTHERAN GENERAL HOSPITAL, THERE ARE 26 SOUTH ASIAN PLACES OF WORSHIP, INCLUDING TEMPLES, MOSQUES AND CHURCHES. ACCORDING TO THE THOMSON REUTERS MARKET EXPERT (2011), THE U.S. CENSUS BUREAU (2000 AND 2010) AND THE AMERICAN COMMUNITY SURVEY (2007-2011), THE KOREAN-AMERICAN COMMUNITY INCREASED IN COOK COUNTY BY APPROXIMATELY 23% TO OVER 30,000 KOREAN AMERICANS FROM 2000 TO 2010. IN LUTHERAN GENERAL'S PRIMARY SERVICE AREA, THERE ARE OVER 13,000 KOREAN AMERICANS WITH THAT NUMBER EXPECTED TO INCREASE ACCORDING TO CENSUS DATA. ACCORDING TO THE THOMSON REUTERS MARKET EXPERT (2011), THE U.S. CENSUS BUREAU (2000 AND 2010) AND THE AMERICAN COMMUNITY SURVEY (2007-2011), THERE WERE 152,730 POLISH AMERICANS IN LUTHERAN GENERAL'S PRIMARY SERVICE WITH THAT NUMBER PROJECTED TO RISE. THE MAJORITY OF POLISH PATIENTS COME FROM THE FOLLOWING ZIP CODES IN DESCENDING ORDER: 60016 (DES PLAINES), 60714 (NILES), 60634 (CHICAGO), 60656 (CHICAGO), 60056 (MT PROSPECT), AND 60068 (PARK RIDGE). EDUCATION AND I</p>

Form and Line Reference	Explanation
HEALTH RESOURCES IN THE DEFINED COMMUNITY	<p>THERE ARE EIGHT HOSPITALS WITHIN THE LUTHERAN GENERAL PRIMARY SERVICE AREA IN ADDITION TO LUTHERAN GENERAL HOSPITAL, THERE IS ALSO OUR LADY OF THE RESURRECTION MEDICAL CENTER, RESURRECTION MEDICAL CENTER, ALEXIAN BROTHERS MEDICAL CENTER, NORTHWEST COMMUNITY HOSPITAL, NORTHSHORE GLENBROOK HOSPITAL, HOLY FAMILY MEDICAL CENTER AND NORTHSHORE SKOKIE HOSPITAL THERE ARE 582 PRIMARY CARE PHYSICIANS WITHIN THE MARKET AND 1,612 SPECIALISTS THE SPECIALISTS INCLUDE 230 OBSTETRICS & GYNECOLOGY PHYSICIANS, 106 CARDIOLOGISTS, 69 OTOLARYNGOLOGISTS, 64 GASTROENTEROLOGISTS, AND 147 ORTHOPEDIC PHYSICIANS THE PEDIATRIC PRIMARY SERVICE AREA IS SLIGHTLY LARGER AND INCLUDES 698 PEDIATRICIANS AND 281 PEDIATRIC SPECIALISTS THERE IS ALSO THE ACCESS COMMUNITY HEALTH NETWORK GENESIS CLINIC FOR HEALTH AND EMPOWERMENT IN DEER PLAINES, ILLINOIS, WHICH IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) THAT PROVIDES HEALTH CARE PRIMARILY FOR LOW INCOME AND UNINSURED PATIENTS, MAINLY FOR THE HISPANIC COMMUNITY ADVOCATE GOOD SAMARITAN HOSPITAL FOR PLANNING PURPOSES, THE COMMUNITY HEALTH COUNCIL DEFINES THE COMMUNITY AS THE PRIMARY SERVICE AREA FOR THE HOSPITAL GOOD SAMARITAN HOSPITAL'S PRIMARY SERVICE AREA (PSA) CONSISTS OF 16 COMMUNITIES IN WESTERN SUBURBAN DUPAGE COUNTY OF METROPOLITAN CHICAGO THE HOSPITAL SERVES AN ADDITIONAL 12 COMMUNITIES IN ITS SECONDARY SERVICE AREA (SSA) THE TOTAL SERVICE AREA (TSA) REFERS TO GOOD SAMARITAN HOSPITAL'S COMBINED PRIMARY AND SECONDARY SERVICE AREA A REVIEW OF THE DEMOGRAPHIC DATA (2010) FOR THE HOSPITAL'S PSA SHOWED THE POPULATION TO BE PRIMARILY WHITE, NON-HISPANIC THE HISPANIC POPULATION COMPRISED 9% OF THE PSA COMPARED TO 15.8% NATIONALLY THE ASIAN AND PACIFIC ISLANDER POPULATION PERCENTAGE IS TWICE THAT OF THE NATIONAL AVERAGE OR 9.3% VERSUS 4.5% COMBINED, THESE TWO GROUPS MAKE UP ALMOST 20% OF GOOD SAMARITAN'S PSA BLACK NON-HISPANICS ACCOUNT FOR 6.3% OF THE POPULATION IN THE PSA COMPARED TO 12.1% NATIONALLY NEARLY TWICE AS MANY ADULTS IN THE GOOD SAMARITAN HOSPITAL PSA HAVE A BACHELOR'S DEGREE OR HIGHER WHEN COMPARED TO THE NATIONAL AVERAGE THERE ARE ALSO 1.5 TIMES THE NUMBER OF HOUSEHOLDS WITH INCOME OF \$75K OR ABOVE IN THE GOOD SAMARITAN HOSPITAL PSA COMPARED TO THE NATIONAL AVERAGE WHILE OVERALL POPULATION GROWTH IN THE PSA IS PRIMARILY FLAT AT 1.6%, IT IS EXPECTED THAT THE POPULATION OF ADULTS GREATER THAN 65 YEARS OF AGE WILL INCREASE BY 20% FROM 2010-2015 THE TOTAL POPULATION IN 2010 WAS 682,821 WITHIN GOOD SAMARITAN HOSPITAL'S PSA, THE 65 AND OLDER AGE GROUP IS PROJECTED TO GROW FROM 83,607 IN 2010 TO 100,460 IN 2015 FEMALES OF CHILD BEARING AGE (15-44) ARE PROJECTED TO DECLINE BY 2.8% FROM 129,640 IN 2010 TO 126,001 IN 2015 THE AVERAGE HOUSEHOLD INCOME IN THE PSA IS \$104,232 COMPARED TO THE NATIONAL HOUSEHOLD INCOME OF \$71,071 A WIDER VIEW OF DUPAGE COUNTY SHOWS THAT ALTHOUGH THE TOTAL POPULATION OF DUPAGE COUNTY HAS SEEN ONLY MODEST GROWTH SINCE 1990 COMPARED TO PREVIOUS DECADES (1.8% GROWTH), THE NUMBER OF PEOPLE IN POVERTY HAS GROWN BY 131%, AND THE NUMBER OF WORKING POOR (THOSE WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL) HAS GROWN BY 102% BY COMPARISON, CHICAGO'S POVERTY POPULATION DECREASED BY 2.7% DURING THIS SAME TIME PERIOD, AND ITS WORKING POOR NUMBERS INCREASED BY ONLY 1.9% THIS SHIFT IN THE POVERTY POPULATION TOWARD THE SUBURBS IS CONSISTENT WITH OTHER SUBURBS IN THE REGION AND ACROSS THE COUNTRY AND IMPACTS GOOD SAMARITAN HOSPITAL'S PSA HOSPITALS AND HEALTH RESOURCES THERE ARE FIVE HOSPITALS LOCATED WITHIN GOOD SAMARITAN HOSPITAL'S PSA ADVOCATE GOOD SAMARITAN HOSPITAL IN DOWNERS GROVE, EDWARD HOSPITAL IN NAPERVILLE, ADVENTIST HINSDALE HOSPITAL IN HINSDALE, ADVENTIST BOLINGBROOK HOSPITAL IN BOLINGBROOK, AND ELMHURST MEMORIAL HOSPITAL IN ELMHURST THERE ARE 1,237 PRIMARY CARE PHYSICIANS LOCATED WITHIN DUPAGE COUNTY, AS WELL AS 585 MENTAL HEALTH PROVIDERS AND 998 DENTISTS THE NUMBER OF PROVIDERS PER TOTAL POPULATION IS ABOVE THE NATIONAL AND ILLINOIS STATE AVERAGE FOR ALL OF THE ABOVE PROVIDER TYPES THERE ARE ALSO MANY SPECIALISTS INCLUDING 253 PEDIATRICIANS, 191 OBSTETRICIANS AND 115 GENERAL SURGEONS PRACTICING IN DUPAGE COUNTY, IN ADDITION TO 121 PHARMACIES OR DRUG STORES THE DUPAGE COUNTY PUBLIC HEALTH DEPARTMENT, AS WELL AS THE ACCESS COMMUNITY HEALTH NETWORK FEDERALLY QUALIFIED HEALTH CENTER (FQHC) CLINICS, PROVIDE HEALTH CARE PRIMARILY FOR LOW INCOME AND UNINSURED PATIENTS IN ADDITION, ACCESS DUPAGE, A COLLABORATIVE EFFORT BY HUNDREDS OF INDIVIDUALS AND ORGANIZATIONS IN DUPAGE COUNTY, ALSO PROVIDES A MOSAIC APPROACH TO PROVIDING ACCESS TO MEDICAL SERVICES FOR THE COUNTY'S LOW-INCOME AND MEDICALLY UNINSURED RESIDENTS IT REPRESENTS A UNIQUE PARTNERSHIP OF COUNTY HOSPITALS (INCLUDING GOOD SAMARITAN), PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICES AGENCIES, AND COMMUNITY GROUPS WORKING TOGETHER TO ADDRESS THIS FOR MIDABLE ISSUE ADVOCATE GOOD SHEPHERD HOSPITAL PRIMARY SERVICE AREA ADVOCATE GOOD SHEPHERD HOSPITAL'S PRIMARY SERVICE AREA (PSA) INCLUDES TH</p>

Form and Line Reference	Explanation
HEALTH RESOURCES IN THE DEFINED COMMUNITY	<p>E FOLLOWING COMMUNITIES BARRINGTON (60010), LAKE ZURICH (60047), CARY (60013), FOX RIVER GROVE (60021), CRYSTAL LAKE (60014), ISLAND LAKE (60042), WAUCONDA (60084), MCHENRY (60050 , 50051), PALATINE (60067), ALGONQUIN (60102), AND LAKE IN THE HILLS (60156) THE POPULATI ON GROWTH RATE IN THE HOSPITAL'S PSA HAS BEEN SLOWING IN THE PAST FEW YEARS AS EVIDENT WHE N COMPARING THE POPULATION TOTAL OF 361,762 IN 2010 TO THE POPULATION TOTAL OF 362,733 IN 2009 THE PSA HAS A HIGH OVERALL SOCIO-ECONOMIC LEVEL WITH A MEDIAN HOUSEHOLD INCOME OF \$9 1,118, WHICH IS 39% GREATER THAN THE SIX COUNTY METROPOLITAN CHICAGO AREA THE PERCENTAGE OF HOUSEHOLDS IN THE PSA WITH INCOMES <\$25,000 IS 10 3% WITH THE RANGE FOR INDIVIDUAL COMMUNITIES FROM 6 6-16 8% THE PSA POPULATION IS 4 2% UNINSURED AND 4 7% MEDICAID AS COMPARED TO 12 8% AND 14 7%, RESPECTIVELY, FOR THE SIX COUNTY AREA THE COMMUNITY WITH THE HIGHEST PERCENT UNINSURED AND ON MEDICAID IS WAUCONDA WITH 7 7% AND 9 46%, RESPECTIVELY GOOD SHEPHERD'S PSA IS ALSO VERY HOMOGENOUS WITH 86% OF THE POPULATION BEING CAUCASIAN EIGHT PERCENT OF THE POPULATION IS HISPANIC AND 4% IS ASIAN HOWEVER, HISPANICS COMPRISE 10% OF CRYSTAL LAKE'S POPULATION, 11% OF THE 60050 MCHENRY ZIP CODE, 13% OF ISLAND LAKE'S POPULATION AND 18% OF WAUCONDA'S POPULATION WHILE INCREASES IN MINORITY POPULATIONS WILL ACCOUNT FOR ABOUT 33% OF THE TOTAL POPULATION GROWTH, THE OVERALL RACIAL MIX OF THE MARKET WILL REMAIN LARGELY UNCHANGED SECONDARY SERVICE AREA GOOD SHEPHERD'S SECONDARY SERVICE AREA (SSA), CONSISTS OF THE FOLLOWING COMMUNITIES CRYSTAL LAKE (60012), MUNDELEIN (60060), ROUND LAKE (60073), WOODSTOCK (60098), AND CARPENTERSVILLE (60110) THE SSA HAS A SIGNIFICANTLY LOWE R OVERALL SOCIO-ECONOMIC LEVEL THAN THE PSA, WITH A MEDIAN HOUSEHOLD INCOME OF \$70,933, WH ICH IS 8 4% BELOW THE SIX COUNTY METROPOLITAN CHICAGO AREA THE PERCENTAGE OF HOUSEHOLDS I N THE SSA WITH INCOMES <\$25,000 IS 13 3% WITH THE RANGE FOR INDIVIDUAL COMMUNITIES FROM 8 0-17 9% THE SSA POPULATION IS 6 7% UNINSURED AND 8 6% MEDICAID WITHIN THE HOSPITAL'S SSA , WOODSTOCK HAS THE HIGHEST PROPORTION OF UNINSURED AT 8 6% AND CARPENTERSVILLE HAS THE HI GHTEST MEDICAID AT 12 9% ADVOCATE SOUTH SUBURBAN HOSPITAL DEFINITION OF COMMUNITY FOR THE PURPOSES OF THIS ASSESSMENT, THE COMMUNITY HEALTH COUNCIL HAS DEFINED "THE COMMUNITY" AS S OUTH SUBURBAN HOSPITAL'S PRIMARY SERVICE AREA (PSA), WHICH INCLUDES TWENTY-TWO ZIP CODES I N SOUTH COOK COUNTY WITH PARTS OF PARK FOREST AND FRANKFORT IN WILL COUNTY SOUTH SUBURBAN HOSPITAL'S PSA IS PRIMARILY COMPRISED OF COOK COUNTY RESIDENTS THE ACTUAL ZIP CODES AND CORRESPONDING CITIES, TOWNS OR VILLAGES ARE 60409 - CALUMET CITY, 60411 - CHICAGO HEIGHTS AND FORD HEIGHTS, 60419 - DOLTON, 60422 - FLOSSMOOR, 60423 - FRANKFORT, 60425 - GLENWOOD, 60426 - HARVEY, 60428 - MARKHAM, 60429 - HAZEL CREST, 60430 - HOMEWOOD, 60438 - LANSING, 60443 - MATTESON, 60445 - MIDLOTHIAN, 60452 - OAK FOREST, 60461 - OLYMPIA FIELDS, 60466 - PARK FOREST, 60471 - RICHTON PARK, 60473 - SOUTH HOLLAND, 60476 - THORNTON, 60477 - TINLEY PARK, 60478 - COUNTRY CLUB HILLS AND 60487 - TINLEY PARK RACE AND ETHNICITY ACCORDING TO THE 2010 U S CENSUS, SOUTH SUBURBAN HOSPITAL'S PRIMARY SERVICE AREA IS 47 PERCENT AFRICA N AMERICAN (N=235,365), 38 PERCENT CAUCASIAN (N=190,282) AND 12 PERCENT HISPANIC (N=57,986) OTHER ETHNICITIES INCLUDING AMERICAN INDIAN, ASIAN AND NATIVE HAWAIIAN COMPRISE 3 3 PER CENT OF THE TOTAL POPULATION THE PRIMARY SERVICE AREA HAS A SIGNIFICANTLY HIGHER AFRICAN AMERICAN POPULATION THAN THE AVERAGE FOR COOK COUNTY (47 PERCENT COMPARED TO NEARLY 25 PER CENT, RESPECTIVELY) AGE & GENDER RESIDENTS' AGES WITHIN SOUTH SUBURBAN HOSPITAL'S PSA SPA N THE LIFE CYCLE, WITH 26 PERCENT OF THE POPULATION LESS THAN 18 YEARS OLD, 34 PERCENT 18- 44 YEARS OLD, 27 PERCENT 45-64 YEARS OLD AND 13 PERCENT 65 YEARS AND OLDER MIRRORING THE NATIONAL TREND, OLDER ADULTS ARE AMONG THE FASTEST GROWING AGE GROUPS THE AREAS WITH THE LARGEST PERCENTAGE OF OLDER ADULTS IN TH</p>

Form and Line Reference	Explanation
POVERTY	<p>ACCORDING TO COMMUNITY PROFILES, SOUTH DISTRICT, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH 2 006-2008, 8 5 PERCENT OF INDIVIDUALS IN SUBURBAN COOK COUNTY HAVE INCOMES THAT ARE BELOW 1 00 PERCENT OF THE POVERTY LEVEL WITH 23 1 PERCENT LIVING BELOW 200 PERCENT OF THE POVERTY LEVEL THERE IS SIGNIFICANT DISPARITY RELATED TO POVERTY LEVELS AMONG THE COMMUNITIES WITH IN SOUTH SUBURBAN HOSPITAL'S PSA, RANGING FROM 1 3 PERCENT OF THE TOTAL POPULATION LIVING BELOW 100 PERCENT OF POVERTY LEVEL IN FLOSSMOOR TO 31 9 PERCENT IN HARVEY AND 47 7 PERCENT BELOW 100 PERCENT OF THE POVERTY LEVEL IN FORD HEIGHTS NEARLY 62 PERCENT OF FORD HEIGHTS ' RESIDENTS LIVE BELOW 200 PERCENT OF THE POVERTY LEVEL AS COMPARED TO 56 4 PERCENT IN HARVEY AND ONLY 7 7 PERCENT IN FLOSSMOOR ON AVERAGE, 12 4 PERCENT OF INDIVIDUALS IN SOUTH SU BURBAN HOSPITAL'S PRIMARY SERVICE AREA ARE LIVING BELOW 100 PERCENT OF THE FEDERAL POVERTY LEVEL, WHILE 28 1 PERCENT OF INDIVIDUALS ARE LIVING 200 PERCENT BELOW THE FEDERAL POVERTY LEVEL SOURCE HTTP //WWW COOKCOUNTYPUBLICHEALTH ORG/FILES/PDF/DATA-AND-REPORTS/COMMUNITY -PROFILES-06-08/SOUTH-DISTRICT-0608R PDF PUBLIC HEALTH LITERATURE HAS IDENTIFIED A LINK B ETWEEN POVERTY AND DISEASE, AS COMMUNITIES CONSIDERED UNDERPRIVILEGED EXHIBIT HIGHER MORTA LITY AND MORBIDITY RATES THAN WEALTHIER COUNTERPARTS FOR EXAMPLE, THE BURDEN OF ASTHMA IS NOT BORNE EQUALLY THROUGHOUT THE U S NEARLY 5,000 PEOPLE DIE FROM ASTHMA EACH YEAR NATIO NALLY AND THE RISK OF DEATH AMONG AFRICAN AMERICANS IS THREE TIMES GREATER THAN AMONG CAUC ASIANS IN AMERICA, WHICH HAS BEEN ATTRIBUTED TO HIGHER RATES OF POVERTY ADDITIONALLY, AS A SOCIAL DETERMINANT OF HEALTH, POVERTY HAS BEEN LINKED WITH LOWER ACCESS TO CARE, BEING U NINSURED AND A DECREASE IN LIKELIHOOD TO RECEIVE MEDICAL TREATMENT UNTIL DISEASE IS EXACER BATED AREAS WITH INCREASED POVERTY OFTEN LACK POLICIES, SYSTEMS AND ENVIRONMENTS THAT PRO MOTE HEALTHY LIVING AND MAKE CHOOSING HEALTHY LIFESTYLES DIFFICULT WHILE RESIDENTS OF SOM E COMMUNITIES WITHIN SOUTH SUBURBAN HOSPITAL'S PSA ARE AMONG THE POOREST IN THE NATION, OT HERS ARE AMONG SOME OF THE MOST AFFLUENT WITHIN COOK COUNTY, THE STATE OF ILLINOIS AND, IN SOME INSTANCES, THE U S FOR EXAMPLE, HARVEY HAS AN AVERAGE HOUSEHOLD INCOME OF \$43,356, COMPARED TO FLOSSMOOR'S AVERAGE HOUSEHOLD INCOME OF \$114,131 ADDITIONALLY, ALMOST 40 PERC ENT OF HARVEY'S RESIDENTS MAKE LESS THAN \$25,000 A YEAR, COMPARED TO THE 40 PERCENT OF FLO SSMOOR'S RESIDENTS THAT MAKE \$100,000 OR MORE WHEN COMPARING EDUCATIONAL ATTAINMENT, 10 P ERCENT OF HARVEY'S RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER, AND FLOSSMOOR'S PERCENTAG E IS SLIGHTLY MORE THAN 50 PERCENT APPROXIMATELY 41 PERCENT OF THE PRIMARY SERVICE AREA P OPULATION HAS A HIGH SCHOOL DEGREE OR BELOW (INCLUDING NEARLY 12 PERCENT THAT DO NOT HAVE A HIGH SCHOOL DEGREE) THE AVERAGE HOUSEHOLD INCOME IS \$68,343, WHICH IS SLIGHTLY BELOW TH AT OF THE U S , AND 34 PERCENT OF THE POPULATION IS UNINSURED/UNDERINSURED ADDITIONALLY, THE SOUTH DISTRICT OF COOK COUNTY, AS DEFINED BY THE COOK COUNTY DEPARTMENT OF PUBLIC HEAL TH, AND INCLUDING SOUTH SUBURBAN HOSPITAL'S PSA, EXPERIENCES SOME OF THE HIGHEST RATES OF POOR HEALTH OUTCOMES WITHIN COOK COUNTY, INCLUDING CHRONIC DISEASES SUCH AS ASTHMA, CARDIO VASCULAR DISEASE AND CANCER FOR EXAMPLE, ACCORDING TO THE COOK COUNTY DEPARTMENT OF PUBLI C HEALTH DURING THE COMBINED YEARS OF 2005-2007, CORONARY HEART DISEASE MORTALITY WAS HIGH EST AMONG THE AFRICAN AMERICAN POPULATION IN THE SOUTH DISTRICT AT OVER 250 0 PER 100,000 RESIDENTS, AS OPPOSED TO THE ILLINOIS RATE OF THE SAME GROUP AT SLIGHTLY LESS THAN 150 0 P ER 100,000 RESIDENTS WITHIN ADVOCATE SOUTH SUBURBAN HOSPITAL'S PSA, THERE ARE FOUR HOSPIT ALS, THREE FQHC FACILITIES AND ONE COUNTY CLINIC ONE HOSPITAL RESIDES IN THE SSA FOLLOWING ARE THE HEALTH FACILITIES/ORGANIZATIONS AND THE COMMUNITY WHERE EACH RESIDES INGALLS M EMORIAL HOSPITAL, HARVEY, IL, ST JAMES HOSPITAL OLYMPIA FIELDS, OLYMPIA FIELDS, IL, SILVE R CROSS HOSPITAL, NEW LENOX, IL, ST JAMES HOSPITAL CHICAGO HEIGHTS, CHICAGO HEIGHTS, IL, METRO SOUTH MEDICAL CENTER, BLUE ISLAND, IL, AUNT MARTHA'S COMMUNITY HEALTH CENTER, FQHC, SITES IN HARVEY, HAZEL CREST AND CHICAGO HEIGHTS, IL, ACCESS COMMUNITY HEALTH NETWORK, FQH C, CHICAGO HEIGHTS, IL, FAMILY CHRISTIAN HEALTH CENTER, FQHC, HARVEY, IL, AND OAK FOREST H EALTH CENTER, COOK COUNTY OUTPATIENT HEALTHCARE FACILITY, OAK FOREST, IL ADVOCATE BROMENN MEDICAL CENTER COMMUNITY DEFINITION BROMENN MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL DEF INED THE COMMUNITY AS MCLEAN COUNTY, THE PRIMARY SERVICE AREA (PSA) FOR BROMENN MEDICAL CE NTER THIS AREA INCLUDES THE FOLLOWING CITIES AND TOWNS ANCHOR, ARROWSMITH, BELLFLOWER, B LOOMINGTON, CARLOCK, CHENOA, COLFAX, COOKSVILLE, DANVERS, DOWNS, ELLSWORTH, GRIDLEY, HEYWO RTH, HUDSON, LE ROY, LEXINGTON, MCLEAN, MERNA, NORMAL, SAYBROOK, STANFORD AND TOWANDA THE COMMUNITY CONSISTS OF A TOTAL POPULATION OF 169,572 ACCORDING TO THE 2010 US CENSUS BUREA U BLOOMINGTON HAS THE LARGEST POPULATION IN THE C</p>

Form and Line Reference	Explanation
POVERTY	<p>COUNTY WITH 76,610 AND NORMAL HAS THE SECOND LARGEST POPULATION WITH 52,497 ACCORDING TO THE 2012 US CENSUS BUREAU, THE POPULATION IN MCLEAN COUNTY INCREASED BY 14.5 PERCENT FROM 2000 TO 2012, WITH A TOTAL POPULATION INCREASE FROM 150,433 TO 172,281, RESPECTIVELY. DEMOGRAPHICS AGE AND GENDER ACCORDING TO THE 2012 US CENSUS BUREAU, THE MEDIAN AGE IN MCLEAN COUNTY IS 32.4 YEARS OF AGE. TWENTY-FIVE AND A HALF PERCENT OF PERSONS IN MCLEAN COUNTY ARE 25 TO 44 YEARS OF AGE AND 23.6 PERCENT ARE 45 TO 64 YEARS OF AGE. TEN AND SEVEN TENTHS PERCENT OF PERSONS ARE OVER THE AGE OF 65. FORTY-EIGHT AND SIX TENTHS PERCENT OF THE POPULATION IN MCLEAN COUNTY IS MALE AND 51.4 PERCENT IS FEMALE. RACE AND ETHNICITY THE POPULATION OF MCLEAN COUNTY IS 85.2 PERCENT WHITE, 7.6 PERCENT BLACK OR AFRICAN AMERICAN, 4.8 PERCENT ASIAN, 4.6 PERCENT HISPANIC OR LATINO AND 0.3 PERCENT AMERICAN INDIAN AND ALASKA NATIVE. ECONOMICS THE PERCENT OF PERSONS LIVING BELOW THE POVERTY LEVEL IN MCLEAN COUNTY, ACCORDING TO THE AMERICAN COMMUNITY SURVEY 2007-2011 AND THE 2012 US CENSUS BUREAU, IS 13.4 PERCENT COMPARED TO A RATE OF 13.1 PERCENT FOR ILLINOIS. THE MEDIAN HOUSEHOLD INCOME FOR MCLEAN COUNTY IS \$59,410. THIS IS SLIGHTLY HIGHER THAN THE MEDIAN HOUSEHOLD INCOME FOR ILLINOIS OF \$56,576. THE PERCENT OF THE POPULATION RECEIVING MEDICAID IN MCLEAN COUNTY HAS RISEN STEADILY FROM 5.8 PERCENT IN 2004 TO 13.8 PERCENT IN 2010. IT IS ESTIMATED THAT MCLEAN COUNTY CURRENTLY HAS 10,000 TO 15,000 UNINSURED RESIDENTS. BASED ON THE 2012 CENSUS BUREAU POPULATION ESTIMATE OF 172,281, THIS EQUATES TO BETWEEN 5.8 AND 8.7 PERCENT OF MCLEAN COUNTY RESIDENTS BEING UNINSURED.</p>

Form and Line Reference	Explanation
EDUCATION	<p>MCLEAN COUNTY IS ABOVE THE STATE AVERAGE IN TERMS OF EDUCATION NINETY-THREE AND FOUR TENT HS PERCENT OF THE POPULATION OVER THE AGE OF 25 POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER AND 41 4 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER THE STATE AVERAGE FOR A BACHELOR'S DEGREE OR HIGHER IS 30 7 PERCENT ILLINOIS STATE UNIVERSITY, ILLINOIS WESLYAN UNIVERSITY, HEARTLAND COMMUNITY COLLEGE AND LINCOLN COLLEGE ARE ALL LOCATED IN MCLEAN COUNTY HEALTH CARE RESOURCES IN THE DEFINED COMMUNITY THERE ARE NUMEROUS HEALTH CARE RESOURCES IN MCLEAN COUNTY THERE ARE TWO HOSPITALS, INCLUDING ADVOCATE BROMENN MEDICAL CENTER LOCATED IN NORMAL AND OSF SAINT JOSEPH MEDICAL CENTER LOCATED IN BLOOMINGTON THERE IS ALSO A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), THE CHESTNUT FAMILY HEALTH CENTER, LOCATED IN BLOOMINGTON IN ADDITION, THERE ARE FIVE COMMUNITY CLINICS THE COMMUNITY HEALTH CARE CLINIC AND THE COMMUNITY CANCER CENTER ARE BOTH LOCATED IN NORMAL THE JOHN M SCOTT HEALTH RESOURCES CENTER, IMMANUEL HEALTH CENTER AND MCLEAN COUNTY FOR HUMAN SERVICES ARE ALL LOCATED IN BLOOMINGTON TWO ADDITIONAL HEALTH CARE RESOURCES IN MCLEAN ARE THE MCLEAN COUNTY HEALTH DEPARTMENT, WHICH IS A CITY CLINIC, AND A NEWLY OPENED CRISIS STABILIZATION UNIT WHICH IS A PART OF CHESTNUT HEALTH SYSTEMS ADVOCATE TRINITY HOSPITAL DESCRIPTION OF COMMUNITY THE COMMUNITY HEALTH COUNCIL (CHC) SETS THE DIRECTION FOR THE COMMUNITY HEALTH INITIATIVES WITHIN TRINITY HOSPITAL'S TOTAL SERVICE AREA FOR PLANNING PURPOSES, THE COUNCIL DEFINES THE COMMUNITY AS THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS CONSISTENT WITH THE FOLLOWING ZIP CODES 60617, 60619, 60620, 60628, 60643, AND 60649 (PRIMARY), 60409, 60621, 60633, 60636, 60637, AND 60827 (SECONDARY) THE COMMUNITY CONSISTS OF A TOTAL POPULATION OF 586,271, SPANNING 12 ZIP CODES, INCLUDING 20 COMMUNITY AREAS AS DEFINED BY THE CITY OF CHICAGO DEPARTMENT OF PLANNING TRINITY HOSPITAL'S COMMUNITY LIES WITHIN COOK COUNTY AND THE CHICAGO CITY LIMITS WITH THE EXCEPTION OF CALUMET CITY, ILLINOIS, ZIP CODE 60827, WHICH LIES JUST SOUTH OF THE CHICAGO CITY LIMIT DEMOGRAPHICS AGE ACCORDING TO THE 2012 U S CENSUS, THE MEDIAN AGE IN TRINITY HOSPITAL'S PRIMARY SERVICE AREA IS 35 WITH THE LARGEST POPULATION BETWEEN THE AGES OF 18-44 THIS AGE GROUP, HOWEVER, IS EXPECTED TO DECLINE AND THE 65+ POPULATION IS EXPECTED TO INCREASE THE COMMUNITIES WITH THE LARGEST POPULATION ARE CHATHAM, AVALON PARK, CALUMET HEIGHTS, ROSELAND, AND GREAT GRAND CROSSING TRINITY HOSPITAL'S SECONDARY SERVICE AREA MIRRORS THE PRIMARY SERVICE AREA WITH A MEDIAN AGE OF 32 4 A DECLINE IS PROJECTED IN ALL AGE GROUPS WITH THE EXCEPTION OF THE 65+ AGE GROUP, WHICH IS EXPECTED TO INCREASE THE COMMUNITIES WITHIN THE SECONDARY SERVICE AREA WITH THE LARGEST AGING POPULATIONS ARE WEST ENGLEWOOD, WASHINGTON HEIGHTS, MORGAN PARK, CALUMET CITY AND HEGEWISCH EXPECTED GROWTH OF THE SENIOR POPULATION IN THESE COMMUNITIES MAY PRESENT OPPORTUNITIES FOR TRINITY TO ENGAGE IN SENIOR HEALTH PROMOTION AND PROGRAMS RACE AND ETHNICITY THE POPULATION IN TRINITY HOSPITAL'S TOTAL SERVICE AREA IS 81 PERCENT AFRICAN AMERICAN, 10 PERCENT HISPANIC, 8 PERCENT WHITE AND 2 PERCENT ASIAN ALTHOUGH THE OVERALL POPULATION HAS DECLINED BETWEEN 2000 AND 2012, THE HISPANIC POPULATION HAS INCREASED WITHIN THE PRIMARY SERVICE AREA ACCORDING TO DATA REVIEWED BY COMMUNITY, THE HISPANIC POPULATION IS PRIMARILY LOCATED IN FOUR SPECIFIC COMMUNITIES INCLUDING EASTSIDE, SOUTH CHICAGO, SOUTH DEERING AND HEGEWISCH POVERTY THE AVERAGE POVERTY RATE IN TRINITY HOSPITAL'S PRIMARY SERVICE AREA IS 20 4 PERCENT WHICH IS HIGHER THAN THE ILLINOIS STATE (13 1 PERCENT) AND NATIONAL POVERTY LEVELS (14 3 PERCENT) THE AVERAGE POVERTY LEVEL RATE IN TRINITY HOSPITAL'S SECONDARY SERVICE AREA IS 28 6 PERCENT - MORE THAN TWICE THE STATE AND NATIONAL POVERTY LEVEL RATES IN TRINITY HOSPITAL'S TOTAL SERVICE AREA, POVERTY RATE TRENDS INCREASE AS THE AGE OF THE POPULATION DECREASES RESEARCH HAS DEMONSTRATED THAT POVERTY AND DISEASE ARE LINKED POORER COMMUNITIES EXHIBIT HIGHER MORTALITY AND MORBIDITY RATES, AND INCREASED HEALTH NEEDS THAN LESS POVERTY STRICKEN COMMUNITIES THIS PRESENTS TRINITY HOSPITAL WITH MULTIPLE OPPORTUNITIES TO ENGAGE IN HEALTH PROMOTION ACTIVITIES THAT ADDRESS COMMUNITY HEALTH DISPARITIES PERTINENT TO IMPROVING THE POPULATION'S HEALTH STATUS HEALTH RESOURCES TRINITY HOSPITAL'S TOTAL SERVICE AREA IS SERVED BY A VARIETY OF HEALTH RESOURCES THESE RESOURCES, HOWEVER, ARE LIMITED AND DO NOT MEET THE TOTAL POPULATION'S DEMAND FOR HEALTH SERVICES A LARGE NUMBER OF PEOPLE IN THE COMMUNITY SEEK HEALTH SERVICES OUTSIDE OF TRINITY HOSPITAL'S TOTAL SERVICE AREA THIS IS DUE TO THE LACK OF PRIMARY CARE ACCESS POINTS AND THE LACK OF TERTIARY CARE, WHICH PROVIDES HIGHLY SPECIALIZED MEDICAL/ADVANCED LEVEL CARE, INCLUDING TRAUMA CARE AND COMPLEX SURGICAL PROCEDURES OR TREATMENTS HEALTH RESOURCES IN THE AREA INCLUDE A VARIETY OF SAFETY NET PROVIDERS, SUCH AS 7 COMMUNITY HOSPITALS, 2 FREE COMMUN</p>

Form and Line Reference	Explanation
EDUCATION	<p>ITY CLINICS, 8 FEDERALLY QUALIFIED HEALTH CENTERS, 1 SCHOOL-BASED HEALTH CENTER, 1 COUNTY- BASED HEALTH CENTER, 2 CITY-BASED HEALTH CENTERS, AS WELL AS PRIVATE PRIMARY CARE FACILITI ES ADVOCATE EUREKA HOSPITAL THE COMMUNITY IS DEFINED AS ADVOCATE EUREKA HOSPITAL'S PRIMAR Y SERVICE AREA WHICH IS WOODFORD COUNTY WITH SOME CROSSOVER INTO TAZEWELL COUNTY WOODFORD COUNTY IS SITUATED IN RURAL CENTRAL ILLINOIS FOR THE PURPOSES OF THE CHNA, THE FOCUS IS ON HEALTH NEEDS IN WOODFORD COUNTY THE FOLLOWING TOWNS ARE IN WOODFORD COUNTY BAY VIEW G ARDENS, BENSON, CONGERVILLE, EL PASO, EUREKA, GERMANTOWN HILLS, GOODFIELD, KAPPA, LOWPOINT , METAMORA, MINONK, PANOLA, ROANOKE, SECOR, SPRING BAY AND WASHBURN WOODFORD COUNTY CONSI STS OF A TOTAL POPULATION OF 38,971, WHICH IS NEARLY A 10 PERCENT INCREASE FROM 2000 ACCOR DING TO THE 2012 US CENSUS BUREAU DEMOGRAPHICS AGE AND GENDER ACCORDING TO THE US CENSUS BUREAU IN 2012, THE MEDIAN AGE FOR WOODFORD COUNTY IS 40 YEARS AND THE POPULATION IS EVENLY SPLIT BETWEEN MALE AND FEMALE WITH 50 5 PERCENT OF THE INDIVIDUALS IN WOODFORD COUNTY BE ING FEMALE AND 49 5 PERCENT BEING MALE TWENTY-TWO PERCENT OF WOODFORD COUNTY RESIDENTS AR E 25 TO 44 YEARS OF AGE, 28 PERCENT OF RESIDENTS ARE 45 TO 64 YEARS OF AGE AND 16 PERCENT OF RESIDENTS ARE OVER THE AGE OF 65 RACE AND ETHNICITY WOODFORD COUNTY IS 97 6 PERCENT WH ITE, 1 6 PERCENT HISPANIC OR LATINO, 0 6 PERCENT BLACK OR AFRICAN AMERICAN AND 0 2 PERCENT AMERICAN INDIAN AND ALASKA NATIVE, ACCORDING TO THE US CENSUS BUREAU 2012 ECONOMICS ACCO RDING TO THE AMERICAN COMMUNITY SURVEY 2007-2010, THE PERCENT OF RESIDENTS LIVING BELOW TH E POVERTY LEVEL IN WOODFORD COUNTY IS 7 2 PERCENT COMPARED TO A RATE OF 13 1 PERCENT FOR ILLINOIS THE MEDIAN HOUSEHOLD INCOME FOR WOODFORD COUNTY IS \$66,198 THIS IS HIGHER THAN T HE MEDIAN HOUSEHOLD INCOME FOR ILLINOIS OF \$56,576 WOODFORD COUNTY ALSO HAS A SIGNIFICANT LY HIGHER PERCENT OF INDIVIDUALS WHO OWN THEIR OWN HOMES THAN THE AVERAGE IN ILLINOIS-WITH 83 8 PERCENT OF INDIVIDUALS BEING HOME OWNERS COMPARED TO THE STATE AVERAGE OF 68 7 PERCE NT EDUCATION NINETY-THREE PERCENT OF INDIVIDUALS IN WOODFORD COUNTY OVER THE AGE OF 25 PO SSESS A HIGH SCHOOL DIPLOMA OR HIGHER AND 24 3 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER ACCORDING TO THE AMERICAN COMMUNITY SURVEY 2007-2010 EUREKA COLLEGE IS LOCATED IN WOODFOR D COUNTY HEALTH CARE RESOURCES IN THE DEFINED COMMUNITY THERE ARE A TOTAL OF THREE HEALTH CARE RESOURCES IN WOODFORD COUNTY, HOWEVER, ADVOCATE EUREKA HOSPITAL, A CRITICAL ACCESS H OSPITAL, IS THE ONLY HOSPITAL IN WOODFORD COUNTY THERE IS ALSO A HEALTH CLINIC, THE WOODF ORD COUNTY HEALTH DEPARTMENT AND A COMMUNITY ORGANIZATION FOR RESIDENTS CALLED HEART HOUSE /SHELTER 5 PROMOTION OF COMMUNITY HEALTH ADVOCATE CHRIST MEDICAL CENTER ADVOCATE CHRIST MEDICAL CENTER CONSIDERS ITS COMMUNITY'S HEALTH A KEY PRIORITY IN 2014, THE HOSPITAL PROV IDED OVER 26,000 COMMUNITY HEALTH SERVICES TO OVER 390,000 LOCAL RESIDENTS FOR A TOTAL EXP ENSE OF OVER \$1 3 MILLION SOME OF THOSE SERVICES INCLUDED HEALTH AND DISEASE PREVENTION P ROGRAMS AND SCREENINGS, NURSING CAMPS, HEALTH FAIR EXHIBITS, COMMUNITY LECTURES AND SUPPOR T GROUPS ALSO INCLUDED IS THE MEDICAL CENTER'S PARTNERSHIP WITH THE MUSEUM OF SCIENCE AND INDUSTRY TO PROVIDE "LIVE FROM THE HEART" - A VIDEO CONFERENCE-BASED CARDIOVASCULAR EDU CATION PROGRAM FOR HIGH SCHOOL STUDENTS NEARLY 80,000 STAFF AND VOLUNTEER HOURS WERE CONT RIBUTED TO COMMUNITY HEALTH ACTIVITIES TOTALING \$1 2 MILLION IN COMMUNITY BENEFIT IN 2014 IN 2014, ACMC'S DESIRE TO TRAIN FUTURE HEALTH CARE PROFESSIONALS RESULTED IN TRAINING OVE R 1,000 STUDENTS IN ACCREDITED PROGRAMS AND A RANGE OF SPECIALTIES TOTALING OVER 36,000 HO URS OF EDUCATION TO ENSURE THAT ACMC'S DIVERSE PATIENT POPULATION FULLY UNDERSTANDS AND I S ENGAGED IN THEIR HEALTH CARE, THE HOSPITAL PROVIDED OVER \$32,000 IN LANGUAGE ASSISTANCE SERVICES IN-KIND DONATIONS, INCLUDING SUPPORT OF SOUTH SUBURBAN PUBLIC ACTION TO DELIVER SHELTER (PADS) TO ADDRESS THE NEEDS OF T</p>

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	<p> ADVOCATE GOOD SHEPHERD HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH IN THE COM MUNITY IN OTHER WAYS, INCLUDING * SUPPORTING LOCAL COMMUNITY COALITIONS THROUGH LEADERSHI P, PARTICIPATION AND/OR FINANCIAL CONTRIBUTIONS THE HOSPITAL LEADS TWO COMMUNITY HEALTH C OALITIONS AND PROVIDES SUPPORT TO SEVERAL AREA TASK FORCES SPECIFIC TO ADDRESSING HEALTH N EEDS * PROVIDING IN-KIND MEETING SPACE AND FINANCIAL SUPPORT TO COMMUNITY GROUPS AND NOT FOR PROFIT GROUPS THAT ADDRESS IDENTIFIED COMMUNITY NEEDS -- FOR EXAMPLE, ORGANIZATIONS PR OVIDING BEHAVIORAL HEALTH SERVICES OR SERVICES FOR SENIORS * PROVIDING TRANSPORTATION AT A REDUCED RATE TO PATIENTS WHO ARE UNABLE TO DRIVE TO AND FROM MEDICAL APPOINTMENTS FEES ARE WAIVED IF THE PATIENT IS UNABLE TO PAY * PARTNERING WITH THE MCHENRY COUNTY HEALTH DE PARTMENT ON THE ENROLL MCHENRY GRANT TO GIVE HEALTHCARE ACCESS TO THOSE THAT ARE UNINSURED ADVOCATE GOOD SHEPHERD HOSPITAL HIRED TWO IN-PERSON COUNSELORS DURING THE DURATION OF TH E FIRST YEAR OF THE ENROLL MCHENRY GRANT THROUGH THE MCHENRY COUNTY HEALTH DEPARTMENT (OCT OBER 1, 2013 - MARCH 31, 2015) IN ORDER TO BE A CERTIFIED IN-PERSON COUNSELOR, THE NAVIGA TORS WERE REQUIRED TO ATTEND A 2-DAY TRAINING IN CHICAGO AND COMPLETE A 40 HOUR ONLINE TRA INING IN 2014, MORE THAN 619 APPLICATIONS WERE COMPLETED FOR CLIENTS ELIGIBLE FOR MARKETP LACE (260) OR MEDICAID (359) ADVOCATE SOUTH SUBURBAN HOSPITAL ADVOCATE SOUTH SUBURBAN HOS PITAL IS AN ACUTE-CARE FACILITY PROVIDING A WIDE RANGE OF COMPREHENSIVE INPATIENT, OUTPATI ENT, DIAGNOSTIC AND AMBULATORY MEDICAL SERVICES IN ADDITION TO OFFERING AN ARRAY OF HOSPI TAL SERVICES, THIS NOT-FOR-PROFIT FACILITY PROVIDES FREE SCREENINGS AND A VARIETY OF OTHER OUTREACH SERVICES THROUGHOUT THE COMMUNITY, INCLUDING SENIOR SERVICES SOUTH SUBURBAN HO SPITAL SERVES A LARGE SENIOR POPULATION AND HOSTS A VARIETY OF PROGRAMS AND SCREENINGS IN THE COMMUNITY FOR SENIORS, INCLUDING A SENIOR BREAKFAST CLUB PROGRAM THAT HOSTS A VARIETY OF HEALTH EDUCATION FOCUSED ON SENIORS, THE ANNUAL ACTIVE SENIOR EXPO, A PREMIER EVENT DE SIGNED ESPECIALLY FOR SENIORS, AND PARTICIPATION IN A NUMBER OF SENIOR HEALTH FAIRS THROUG HOUT THE YEAR SUPPORT GROUPS THE HOSPITAL ALSO HOSTS A NUMBER OF SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVIDUALS LIVING WITH A PARTICULAR ILLNESS COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR DIABETES, PARKINSON'S, EASY BREATHERS, LUPUS AND STROKE AT THE HO SPITAL - ALL FREE OF CHARGE TO THE COMMUNITY LIFESTYLE CLASSES TO AID THE COMMUNITY WITH LIFESTYLE ADJUSTMENTS, SOUTH SUBURBAN HOSPITAL AND ITS TEAM OF HEALTH CARE PROFESSIONALS OFFER CLASSES ON CONGESTIVE HEART FAILURE, LIFE AFTER A STROKE, DIABETES LIFESTYLE CLASSES AND GROCERY STORE TOURS AIMED AT TEACHING DIABETICS HOW TO READ LABELS AND HEALTHY SHOPPI NG THE HOSPITAL ALSO HAS STRONG PARTNERSHIPS WITH THE AMERICAN CANCER SOCIETY AND THE CAN CER SUPPORT CENTER TO OFFER WELLNESS CLASSES FOR CANCER PATIENTS SANE PROGRAM SEXUAL ASSAULT NURSE EXAMINERS (SANES) ARE SPECIALISTS IN FORENSIC NURSING SANES NOT ONLY ASSIST PA TIENTS WHO HAVE BEEN SEXUALLY ASSAULTED, BUT THEY ALSO USE THEIR EDUCATION AND EXPERIENCE TO EXPAND THEIR CLINICAL PRACTICES TO ACCOMMODATE VICTIMS OF OTHER FORMS OF VIOLENCE EXPE RIENCED SANES EXTEND THEIR PRACTICE INTO THE CARE OF VICTIMS OF DOMESTIC VIOLENCE AS WELL THESE SPECIALLY-EDUCATED NURSES CAN BE A VALUABLE RESOURC E TO PROSECUTORS, PARTICULARLY I N CASES WHERE THE VICTIM MAY BE UNWILLING OR UNABLE TO TESTIFY, AND ASSIST LAW ENFORCEMENT AND THE COURTS IN SENDING THOSE PERPETRATORS OF SEXUAL ASSAULT AND/OR DOMESTIC VIOLENCE T O JAIL ADVOCATE SOUTH SUBURBAN HOSPITAL HAS A DIVERSE GOVERNING COUNCIL THAT INCLUDES SEV EN PHYSICIANS, TWO CLERGY AND NINE COMMUNITY MEMBERS FROM SURROUNDING AREAS AND BUSINESSES THE HOSPITAL IS ALSO COMMITTED TO USING SURPLUS FUNDS TO REINVEST IN THE HOSPITAL'S HEAL TH CARE MINISTRY ADVOCATE BROMENN MEDICAL CENTER ADVOCATE BROMENN MEDICAL CENTER'S DEDICA TION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS A VAST MAJO RITY OF THE HOSPITAL'S EXECUTIVE TEAM SERVES ON MULTIPLE COMMUNITY BOARDS THAT HELP EITHER DIRECTLY OR INDIRECTLY IMPROVE THE HEALTH OF THE COMMUNITY, SUCH AS FOR EXAMPLE - EASTER SEALS, KIWANIS, THE COMMUNITY HEALTH CARE CLINIC, THE YWCA, THE AMERICAN RED CROSS AND THE IMMANUEL HEALTH CENTER THE PRESIDENT OF ADVOCATE BROMENN MEDICAL CENTER IS ALSO INVOLVED IN MANY BOARDS THAT IMPACT THE COMMUNITY IN A POSITIVE MANNER SUCH AS THE ECONOMIC DEVELO PMENT COUNCIL AND THE GIRL SCOUTS OF CENTRAL ILLINOIS THE PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE TEAM PROVIDE LEADERSHIP TRAINING IN THE COMMUNITY TO GROUPS SUCH AS THE MULT ICULTURAL LEADERSHIP PROGRAM IN ADDITION, EVERY YEAR SEVERAL BROMENN MEDICAL CENTER EMPLOYEES TRAIN STUDENTS FROM THE BLOOMINGTON AREA CAREER CENTER TO TAKE THE CERTIFIED NURSING ASSISTANT EXAM THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY HAVING AN OPEN MEDICAL STAFF A ND BY ENSURING THAT A MAJORITY OF THE MEMBERS OF I </p>

Form and Line Reference	Explanation
<p>ADVOCATE GOOD SHEPHERD HOSPITAL</p>	<p>TS GOVERNING COUNCIL ARE REPRESENTATIVES FROM THE COMMUNITY THE TITLES AND AFFILIATIONS O F THE CURRENT MEMBERS ARE AS FOLLOWS * RETIRED PRESIDENT OF ILLINOIS STATE UNIVERSITY * A SSISTANT ADMINISTRATOR, MCLEAN COUNTY HEALTH DEPARTMENT * DIRECTOR, AMERICAN RED CROSS OF THE HEARTLAND * BUSINESSMAN, RETIRED FROM GROWMARK * MD - INDEPENDENT PHYSICIAN * MD - IND EPENDENT PHYSICIAN * STATE REPRESENTATIVE * COMMUNITY MEMBER, RETIRED DISTRICT COURT JUDGE * ADVOCATE MEDICAL GROUP PHYSICIAN * ADVOCATE MEDICAL GROUP PHYSICIAN * MD - INDEPENDENT PHYSICIAN * MAYOR OF EL PASO * STATE FARM AGENT * BUSINESSMAN, COUNTRY FINANCIAL SERVICES * BUSINESSMAN, AFNI * PROVOST, ILLINOIS STATE UNIVERSITY * RETIRED DIRECTOR OF THE EUREKA LIBRARY * ATTORNEY ANOTHER KEY AREA IN WHICH THE HOSPITAL CONTRIBUTES SIGNIFICANTLY TO THE HEALTH OF THE COMMUNITY IS THE COMMUNITY HEALTH CARE CLINIC IN 1993, ADVOCATE BROMENN ME DICAL CENTER PARTNERED WITH OSF ST JOSEPH MEDICAL CENTER, ALSO LOCATED IN MCLEAN COUNTY, TO OPEN THE COMMUNITY HEALTH CARE CLINIC THE COMMUNITY HEALTH CARE CLINIC PROVIDES SERVIC ES TO THE MEDICALLY UNDERSERVED POPULATION OF MCLEAN COUNTY TO ENSURE THAT ALL POPULATIONS IN THE COMMUNITY HAVE ACCESS TO HEALTHCARE TO BE ELIGIBLE FOR CARE AT THE CLINIC, AN IND IVIDUAL MUST HAVE A TOTAL HOUSEHOLD INCOME LESS THAN 185 PERCENT OF FEDERAL POVERTY GUIDEL INES, HAVE NO ACCESS TO THIRD PARTY INSURANCE (MEDICAID, MEDICARE, ALL KIDS, VETERAN'S BEN EFITS, DISABILITY OR EMPLOYER-SPONSORED INSURANCE) AND RESIDE IN MCLEAN COUNTY ALL EMERGE NCY ROOM VISITS, DIAGNOSTIC TESTING AND HOSPITAL SERVICES ARE PROVIDED FREE OF CHARGE BY B ROMENN MEDICAL CENTER AND OSF ST JOSEPH MEDICAL CENTER THE COMMUNITY HEALTH CARE CLINIC SAW 1,800 PATIENTS IN 2013 AND PROVIDED 4,572 CLINICAL EXAMS AND PRESCRIBED OVER 25,751 PR ESCRIPTION MEDICATIONS AT NO CHARGE TO UNINSURED INDIVIDUALS IN 2014, THE COMMUNITY HEALT H CARE CLINIC SAW 1,800 PATIENTS, PROVIDED 4,506 CLINICAL EXAMS AND PRESCRIBED OVER 21,267 MEDICATIONS AT NO CHARGE TO UNINSURED INDIVIDUALS THE CLINIC RESIDES IN A BUILDING OWNED BY BROMENN MEDICAL CENTER, FOR WHICH THE HOSPITAL PAID \$24,273 FOR THE MAINTENANCE AND UP KEEP OF THE FACILITY IN 2013, AND \$24,095 IN 2014 ENVIRONMENTAL IMPROVEMENT EFFORTS ARE A NOTHER AVENUE IN WHICH ADVOCATE BROMENN MEDICAL CENTER FURTHERS ITS EXEMPT PURPOSE AND SIM ULTANEOUSLY PROMOTES THE HEALTH OF THE COMMUNITY SOME EXCELLENT EXAMPLES OF THIS INCLUDE THE DONATION OF USED FURNITURE TO ORGANIZATIONS, SUCH AS HABITAT FOR HUMANITY, THE HOSTING OF AN ELECTRONICS RECYCLING EVENT, BEING A MEMBER OF THE COMMUNITY SUSTAINABILITY FORUM, AND MAKING IMPROVEMENTS TO REDUCE THE HOSPITAL'S EXTERIOR HAZARDOUS WASTE STORAGE THE HOS PITAL ALSO PARTICIPATES WITH ILLINOIS STATE UNIVERSITY IN A FOOD COMPOSTING PROGRAM THAT P ROVIDES FREE COMPOST TO THE COMMUNITY FOR COMMUNITY GARDENS IN ADDITION, ABMC UTILIZES LE D BULBS TO REDUCE ITS CARBON FOOTPRINT IN ADDITION TO THE ABOVE, ADVOCATE BROMENN MEDICAL CENTER SERVES AS AN EMS RESOURCE FOR EDUCATION AND TRAINING FOR MCLEAN COUNTY, PROVIDING A \$340,000 BENEFIT TO THE COMMUNITY THE HOSPITAL ALSO CONTRIBUTES TO THE HEALTH OF THE CO MMUNITY BY MAINTAINING AND OFFERING COMMUNITY MEMBERS, NURSING STUDENTS, RESIDENTS, PHYSIC IANS AND OTHER HEALTH CARE PROFESSIONALS ACCESS TO THE A E LIVINGSTON HEALTH SERVICES LIBRARY THIS ACCESS IS PROVIDED FREE OF CHARGE TO THESE INDIVIDUALS EVEN THOUGH THE COST OF \$191,254 IN 2014 WAS ABSORBED BY THE HOSPITAL THE NUMEROUS OTHER WAYS BROMENN MEDICAL CEN TER PROMOTES THE HEALTH OF THE COMMUNITY RANGE FROM PROVIDING PET THERAPY AND CLINICAL PAS TORAL EDUCATION PROGRAMS TO OFFERING MEETING SPACE TO COMMUNITY NOT-FOR-PROFIT GROUPS AND BEING A TEACHING HOSPITAL FOR FAMILY PRACTICE, NEUROLOGY AND NEUROSURGERY RESIDENTS ADVOC ATE TRINITY HOSPITAL THE HOSPITAL'S SERVICES AND COMMUNITY HEALTH OUTREACH EFFORTS REFLECT A COMMITMENT TO RESPOND TO THE COMMUNITY'S MOST PRESSING HEALTH NEEDS WITH INNOVATIVE HEA LTH OUTREACH PROGRAMS AND QUALITY CARE</p>

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>EUREKA HOSPITAL IS A 25-BED FACILITY THAT HAS SERVED AND CARED FOR THE PEOPLE OF WOODFORD COUNTY AND THE SURROUNDING AREA SINCE 1901 EUREKA HOSPITAL IS THE ONLY HOSPITAL IN WOODFO RD COUNTY AND IS A CRITICAL ACCESS HOSPITAL AS CERTIFIED BY THE CENTERS FOR MEDICARE AND M EDICAID SERVICES BY FUNCTIONING IN THIS CAPACITY, EUREKA HOSPITAL PLAYS A VITAL ROLE IN S ERVING THE HEALTH NEEDS OF A PRIMARILY RURAL AREA COMMUNITY RESIDENTS BENEFIT FROM HAVING ACCESS TO CARE CLOSE TO HOME AS PROVIDED BY A DEDICATED GROUP OF PRIMARY CARE AND SPECIAL TY PHYSICIANS IF THE PATIENT'S CONDITION REQUIRES ADVANCED CARE, EUREKA HOSPITAL IS AVAIL ABLE TO STABILIZE THE CONDITION AND SEAMLESSLY TRANSITION THE PATIENT TO ANOTHER FACILITY A CHERISHED COMMUNITY INSTITUTION, EUREKA HOSPITAL HAS SET NEW STANDARDS FOR WHAT A RURAL HOSPITAL CAN ACCOMPLISH WHILE PATIENTS APPRECIATE THE SMALL-TOWN TOUCH OF ONE-ON-ONE CAR E, THEY ALSO KNOW THAT IT'S BACKED BY SERVICES AND TECHNOLOGY TYPICALLY UNAVAILABLE AT A S MALL HOSPITAL EMERGENCY CARE, INPATIENT AND OUTPATIENT SURGERIES, REHABILITATION AND ADVA NCED RADIOLOGY ARE ONLY A FEW OF THE SERVICES OFFERED THESE SERVICES ARE PROVIDED BY A SK ILLED AND CARING STAFF THAT HAS WON NUMEROUS AWARDS FOR PATIENT SATISFACTION IN ADDITION TO FILLING A VOID IN THE COUNTY BY SERVING AS A CRITICAL ACCESS HOSPITAL, ADVOCATE EUREKA HOSPITAL ALSO PROMOTES THE HEALTH OF THE COMMUNITY THROUGH ITS RECYCLING EFFORTS THE RECY CLING PROGRAM DIRECTLY BENEFITS THE ADULTS WITH DEVELOPMENTAL DISABILITIES PROGRAM IN WOOD FORD COUNTY USED PRINTER CARTRIDGES ARE COLLECTED AND DONATED DIRECTLY TO SPECIAL OLYMPIC S THE HOSPITAL ALSO SPONSORS COMMUNITY RACES TO PROMOTE HEALTH AWARENESS AND ENGAGES IN F UNDRAISING EFFORTS TO IMPROVE THE HEALTH OF THE COMMUNITY THE HOSPITAL FURTHERS ITS EXEMP T PURPOSE BY HAVING AN OPEN MEDICAL STAFF AND BY ENSURING THAT A MAJORITY OF ITS GOVERNING COUNCIL MEMBERS ARE REPRESENTATIVES OF AND FROM THE COMMUNITY THE TITLES AND AFFILIATION S OF THE GOVERNING COUNCIL'S CURRENT MEMBERS ARE AS FOLLOWS * RETIRED PRESIDENT OF ILLINO IS STATE UNIVERSITY * ASSISTANT ADMINISTRATOR, MCLEAN COUNTY HEALTH DEPARTMENT * DIRECTOR, AMERICAN RED CROSS OF THE HEARTLAND * BUSINESSMAN, RETIRED FROM GROWMARK * MD - INDEPENDE NT PHYSICIAN * MD - INDEPENDENT PHYSICIAN * STATE REPRESENTATIVE * COMMUNITY MEMBER, RETIR ED DISTRICT COURT JUDGE * ADVOCATE MEDICAL GROUP PHYSICIAN * ADVOCATE MEDICAL GROUP PHYSIC IAN * MD - INDEPENDENT PHYSICIAN * MAYOR OF EL PASO * STATE FARM AGENT * BUSINESSMAN, COUN TRY FINANCIAL BUSINESSMAN * BUSINESSMAN, AFNI * PROVOST, ILLINOIS STATE UNIVERSITY * RETIR ED DIRECTOR OF THE EUREKA LIBRARY * ATTORNEY ANOTHER KEY AREA IN WHICH THE HOSPITAL CONTRI BUTES SIGNIFICANTLY TO THE HEALTH OF THE COMMUNITY IS THROUGH ITS COMMUNITY EDUCATION AND OUTREACH EFFORTS THE HOSPITAL OFFERS ON-GOING HEALTH PROGRAMS, SUCH AS MONTHLY BLOOD PRES SURE SCREENINGS, IN THE HOSPITAL LOBBY THE HOSPITAL ALSO HOSTS (AT LEAST QUARTERLY) COMMU NITY HEALTH EVENTS AT WHICH PHYSICIAN SPEAKERS EDUCATE THE COMMUNITY ON A VARIETY OF TOPIC S, SUCH AS STROKE EDUCATION, VEIN AND LEG HEALTH, AND BREAST HEALTH ENVIRONMENTAL IMPROVE MENTS 1 MENTORING AND EDUCATION ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS THE RIGHT THING TO DO CARING FOR OUR EARTH IS STRONGLY CONNECTED TO OUR MI SSION TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS BY CONSERVING RESOURCES, MINIMIZING EXPOSURE TO CHEMICALS AND CONSTRUCTING ECO-FRIENDLY BUILDINGS AND LANDSCAPES, ADVOCATE IS MAKING STRIDES TO REDUCE THE ENVIRONMENTAL IMPACT OF HEALTH CARE AND THE BURDEN OF HEALTH CARE COSTS ADVOCATE HAS COMMITTED RESOURCES TO SHARING ITS BEST PRACTICES IN WASTE REDUCTION, AND ENERGY AND WATER MANAGEMENT REDUCING WASTE AND CONSERVING ENERGY AND WATER USE HAS A DIRECT BENEFIT ON TH E HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREE N HOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES ADVOCATE SHARES BEST PRACTICES FOR WATER MANAGEMENT WITH OTHER NONPROFIT HOSPITALS LOCALLY AND NATIONALLY IN 2014, ADVOCATE H EALTH CARE CONTINUED ITS LEADERSHIP ROLE AS ONE OF SEVERAL U S HEALTH SYSTEMS WHO FOUNDED AND SPONSOR A NATIONAL CAMPAIGN, THE HEALTHIER HOSPITALS INITIATIVE (HHI) HHI SERVES AS A GUIDE FOR HOSPITALS TO COMMIT TO IMPROVING THE HEALTH AND SAFETY OF PATIENTS, STAFF AND COMMUNITIES AND LOWERING COSTS THROUGH CONSERVATION PRACTICES BY USING FREE STEP-BY-STEP G UIDES AND HOSPITAL-TO-HOSPITAL MENTORING TO IMPLEMENT THE HHI CHALLENGES IN THE CATEGORIES OF LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS AND SMARTER PU RCHASING AS OF DECEMBER 2014, NEARLY 1,100, OR OVER 20% OF THE NATION'S HOSPITALS ENROLLE D IN THE HHI 2014 MARKS THE FINAL YEAR OF THE THREE YEAR NATIONAL CAMPAIGN OVER THE COUR SE OF THREE YEARS, HHI HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASE D PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCE</p>

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>D EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PR ODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE ADVOCATE'S ANNUAL REPORT ON ENVIRONMENTAL STEWARDSHIP AND HEALTH AND WELLNESS PROGRAMS CAN BE FOUND AT HTTP //STREAM ADVOCATEHEALTH COM/WEBFILES/2015/14SUPPORT2464/ ADVOCATE HEALTH CARE SYSTEM 2014 ENVIRONME NTAL INITIATIVES * REDUCED CUMULATIVE (ELEVEN HOSPITALS) HOSPITAL ENERGY CONSUMPTION BY 3 5 PERCENT IN TWELVE MONTHS ENDING 12/30/14, AND 17 2 PERCENT SINCE 2008 * ENERGY REDUCTIO NS EQUATE TO - SAVED \$15,000,000 IN ENERGY COSTS SINCE 2008 - REDUCING NEARLY 10,000 ILLI NOIS HOUSEHOLDS OF ELECTRICITY USE FOR ONE YEAR - REDUCING CARBON EMISSIONS BY NEARLY 25,0 00 CARS OFF THE ROAD FOR ONE YEAR * RECYCLED OVER 3,300 TONS OF WASTE FROM HOSPITAL OPERAT IONS * RECYCLED 94 PERCENT OF CONSTRUCTION AND DEMOLITION DEBRIS * SAVED 28 TONS OF WASTE FROM LANDFILL AND SAVED OVER \$2 4 MILLION VIA MEDICAL DEVICE REPROCESSING * ENDORSED SYSTE M-WIDE HEALTHY AND SUSTAINABLE FOOD GUIDELINES TO IMPROVE THE HEALTH OF OUR PATIENTS, ASSO CIATES, VISITORS, COMMUNITIES AND THE ENVIRONMENT BY INCREASING ACCESS TO FRESH, HEALTHY FOOD IN AND AROUND ADVOCATE HEALTH CARE FACILITIES AND TO PROMOTE FOOD DELIVERY PRACTICES T HAT ARE ECOLOGICALLY SOUND, ECONOMICALLY VIABLE AND SOCIALLY RESPONSIBLE IN THE WAY WE PUR CHASE FOOD AND SUPPLIES * RECOGNIZED TWENTY FIVE STAFF MEMBERS WITH ENVIRONMENTAL STEWARD SHIP AWARDS FOR DEMONSTRATING OUTSTANDING EFFORTS TO CARE FOR THE EARTH AND RESOURCE CONSE RVATION * CONTRIBUTED TO OPENLANDS, ONE OF THE OLDEST METROPOLITAN CONSERVATION ORGANIZATI ONS IN THE NATION AND THE ONLY SUCH GROUP WITH A REGIONAL SCOPE IN THE GREATER CHICAGO REG ION * ANNOUNCED A NEW FURNITURE AND INTERIORS PURCHASING STANDARD THAT SPECIFIES ALL PRODU CTS TO BE FREE OF PERFLUORINATED COMPOUNDS, PVC (VINYL), DEHP, FORMALDEHYDE, AND HALOGENAT ED FLAME RETARDANTS (WHERE CODE PERMISSIBLE) * CONTINUED TO ENGAGE STAFF TO CONSERVE RESO URCES IN THEIR WORK ENVIRONMENTS THROUGH THE SUSTAINABLE WORK SPACE CERTIFICATION PROGRAM AT ALL ADVOCATE SITES THE PROGRAM, LED BY DEPARTMENTAL GREEN ADVOCATES, REWARDS PATIENT C ARE UNITS AND SUPPORT SERVICE WORK AREAS FOR ACTIVELY PARTICIPATING IN WASTE MINIMIZATION AND ENERGY REDUCTION THROUGH RECYCLING, PRINT MANAGEMENT AND ENERGY REDUCTION BEST PRACTIC ES * 20 PERCENT REDUCTION SYSTEM-WIDE IN OFFICE PAPER USAGE SINCE 2008 2 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS ADVOCATE CHRIST MEDICAL CENTER * CONTINUED A PARTNERSHIP WITH G ROWING POWER, A LOCAL COMMUNITY SUPPORTED AGRICULTURE ORGANIZATION, TO PROVIDE ADVOCATE CM C ASSOCIATES THE OPPORTUNITY TO PURCHASE FRESH FRUITS AND VEGETABLES DELIVERED TO THEIR WO RK SITE * DISCOURAGE BOTTLED WATER USE BY PROMOTING FREE WATER AVAILABLE AT CAFETERIA SODA FOUNTAINS * PLANNING AND DESIGN FOR TWO MAJOR CONSTRUCTION PROJECTS - AN OUTPATIENT PAVIL ION AND A NEW PATIENT BED TOWER THE OUTPATIENT PAVILION WAS AWARDED LEED GOLD CERTIFICATI ON BY THE US GREEN BUILDING COUNCIL * RECYCLED OVER 80 PERCENT OF MAJOR CONSTRUCTION AND DEMOLITION DEBRIS * RECYCLED 20 PERCENT OF TOTAL SOLID WASTE * REDUCED HOSPITAL ENERGY CON SUMPTION BY 7 7 PERCENT IN TWELVE MONTHS ENDING 12/31/14 * LED THE SYSTEM WITH HIGHEST LEV EL OF SAVINGS - OVER \$800,000 - FROM UTILIZATION OF MEDICAL DEVICE REPROCESSING ADVOCATE L UTHERAN GENERAL HOSPITAL * ACHIEVED A 21 PERCENT RECYCLING RATE OVERALL FOR PAPER, PLASTIC , GLASS AND ALUMINUM CANS * REDUCED HOSPITAL ENERGY CONSUMPTION BY 2 PERCENT IN TWELVE MON THS ENDING 12/31/14 ADVOCATE GOOD SAMARITAN HOSPITAL * ONGOING PARTNERSHIP WITH DOWNERS GR OVE HIGH SCHOOL FACULTY, KICKED OFF PLANNING AND DESIGN FOR A WETLANDS PROJECT ON THE HOSP ITAL CAMPUS TO MITIGATE STORM WATER RUNOFF, THE HIGH SCHOOL PARTNERSHIP FEATURES EDUCATION AL OPPORTUNITIES FOR STUDENT LEARNING INCLUDING WASTER TESTING TO DETECT CHEMICALS IN WATE R RUNOFF IS PLANNED * ACHIEVED A 37 PERCENT RECYCLING RATE OVERALL FOR PAPER, PLASTIC, GL ASS AND ALUMINUM CANS * REDUCED HOSPITAL</p>

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>* REDUCED HOSPITAL ENERGY CONSUMPTION BY 5.2 PERCENT IN TWELVE MONTHS ENDING 12/31/14 * RECYCLED PRINTER CARTRIDGES AND CELL PHONES WITH PROCEEDS BENEFITTING THE SPECIAL OLYMPICS ADVOCATE SUPPORT CENTERS * HELD A SHREDDING EVENT FOR ASSOCIATES * MANAGED A 'RECYCLING CLOSET', WITH REGULAR CONTRIBUTIONS MADE TO LIONS CLUBS (EYE GLASSES AND CELL PHONES) AND BATTERIES FOR RECYCLING TO A LOCAL VENDOR * REDUCED WASTE BY COLLECTING USED WRITING INSTRUMENTS TO BE UP-CYCLED INTO NEW PRODUCTS * REDUCED PAPER AND ENERGY USAGE BY REDUCING THE NUMBER OF PRINTER DEVICES AND CONVERTING TO A 'PULL PRINT' PROCESS FOR PRINTING ADVOCATE MEDICAL GROUP * INTEGRATED A SUSTAINABILITY PLAN FOR DESIGN AND CONSTRUCTION AND OPERATIONS INTO A LONG TERM MASTER PLAN FOR ALL ADVOCATE AMBULATORY FACILITIES ADVOCATE DREYER SURGICAL CENTER * CONTINUED THEIR PARTNERSHIP WITH ASSOCIATION FOR INDIVIDUAL DEVELOPMENT (AID) TO PICK UP AND SORT RECYCLABLE MATERIALS AND SORT OFF SITE FOR RECYCLING AID'S MISSION IS TO EMPOWER INDIVIDUALS WITH DISABILITIES, MENTAL ILLNESS AND SPECIAL NEEDS TO ACHIEVE INDEPENDENCE AND COMMUNITY INCLUSION ADVOCATE CLINICAL LABORATORIES * RECYCLED, REUSED OR RECAPTURED ALL REAGENTS USED IN THE LABORATORY * RECEIVED CERTIFICATION FROM A THIRD PARTY THAT ALL LABORATORY WASTE DISPOSAL PROCESSES MEET REQUIREMENTS FOR SAFETY AND REGULATORY COMPLIANCE 6 AFFILIATED HEALTH CARE SYSTEM AS AN EXTENSION OF ITS MISSION, ADVOCATE HEALTH CARE SUPPORTS SYSTEM-WIDE PROGRAMS THAT MEET THE NEEDS OF BOTH ITS PATIENTS AS WELL AS THE COMMUNITIES SERVED ADVOCATE HEALTH CARE'S BOARD OF DIRECTORS, SENIOR LEADERSHIP AND ASSOCIATES (EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE THROUGH PROGRAMS AND PRACTICES THAT REFLECT ADVOCATE'S WHOLISTIC PHILOSOPHY TO THAT END, THEY CONTINUE TO UNDERTAKE AND SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND WELLNESS SERVICES WITHIN THE DIVERSE COMMUNITIES THAT ADVOCATE SERVES SYSTEM LEADERSHIP IS BOTH DESIGNED TO DIRECT AND SUPPORT THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFIED COMMUNITY NEEDS IN 2010, A MULTI-DISCIPLINARY TEAM OF INDIVIDUALS AT THE SYSTEM LEVEL HAVING OVERSIGHT RESPONSIBILITY FOR COMMUNITY BENEFITS REPORTING AND THE CHNA PROCESS WAS CONVENED TO LEAD THE HOSPITALS THROUGH THE CHNA PROCESS TO MEET STATE AND FEDERAL REGULATORY REQUIREMENTS THIS TEAM, CALLED THE COMMUNITY HEALTH STEERING COMMITTEE, MET FREQUENTLY TO ASSURE THAT THE HOSPITAL COMMUNITY HEALTH LEADERS ARE EDUCATED REGARDING HOW TO CONDUCT A CHNA, SITE COMMUNITY HEALTH COUNCILS ARE DEVELOPED AND MAINTAINED, THOSE CONDUCTING THE CHNA PROCESS PULL DATA FROM RELIABLE SOURCES, SOUND ASSUMPTIONS ARE MADE BASED ON THAT DATA, INTERNAL ADVOCATE AND COMMUNITY RESOURCES ARE MAPPED TO DETERMINE STRENGTHS AND WEAKNESSES, ACHIEVABLE NEEDS ARE SELECTED AS PRIORITIES, AND PLANNED INITIATIVES ARE GROUNDED IN EVIDENCE-BASED PROGRAMS THAT WILL YIELD RELIABLE OUTCOMES TO DETERMINE IMPACT TO FOCUS THESE EFFORTS THROUGHOUT ADVOCATE HEALTH CARE, THE COMMUNITY BENEFITS PLAN WAS WRITTEN THE PLAN'S BROAD GOALS AND OBJECTIVES WERE DESIGNED TO STRUCTURE SYSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWORK INCLUDED IN THE COMMUNITY BENEFITS PLAN ARE NOT ONLY PLANNED GOALS AND OBJECTIVES FOCUSED ON ADDRESSING NEEDS AS IDENTIFIED THROUGH THE HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUT ALSO OTHER SYSTEM-WIDE EFFORTS TO ADDRESS THE BROADER ISSUES OF DISPARITY AND ACCESS SUCH AS PROVIDING CHARITY CARE TO THE UNDER AND UNINSURED ADVOCATE'S COMMUNITY BENEFITS PLAN WAS DEVELOPED TO ESTABLISH STRATEGIES FOR IMPROVING ACCESS TO CARE AND POSITIVELY AFFECTING THE HEALTH OF THE COMMUNITIES THAT ADVOCATE SERVES THE PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES WITH INDIVIDUALS AND ORGANIZATIONS WITHIN ADVOCATE'S SERVICE AREAS IN ORDER TO LEVERAGE AND MAXIMIZE THE IMPACT OF ITS PROGRAMS ADVOCATE'S COMMUNITY BENEFITS PLAN GOALS ARE AS FOLLOWS GOAL 1 OPTIMIZE ADVOCATE'S ABILITY TO LEVERAGE ITS COMMUNITY HEALTH RESOURCES AND CONTINUE PROGRAMS THAT BENEFIT THE COMMUNITY BY PROSPECTIVELY ALIGNING SYSTEM AND SITE PLANS AND ACTIVITIES IN ORDER TO ASSURE ALIGNMENT BETWEEN SITE AND SYSTEM GOALS, QUALITY AND CONSISTENCY AMONGST THE HOSPITALS' CHNAs AND TO LEVERAGE THE HOSPITALS' STAFF TIME AND CHNA EFFORTS, THE SYSTEM LEVEL COMMUNITY HEALTH STEERING COMMITTEE PROVIDED A STANDARDIZED CHNA PROCESS, TOOLS, EDUCATION AND STRUCTURE SPECIFIC EXAMPLES OF THE SUPPORT PROVIDED BY THE STEERING COMMITTEE TO ENABLE THE HOSPITALS TO REALIZE THEIR COMMUNITY HEALTH GOALS AND OBJECTIVES ARE AS FOLLOWS * A STANDARDIZED CHNA PROCESS THAT INCLUDED DEVELOPMENT OF A COMMUNITY HEALTH COUNCIL AT EACH HOSPITAL WITH BOTH HOSPITAL AND COMMUNITY REPRESENTATION THE COUNCILS WERE CHARGED WITH MANAGING THEIR SITE'S ASSESSMENT, EXAMINING DATA, SITE AND COMMUNITY RESOURCES, SELECTING KEY PRIORITIES TO ADDRESS AND D</p>

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>DEVELOPING A COMMUNITY HEALTH PLAN * PURCHASE OF AND INSTRUCTION ON HOW TO USE SURVEY RESULTS AND THE ASSESSMENT TOOL DEVELOPED BY PROFESSIONAL RESEARCH CONSULTANTS * LED A SERIES OF WORKSHOPS OVER THREE YEARS WITH INTERNAL AND EXTERNAL SPEAKERS PROFICIENT IN CHNAs, IDENTIFYING RELIABLE DATA SOURCES, PRIORITY SETTING, AND SELECTING EVIDENCE-BASED INTERVENTIONS * SET THE COMMUNITY HEALTH LEADERSHIP COUNCIL'S AGENDAS, A COUNCIL COMPRISED OF COMMUNITY HEALTH STAKEHOLDERS FROM ACROSS ADVOCATE, TO FOCUS ON CHNA OBJECTIVES * MANAGED HOSPITAL PROGRESS AGAINST SYSTEM ANNUAL TIMELINES TO ACHIEVE THE THREE-YEAR VISION, REQUIRING ANNUAL CHNA PROGRESS REPORTS AND THEIR REVIEW AND ENDORSEMENT BY THE HOSPITAL GOVERNING COUNCILS EACH YEAR * PROVIDED ONGOING CONSULTATION ON AN AS-NEED BASIS THROUGHOUT THE PROCESS * ENGAGED AND FUNDED AN OUTSIDE CHNA CONSULTANT TO MEET ONE-ON-ONE WITH THE SITE COMMUNITY HEALTH LEADERS AND REVIEW CHNA PROGRESS AND PROVIDE GUIDANCE IN AREAS OF DIFFICULTY OR UNCERTAINTY * PROVIDED AN OVERVIEW OF THE CHNA RESULTS AND PLANNED INTERVENTIONS TO THE MISSION & SPIRITUAL COMMITTEE OF THE ADVOCATE HEALTH CARE BOARD OF DIRECTORS TO SECURE THE COMMITTEE'S ENDORSEMENT * A STANDARDIZED FORMAT FOR HOSPITALS TO USE IN DRAFTING THEIR CHNAs AND IMPLEMENTATION PLANS, WHICH SYSTEM LEADERS THEN REVIEWED AND EDITED FOR CONSISTENCY, ACCURACY AND QUALITY OF CONTENT * WORKED WITH SYSTEM LEVEL MEDIA CENTER AND WEB TEAM TO DEVELOP PLACEMENT AND POSTING OF CHNA REPORTS & IMPLEMENTATION PLANS TO MEET PPACA/IRS REGULATORY REPORTING REQUIREMENTS * IN PREPARATION FOR THE NEXT CHNA CYCLE, ADVOCATE PURCHASED THE HEALTHY COMMUNITIES INSTITUTE'S CHNA TOOL IN LATE 2013 AND PAID THE ANNUAL FEE FOR ONGOING SUPPORT FOR TRAINING AND THE ADDITION OF 2013 AND 2014 UPDATES AT THE SYSTEM LEVEL FOR 2015, THE TOOL IS EXPECTED TO ALSO SUPPORT THE WORK OF THE COUNTY CHNA COLLABORATIVES WITH SUPPORT FROM THE SYSTEM LEVEL, ALL ADVOCATE'S HOSPITALS ARE PARTICIPATING IN THESE COLLABORATIVE ASSESSMENTS WITH OTHER ADVOCATE AND NON-ADVOCATE HOSPITALS AND THEIR COUNTY AND LOCAL PUBLIC HEALTH DEPARTMENTS THESE COLLABORATIVES REMOVE DUPLICATION OF STAFF TIME AND EFFORT WHILE FORGING AND STRENGTHENING RELATIONSHIPS AMONG PARTICIPATING ORGANIZATIONS, LEVERAGING THEIR ABILITY TO POSITIVELY IMPACT KEY NEEDS AS IDENTIFIED THROUGH THE ASSESSMENT PROCESS THROUGH ADVOCATE'S HOSPITAL-BASED SERVICES, AS WELL AS ITS PARTICIPATION IN PROVIDING PROGRAMS AND SERVICES IN THE COMMUNITY, ADVOCATE PROMOTES A SHARED APPROACH TO COMMUNITY BENEFITS IN ADDITION TO HOSPITAL/COMMUNITY SPECIFIC PROGRAMS, THERE ARE ALSO PROGRAMS ADDRESSING NEEDS OF BROAD GEOGRAPHIC PORTIONS OF ADVOCATE'S SERVICE AREA WHICH ARE MANAGED AND FUNDED AT THE SYSTEM LEVEL THESE PROGRAMS INCLUDE THE FOLLOWING ADVOCATE'S HEALTHY STEPS PROGRAM SPECIALISTS TOUCHED THE LIVES OF 6,248 YOUNG CHILDREN IN 2014 THROUGH CHILDHOOD PROGRAMS WITHIN PEDIATRIC/FAMILY PRACTICE RESIDENCIES AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AND THE ADVOCATE CHILDREN'S HOSPITAL OAK LAWN AND PARK RIDGE CAMPUSES THIS SYSTEM-WIDE PROGRAM USES A NATIONAL MODEL TO ENGAGE PARENTS AS PARTNERS WITH PHYSICIANS IN THEIR CHILDREN'S HEALTH HEALTHY STEPS SPECIALISTS HELP BRIDGE THE TWO GROUPS BY PREPARING PARENTS TO TAKE AN ACTIVE ROLE IN, AND PHYSICIANS TO ASSESS AND MEET MORE EFFECTIVELY, A RANGE OF CHILD DEVELOPMENT NEEDS IN 2014, 9,981 DEVELOPMENTAL SCREENINGS WERE PROVIDED AND 411 FAMILIES WERE REFERRED TO COMMUNITY SERVICES FOR FOLLOWUP IN ADDITION, HEALTHY STEPS HAS TRAINED AND PROVIDED TECHNICAL ASSISTANCE TO PRIMARY CARE PROVIDERS ACROSS THE STATE TO IMPROVE PREVENTIVE PRACTICES IN THEIR SITE AROUND TOPICS SUCH AS USE OF VALIDATED TOOLS FOR DEVELOPMENTAL AND SOCIAL EMOTIONAL CONCERNS, AS WELL AS FAMILY RISK FACTOR SCREENINGS (SUCH AS POSTPARTUM DEPRESSION, DOMESTIC VIOLENCE, TRAUMA, AND PSYCHOSOCIAL ISSUES) PRIMARY CARE PROVIDERS AND THEIR STAFF ARE TAUGHT HOW TO WORK CLOSELY WITH LOCAL COMMUNITY RESOURCES FOR REFERRAL AND FO</p>

Form and Line Reference	Explanation
<p>GOAL 2 UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND</p>	<p>WELLNESS SERVICES WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES AS A NON-PROFIT HEALTH CARE SYSTEM, ADVOCATE PROVIDES CHARITY AND FINANCIAL ASSISTANCE TO PATIENTS IN NEED WHILE EACH HOSPITAL HAS A CHARITY CARE COUNCIL TO REVIEW APPLICATIONS AND DETERMINE ELIGIBILITY, SYSTEM FINANCE LEADERS ARE RESPONSIBLE FOR ONGOING POLICY REVIEW AND REFINEMENTS TO ASSURE ADVOCATE CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP WHEN THEY NEED IT IN ADDITION, ADVOCATE'S SYSTEM LEADERS ENCOURAGE AND SUPPORT ITS HOSPITALS' INITIATIVES TO PARTNER WITH FEDERALLY QUALIFIED HEALTH CENTERS (FQHC), PUBLIC HEALTH DEPARTMENTS AND COMMUNITY CLINICS IN ORDER TO ASSIST THE UNINSURED IN FINDING INSURANCE COVERAGE AND MEDICAL SERVICES FOR EXAMPLE, ADVOCATE SOUTH SUBURBAN HOSPITAL HAS A PARTNERSHIP WITH AUNT MARTHA'S YOUTH SERVICE CENTER, AN FQHC, TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDERINSURED INDIVIDUALS IN ITS SERVICE AREA ADVOCATE BROMENN MEDICAL CENTER MAINTAINS A COMMUNITY HEALTH CLINIC IN COLLABORATION WITH OSF ST JOSEPH'S HOSPITAL, WHEREBY ADVOCATE BROMENN MEDICAL CENTER IS RESPONSIBLE FOR A PORTION OF THE HOSPITAL CARE FOR THE CLINIC'S PATIENTS THROUGHOUT THE YEAR BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AND THE SPACE OCCUPIED BY THE CLINIC WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAMARITAN HOSPITAL PROVIDES SUPPORT THROUGH THE DUPAGE HEALTH COALITION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM - A COMMUNITY COLLABORATION DESIGNED TO PROVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDICALLY UNINSURED RESIDENTS OF DUPAGE COUNTY GOAL 3 POSITIVELY AFFECT THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE THROUGH PROGRAMS AND PRACTICES THAT REFLECT ADVOCATE'S WHOLISTIC PHILOSOPHY ADVOCATE HAS SEVERAL PROGRAMS AND PRACTICES MANAGED AND FUNDED AT THE SYSTEM LEVEL THAT REFLECT ADVOCATE'S WHOLISTIC PHILOSOPHY THE OFFICE OF MISSION AND SPIRITUAL CARE, FOR EXAMPLE, HAS PROGRAMS THAT POSITIVELY AFFECT THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS, AND THAT ADDRESS DISPARITIES IN ACCESS TO HEALTH AND WELLNESS SERVICES IN THE COMMUNITY THE CENTER FOR FAITH COMMUNITY HEALTH TRANSFORMATION, FOR EXAMPLE, FORMED FROM THE WORK OF ADVOCATE'S CONGREGATIONAL HEALTH PARTNERSHIPS (CHP) AND THE NEIGHBORHOODS INITIATIVE OF THE UNIVERSITY OF ILLINOIS AT CHICAGO, WAS SELECTED AS A CONTRACTOR FOR THE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH (PICH) INITIATIVE UNDER THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH PICH IS A CDC FUNDED EFFORT TO INCREASE OPPORTUNITIES FOR HEALTHY EATING, PHYSICAL ACTIVITY AND SMOKE-FREE ENVIRONMENTS IN VULNERABLE POPULATIONS IN SUBURBAN COOK COUNTY THROUGH POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE STRATEGIES THE CENTER IS WORKING WITH FAITH-BASED NETWORKS IN THREE HIGH-RISK PRIORITY COMMUNITY AREAS TO PROVIDE LEADERSHIP IN CREATING A CULTURE OF HEALTH FOR CONGREGATIONAL MEMBERS AND FOR THE COMMUNITIES THEY SERVE OF PARTICULAR INTEREST IS A PARTNERSHIP WITH THE FOREST PRESERVE OF COOK COUNTY (FPCC) TO CONNECT FAITH COMMUNITIES WITH FPCC RESOURCES THAT WILL ALLOW THEIR MEMBERS, ESPECIALLY CHILDREN AND YOUTH, TO BE PHYSICALLY ACTIVE IN NATURE ADVOCATE PARISH NURSE MINISTRY - AS PART OF ADVOCATE'S MISSION AND SPIRITUAL CARE DEPARTMENT, PARISH NURSE MINISTRY REALIZES THE VISION OF WHOLISTIC HEALING AND WELLNESS BY PARTNERING WITH DIVERSE FAITH COMMUNITIES IN AN EFFORT TO EMBRACE THE INTEGRATION OF FAITH AND HEALTH THE PURPOSE OF ADVOCATE PARISH NURSE MINISTRY IS TO NURTURE THE HUMAN SPIRIT THROUGH HEALTH EDUCATION, SPIRITUAL SUPPORT, AND TO LINK THE NEEDS OF THE WHOLE PERSON TO RESOURCES WITHIN THE CONGREGATION, COMMUNITY, AND THE HEALTH CARE SYSTEM AS PART OF ADVOCATE HEALTH CARE'S CONTINUUM OF CARE, THE PARISH NURSE MINISTRY IS WORKING IN OVER 30 DIVERSE CONGREGATIONS THESE FAITH COMMUNITIES ARE WIDELY SCATTERED THROUGHOUT THE CHICAGOLAND AREA FROM ROSELAND AND CHICAGO UPTOWN NEIGHBORHOODS TO THE SUBURBAN SETTINGS OF ARLINGTON HEIGHTS AND NAPERVILLE ADVOCATE PARISH NURSE MINISTRY CONTINUES TO SEEK HEALTH MINISTRY PARTNERSHIPS BOTH PARTNERS, THE HEALTH CARE INSTITUTION AND THE CONGREGATION MUST ESPOUSE THE BELIEF THAT PHYSICAL, EMOTIONAL, INTELLECTUAL, AND SOCIAL WELL-BEING ARE VERY MUCH DEPENDENT ON A HEALTHY SPIRITUAL CORE OF BEING ADVOCATE CONGREGATIONAL HEALTH PARTNERSHIPS (CHP) - CHP BUILDS ON THE LEGACY OF THOSE WHO HAVE GONE BEFORE BY WORKING WITH FAITH COMMUNITIES TO PROMOTE HEALTH AND WHOLENESS FOR THEIR MEMBERS AND COMMUNITIES THE PROGRAMS AND SERVICES THAT CHP OFFERS INCLUDE * BASIC AND ADVANCED TRAINING IN HEALTH MINISTRY DEVELOPMENT * CONSULTATION AROUND THE DEVELOPMENT OF CONGREGATIONAL HEALTH PROGRAMS * PRACTICAL TOOLS AND MATERIALS * BULLETIN INSERTS * RESOURCE LIBRARY * NEWSLETTER * CONGREGATIONAL HEALTH ASSESSMENT PROGRAM * MANUAL * PROGRAM COMPONENTS * THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION (THE CE</p>

Form and Line Reference	Explanation
GOAL 2 UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND	<p>NTER) IS THE JOINT WORK OF ADVOCATE'S CHP AND THE NEIGHBORHOODS INITIATIVE OF THE UNIVERSITY OF ILLINOIS AT CHICAGO. THE CENTER FORMED IN 2009 OUT OF A GROWING CONCERN IN CHICAGO'S FAITH AND HEALTH MOVEMENT ABOUT THE WAYS IN WHICH SOCIAL CONDITIONS-POVERTY, RACISM, UNEMPLOYMENT, LACK OF ACCESS TO CARE-IMPACT PEOPLE'S HEALTH. THE CENTER WAS CREATED TO MOBILIZE FAITH COMMUNITIES TO CHANGE THE SOCIAL CONDITIONS THAT AFFECT PEOPLE'S HEALTH. THE CENTER ALSO HOSTS A WEBSITE THAT SERVES AS A GATHERING PLACE FOR THE FAITH AND HEALTH MOVEMENT TO SHARE INFORMATION, POST EVENTS, SHARE INTERESTING PROJECTS, RESOURCES AND IDEAS, AND KEEP IN TOUCH WITH WHAT OTHERS ARE DOING. GO TO WWW.CHICAGOFAITHANDHEALTH.ORG FOR MORE INFORMATION. ADVOCATE ALSO PROVIDES A SYSTEM-WIDE TELEPHONE REFERRAL AND RESOURCE INFORMATION CENTER TO ASSIST PATIENTS AND COMMUNITY MEMBERS IN FINDING HEALTHCARE PROVIDERS AND OTHER HEALTH AND WELLNESS RESOURCES. THE CENTER'S STAFF SERVES AS A COMMUNITY RESOURCE, PROVIDING INDIVIDUALS FROM THE COMMUNITY WITH REFERRALS TO GOVERNMENT-FUNDED AND COMMUNITY-BASED NON-ADVOCATE PROGRAMS AND SERVICES, AS WELL AS ADVOCATE HEALTH CARE PHYSICIANS AND SERVICES. IN 2014, THE CENTER HANDLED 19,656 CALLS FROM THE COMMUNITY THAT WERE REDIRECTED TO NON-ADVOCATE COMMUNITY RESOURCES TO ASSIST THEM IN GETTING THE HELP THEY NEED.</p>

Form and Line Reference	Explanation
<p>GOAL 4 LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY OUTREACH EFFORTS BY</p>	<p>BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS ADVOCATE'S SYSTEM LEVEL LEADERS MAINTAIN AND CONTINUE TO ACTIVELY EXPAND SYSTEM PARTNERSHIPS AND RELATIONSHIPS WITH A WIDE VARIETY OF ORGANIZATIONS, INCLUDING RELIGIOUS ORGANIZATIONS, NEIGHBORHOOD GROUPS AND OUTREACH AND RESOURCE PROGRAMS THESE RELATIONSHIPS SERVE TO LEVERAGE BOTH ADVOCATE'S AND ITS COMMUNITIES' RESOURCES TO MAXIMIZE COMMUNITY OUTREACH EFFORTS ADVOCATE BUILDS ON RELATIONSHIPS THAT ASSOCIATES AND AFFILIATED PHYSICIANS HAVE WITH COMMUNITY HEALTH PARTNERS, AND TO EMPOWER THE DEVELOPMENT OF SUCH PARTNERSHIPS AN EXAMPLE OF THIS IS ADVOCATE MEDICAL GROUP'S (ADVOCATE-EMPLOYED PHYSICIANS) ANNUAL COLLABORATION WITH SPECIAL OLYMPICS OF ILLINOIS THIS EVENT, MEDFEST, PROVIDES PEOPLE WITH INTELLECTUAL DISABILITIES OPPORTUNITIES TO PARTICIPATE IN SPORTS TRAINING AND COMPETITIONS, CREATING AVENUES FOR INCLUSION AND ACCEPTANCE FOR THIS SPECIAL NEEDS UNDERSERVED POPULATION IN ADDITION TO PROVIDING EASY ACCESS TO PHYSICALS FOR ATHLETES, THE FREE CLINICAL SERVICES RESULT IN ENHANCED PHYSICAL FITNESS AND COMFORT WITH THE MEDICAL COMMUNITY AMG PROVIDED 1,651 FREE ATHLETIC PHYSICALS TO SPECIAL OLYMPIANS FOR THE 17TH YEAR IN 2014, THUS ALLOWING THESE SPECIAL ATHLETES OPPORTUNITIES TO PARTICIPATE IN COMPETITIONS THROUGHOUT THE YEAR SYSTEM LEVEL MANAGEMENT ALSO OVERSEES ASSOCIATE AND PHYSICIAN FUNDRAISING AND VOLUNTEER ACTIVITIES RELATED TO COMMUNITY ORGANIZATIONS AND PARTNERSHIPS LAST YEAR ADVOCATE PROMOTED AND SUPPORTED ASSOCIATE, PHYSICIAN AND HOSPITAL PARTICIPATION IN WALKS, RUNS AND BICYCLE RACES FOR THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN DIABETES ASSOCIATION, ALZHEIMER'S ASSOCIATION AND MARCH OF DIMES IN 2014, \$536,283 IN CHARITABLE CONTRIBUTIONS WAS RAISED TO SUPPORT THESE PARTNER ORGANIZATIONS ADVOCATE ASSOCIATES' SUPPORT IS ALSO DEMONSTRATED THROUGH THEIR OWN, PERSONAL AND GENEROUS CONTRIBUTIONS DURING THE ASSOCIATE GIVING CAMPAIGN WHICH RESULTED IN OVER \$2.3 MILLION BEING RAISED TO SUPPORT MULTIPLE LOCAL COMMUNITY ORGANIZATIONS, PROGRAMS AND INITIATIVES, INCLUDING SOME OF ADVOCATE'S OWN SYSTEM-WIDE AND HOSPITAL-BASED COMMUNITY HEALTH PROGRAMS SYSTEM MANAGEMENT OF FUNDRAISING ACTIVITIES REDUCES DUPLICATION OF EFFORT AND ASSURES THAT FUNDRAISING IS CONDUCTED WITH ORGANIZATIONS THAT ALIGN WITH ADVOCATE'S MISSION AND ARE EFFECTIVE IN ADDRESSING ADVOCATE'S SERVICE AREA'S COMMUNITY HEALTH NEEDS THE ADVOCATE CHARITABLE FOUNDATION (ACF) WORKS TO FIND INNOVATIVE WAYS TO FUND NOT ONLY CLINICAL ADVANCEMENTS BUT COMMUNITY PROGRAMS THAT ADDRESS IDENTIFIED COMMUNITY NEEDS ONE EXAMPLE OF THIS IS ACF'S ADMINISTRATION OF THE ADVOCATE BETHANY COMMUNITY HEALTH FUND IN 2006, ADVOCATE HEALTH CARE ESTABLISHED THE BETHANY FUND AS PART OF ADVOCATE'S ONGOING COMMITMENT TO SUPPORT LOCAL NONPROFIT ORGANIZATIONS AS THEY BUILD, PROMOTE AND SUSTAIN HEALTHY COMMUNITIES ON CHICAGO'S WEST SIDE THE ADVOCATE BETHANY COMMUNITY HEALTH FUND BOARD, WHICH IS COMPOSED OF EIGHT COMMUNITY MEMBERS FROM THE TARGETED COMMUNITY AREAS AND SEVEN REPRESENTATIVES FROM ADVOCATE HEALTH CARE, AWARDED MORE THAN \$715,000 IN GRANTS AND CAPACITY-BUILDING SERVICES TO 32 ORGANIZATIONS ACROSS ITS FUND COMMUNITIES IN 2014 SINCE THE BOARD'S INSTALLATION IN 2007, THE BETHANY COMMUNITY HEALTH FUND HAS AWARDED NEARLY \$6 MILLION IN PROGRAM DOLLARS AND SERVICES TO ORGANIZATIONS THAT PROMOTE HEALTH AND WELLNESS WITH A FOCUS ON ADDRESSING HEALTH DISPARITIES FOR RESIDENTS OF CHICAGO'S WEST SIDE ADVOCATE HEALTH CARE HAS ALSO BEEN A KEY PARTNER IN THE NATIONAL COLLABORATIVE, THE HEALTH SYSTEMS LEARNING GROUP (HSLG), NOW KNOWN AS THE STAKEHOLDER HEALTH GROUP THIS GROUP IS A SELF-ORGANIZED COLLABORATIVE OF 43 ORGANIZATIONS (INCLUDING 36 NON-PROFIT HEALTH SYSTEMS) THAT HAVE ENGAGED IN A SERIES OF MEETINGS ACROSS THE COUNTRY OVER THE PAST FOUR YEARS INSPIRED BY THE PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AND MOTIVATED BY THE RECOGNITION OF THE NEED TO TRANSFORM OUR ORGANIZATIONS AND OUR COMMUNITIES, THE GROUP MADE A COMMITMENT TO ACCELERATE THIS TRANSFORMATIONAL PROCESS THROUGH ONGOING SHARING OF INNOVATIVE PRACTICES THAT IMPROVE POPULATION HEALTH AND THE DEVELOPMENT OF COORDINATED STRATEGIES THAT TAKE INNOVATION TO SCALE THE HEALTH SYSTEMS LEARNING GROUP ASPIRES TO IDENTIFY AND ACTIVATE A MENU OF PROVEN COMMUNITY HEALTH PRACTICES AND PARTNERSHIPS THAT WORK FROM THE TOP OF THE MISSION STATEMENT TO THE BOTTOM LINE THE CREATION OF THIS LEARNING COLLABORATIVE WAS SPARKED BY A SERIES OF STAKEHOLDER MEETINGS AT THE WHITE HOUSE OFFICE AND DEPARTMENT OF HEALTH & HUMAN SERVICES CENTER FOR FAITH-BASED & NEIGHBORHOOD PARTNERSHIPS THE HSLG PARTNERS HAVE CONTRIBUTED SUBSTANTIAL FINANCIAL AND IN-KIND RESOURCES TO SUPPORT THE 2 YEAR DEVELOPMENTAL PHASE IN ADDITION, A GENEROUS GRANT WAS PROVIDED BY THE ROBERT WOOD JOHNSON FOUNDATION TO SUPPORT THE DISSEMINATION OF FINDINGS AND LESSONS LEARNED DURING THIS PERIOD THE FIRST PHASE OF DEVELOPMENT FOR THE HSLG CULMINATED WITH A CON</p>

Form and Line Reference	Explanation
<p>GOAL 4 LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY OUTREACH EFFORTS BY</p>	<p>VENING ON APRIL 4, 2013, CO-HOSTED WITH THE WHITE HOUSE AND HHS CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS, ALONG WITH THE CHIEF EXECUTIVE OFFICERS FROM MANY OF THE HEALTH SYSTEM PARTNERS. THE PURPOSE WAS TO REVIEW FINDINGS FROM THE PAST 18 MONTHS OF INQUIRY AND DIALOGUE AND TO CONSIDER A CALL TO ACTION ON A SPECIFIC SET OF RECOMMENDATIONS. SEE THE FOLLOWING LINK FOR THE MONOGRAPH PRESENTED AT THE MEETING: HTTP://WWW.METHODISTHEALTH.ORG /DOTASSET/9E6F77D8-DF4B-4545-B2F3-BC77B106F969.PDF ADVOCATE CONTINUED TO PARTICIPATE IN STAKEHOLDER HEALTH MEETINGS AND LEADERSHIP IN 2014. THIS INCLUDED A MONETARY CONTRIBUTION TO SUPPORT THE SHARED ADMINISTRATIVE AND WEBSITE COSTS OF THE COLLABORATIVE. IN THE FALL OF 2015, ADVOCATE WILL HOST THE GROUP IN CHICAGO FOR A THREE-DAY MEETING.</p> <p>GOAL 5 PROMOTE INTEGRATION OF AND ACCOUNTABILITY FOR SYSTEM AND SITE PLANS AND ACTIVITIES BY ENHANCING COORDINATION AND DEVELOPING GOVERNANCE RELATIONSHIPS. A CORE GROUP OF ADVOCATE SYSTEM-LEVEL LEADERS ACHIEVED INTEGRATION, ACCOUNTABILITY AND NEW GOVERNANCE RELATIONSHIPS THROUGH IMPLEMENTATION OF THE FOLLOWING:</p> <ul style="list-style-type: none"> * STRENGTHENING THE ROLE/VISIBILITY OF THE COMMUNITY HEALTH LEADERSHIP COUNCIL - A KEY FOCUS FOR THE SYSTEM CORE TEAM WAS TO STRENGTHEN THE ABILITY OF THE COMMUNITY HEALTH LEADERSHIP COUNCIL (CHLC) TO SERVE AS A RESOURCE AND PROVIDE GUIDANCE IN DEVELOPING AND IMPLEMENTING SYSTEM AND SITE COMMUNITY HEALTH PLANS. THE FOLLOWING ACTIONS WERE TAKEN TO REALIZE THIS OBJECTIVE: <ul style="list-style-type: none"> * THE CHLC ROLE WAS DEFINED, A CHARTER APPROVED AND THE ROLE WAS COMMUNICATED AS APPROPRIATE WITHIN ADVOCATE AND IN THE COMMUNITY MEETINGS WERE SCHEDULED MONTHLY TO ASSURE CLOSE COMMUNICATION AND ADHERENCE TO THE AMBITIOUS TIMELINE. * AS DESCRIBED EARLIER, THE COMMUNITY HEALTH STEERING COMMITTEE WAS CONVENED TO PLAN THE CHLC'S ACTIVITIES, I.E., SET AGENDAS, PROVIDE WORKSHOPS, TIMELINES AND DEADLINES TO ASSURE THE HOSPITALS AND THE SYSTEM MET THEIR GOALS AND WOULD BE FULLY COMPLIANT WITH THE PPACA. * REPORTING COMMUNITY HEALTH/COMMUNITY BENEFITS PLANNING, PROGRESS, AND ACHIEVEMENTS TO THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE BOARD OF DIRECTORS IN TANDEM WITH REPORTING COMMUNITY BENEFITS EXPENDITURES TO THE FINANCE COMMITTEE OF THE BOARD. <p>WHEN CONSIDERING WHICH GOVERNANCE BODY WOULD BE ACCOUNTABLE FOR REVIEWING AND ENDORSING THE HOSPITAL CHNA REPORTS AND IMPLEMENTATION PLANS, THE HOSPITAL GOVERNING COUNCILS WERE SELECTED GIVEN THEY ARE THE SENIOR GOVERNING BODY AT EACH HOSPITAL. ONE OR MORE MEMBERS OF THE HOSPITAL GOVERNING COUNCILS WERE ALSO RECRUITED TO PARTICIPATE ON THEIR SITE'S COMMUNITY HEALTH COUNCIL, SERVING AS BOTH A COMMUNITY REPRESENTATIVE HAVING INPUT INTO THE DECISIONS OF THE COMMUNITY HEALTH COUNCIL AND AS A GOVERNING COUNCIL MEMBER THAT COULD PROVIDE REPORTS ON COMMUNITY HEALTH PLAN PROGRESS BACK TO THE GOVERNING COUNCIL. THIS PROCESS WORKED WELL AND ADVOCATE POSTED ITS HOSPITALS' FIRST CHNA REPORT ON ITS WEBSITE IN DECEMBER 2013, AND THE POSTING OF THE HOSPITALS' IMPLEMENTATION PLANS OCCURRED BEFORE MAY 15, 2014, IN COMPLIANCE WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT'S REQUIREMENTS AS OUTLINED IN THE PROPOSED RULE FOR TAX-EXEMPT HOSPITALS. ADDITIONALLY, IN ORDER TO PROVIDE A COMMUNITY BENEFITS COST REPORT TO THE FINANCE COMMITTEE OF THE ADVOCATE BOARD OF DIRECTORS AND IN COMPLIANCE WITH ILLINOIS' COMMUNITY BENEFITS ACT, ADVOCATE ANNUALLY TRACKS THE COSTS OF ITS COMMUNITY HEALTH EFFORTS USING AN ADVOCATE INTRANET-BASED COMMUNITY BENEFITS WORKSHEET REPORTING APPLICATION. THE SOFTWARE APPLICATION, WHICH WAS DEVELOPED AND IS MANAGED AT THE SYSTEM LEVEL, NOT ONLY TRACKS THE COSTS OF COMMUNITY-FOCUSED PROGRAMS AND SERVICES, BUT ALSO CAPTURES THE LIVES TOUCHED AND SERVICES ADMINISTERED IN THE CATEGORIES SPECIFIED IN ILLINOIS' COMMUNITY BENEFITS ACT. COMMUNITY BENEFITS EDUCATION AND SOFTWARE TRAINING CLASSES AND REFRESHER COURSES ARE PROVIDED BY THE SYSTEM AT ADVOCATE'S HOSPITALS AND OTHER KEY SITES AS NEEDED. THE TRACKING OF COMMUNITY BENEFIT</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SEC B, LINE 2	<p>N/A PART V, SEC B, LINE 3J N/A PART V, SEC B, LINE 5 ADVOCATE CHRIST MEDICAL CENTER COMMUNITY HEALTH COUNCILS REVIEW DATA & SET PRIORITIES IN SUPPORT OF THIS VISION AND IN ALIGNMENT WITH ADVOCATE HEALTH CARE'S STANDARDIZED APPROACH, ADVOCATE CHRIST MEDICAL CENTER (ACMC) CONVENED A COMMUNITY HEALTH COUNCIL TO CONDUCT ITS COMPREHENSIVE CHNA THIS COUNCIL WAS CHAIRED BY THE MEDICAL CENTER'S COMMUNITY HEALTH LEADER AND COMPRISED OF REPRESENTATIVE(S) FROM THE EXECUTIVE TEAM, PUBLIC AFFAIRS AND MARKETING, MISSION AND SPIRITUAL CARE, AND BUSINESS DEVELOPMENT AND STRATEGY COMMUNITY MEMBERS SERVING ON THE MEDICAL CENTER'S GOVERNING COUNCIL WERE ALSO RECRUITED AS ACTIVE PARTICIPANTS IN THE COMMUNITY HEALTH COUNCIL ADDITIONAL MEDICAL CENTER STAFF AND COMMUNITY REPRESENTATIVES WERE ADDED AS THE PROCESS EVOLVED TO FILL IN ANY COMMUNITY HEALTH COUNCIL GAPS IN EXPERTISE THE TITLES AND AFFILIATIONS OF THE COMMUNITY HEALTH COUNCIL'S MEMBERS ARE PROVIDED BELOW CHRIST MEDICAL CENTER COMMUNITY HEALTH COUNCIL MEMBERS * VICE PRESIDENT, CLINICAL TRANSFORMATION, CHRIST MEDICAL CENTER * COORDINATOR, COMMUNITY RELATIONS, CANCER INSTITUTE, CHRIST MEDICAL CENTER * COORDINATOR, COMMUNITY RELATIONS, HEART AND VASCULAR INSTITUTE, CHRIST MEDICAL CENTER * COORDINATOR, COMMUNITY RELATIONS, ADVOCATE CHILDREN'S HOSPITAL * VICE PRESIDENT, PUBLIC AFFAIRS AND MARKETING, ADVOCATE CHILDREN'S HOSPITAL * PLANNING MANAGER, BUSINESS DEVELOPMENT, CHRIST MEDICAL CENTER * REGIONAL VICE PRESIDENT, BUSINESS DEVELOPMENT, CHRIST MEDICAL CENTER * FINANCIAL ADVISOR, COMMUNITY REPRESENTATIVE/MEMBER, CHRIST MEDICAL CENTER * GOVERNING COUNCIL HEALTH ADMINISTRATOR, COMMUNITY REPRESENTATIVE/MEMBER, CHRIST MEDICAL CENTER GOVERNING COUNCIL * VICE PRESIDENT, MISSION AND SPIRITUAL CARE, CHRIST MEDICAL CENTER * DIRECTOR, BUSINESS DEVELOPMENT, CHRIST MEDICAL CENTER USING BOTH PRIMARY AND SECONDARY COMMUNITY HEALTH DATA, THE COMMUNITY HEALTH COUNCIL IDENTIFIED THE MEDICAL CENTER SERVICE AREA'S KEY HEALTH NEEDS AND THEN EMPLOYED A PRIORITY-SETTING PROCESS TO DETERMINE THE KEY HEALTH NEEDS ON WHICH TO FOCUS THIS PROCESS INCLUDED AN EXAMINATION OF BOTH THE MEDICAL CENTERS' AND THE COMMUNITY'S ISSUES/CHALLENGES AND ASSETS, AND DISCUSSIONS WITH EXTERNAL KEY INFORMANTS TO DETERMINE THE POTENTIAL FOR PARTNERSHIPS WITH OTHER ORGANIZATIONS AND FOR SHARING RESOURCES TO ADDRESS COMMUNITY NEED THE ROLES AND AFFILIATIONS OF INDIVIDUALS WITH WHOM ACMC CONSULTED DURING ITS MOST RECENT CHNA AS WELL AS THE MEANS BY WHICH THEY WERE CONSULTED ARE AS FOLLOWS * STUDENT HEALTH SPECIALIST, OFFICE OF STUDENT HEALTH AND WELLNESS, CHICAGO PUBLIC SCHOOLS (MEETINGS AND INTERVIEWS) * VICE PRESIDENT, HEALTH OPERATIONS, AUNT MARTHA'S HEALTH CENTER (MEETINGS) * VICE PRESIDENT, OPERATIONS, RONALD MCDONALD HOUSE CHARITIES OF CHICAGO AND NORTHWEST INDIANA (MEETINGS) * CO-FOUNDER/EXECUTIVE DIRECTOR, ARAB AMERICAN FAMILY SERVICES (MEETINGS) * PASTORS/CONGREGATIONAL LEADERS, SOUTHWEST SUBURBAN CONGREGATION COLLABORATION (MEETINGS) ADVOCATE LUTHERAN GENERAL HOSPITAL IN SUPPORT OF THIS VISION AND IN ALIGNMENT WITH ADVOCATE HEALTH CARE'S STANDARDIZED APPROACH, LUTHERAN GENERAL HOSPITAL CONVENED A COMMUNITY HEALTH COUNCIL TO CONDUCT ITS COMPREHENSIVE CHNA THIS COUNCIL WAS CHAIRED BY THE HOSPITAL'S COMMUNITY HEALTH LEADER AND COMPRISED OF REPRESENTATIVES FROM THE EXECUTIVE TEAM, PUBLIC AFFAIRS AND MARKETING, MISSION AND SPIRITUAL CARE, AND BUSINESS DEVELOPMENT AND STRATEGY COMMUNITY MEMBERS SERVING ON THE HOSPITAL'S GOVERNING COUNCIL WERE ALSO RECRUITED AS ACTIVE PARTICIPANTS IN THE COMMUNITY HEALTH COUNCIL ADDITIONAL HOSPITAL STAFF AND COMMUNITY REPRESENTATIVES WERE ADDED AS THE PROCESS EVOLVED TO FILL IN ANY COMMUNITY HEALTH COUNCIL GAPS IN EXPERTISE THE TITLES OF THE COMMUNITY HEALTH COUNCIL'S MEMBERS AND THE NAMES OF THE ORGANIZATIONS REPRESENTED ARE PROVIDED BELOW LUTHERAN GENERAL HOSPITAL COMMUNITY HEALTH COUNCIL MEMBERS LUTHERAN GENERAL HOSPITAL INTERNAL MEMBERS * DIRECTOR, COMMUNITY AND HEALTH RELATIONS * VP, MISSION AND SPIRITUAL CARE * DIRECTOR, OLDER ADULT SERVICES * DIRECTOR, PUBLIC AFFAIRS AND MARKETING * STRATEGIC SPECIALIST, BUSINESS DEVELOPMENT * EXECUTIVE CLINICAL DIRECTOR, HEART/VASCULAR/CC/ED/TRAUMA DIRECTOR, OPERATIONS-REH AB/OUTPATIENT PSYCHOLOGY/NEUROLOGY * MANAGER, MENTAL HEALTH SERVICES * ADVOCATE MEDICAL GROUP COMMUNITY RELATIONS REPRESENTATIVE, BEHAVIORAL HEALTH AND ADVOCATE ADDICTION TREATMENT PROGRAM COMMUNITY MEMBERS * SUPERINTENDENT, ROUNDOUT SCHOOL DISTRICT #72/MEMBER, GOVERNING COUNCIL, LUTHERAN GENERAL HOSPITAL * VP, US BANK/MEMBER, GOVERNING COUNCIL, LUTHERAN GENERAL HOSPITAL * DIRECTOR, CHRONIC DISEASE PREVENTION & HEALTH PROMOTION, COOK COUNTY DEPARTMENT OF HEALTH * PROGRAM DIRECTOR, NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI) * ASSISTANT DIRECTOR, MAINE TOWNSHIP - MAINESTAY YOUTH AND FAMILY SERVICES * SENIOR DIRECTOR, COMMUNITY HEALTH, AMERICAN HEART ASSOCIATION * CHIEF OF POLICE, PARK RIDGE * ENVIRONMENTAL HEALTH OFFICER, PARK RIDGE * MENTAL HEALTH SERVICES DI</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SEC B, LINE 2	<p>RECTOR, LUTHERAN SOCIAL SERVICES (LSSI) * ASSISTANT PRINCIPAL, DISTRICT 207 * FACILITATOR OF SCHOOL HEALTH SERVICES, DISTRICT 64 * MEMBER, PARK RIDGE HEALTHY COMMUNITY PARTNERSHIP AND JOINT COMMUNITY RECOVERY RESPONSE TEAM * MEMBER, DES PLAINES HEALTHY COMMUNITY PARTNER SHIP IN ITS CHNA, ADVOCATE LUTHERAN GENERAL HOSPITAL ALSO CONSULTED WITH THE FOLLOWING COM MUNITY ORGANIZATIONS * SCHOOL DISTRICT 64 * SCHOOL DISTRICT 207 * CHIEF OF POLICE, PARK R IDGE * POLICE CHIEF ADVISORY TASK FORCE, PARK RIDGE * REGION 9 EMS FIRE DEPARTMENT DATA * DES PLAINES, PARK RIDGE AND NILES POLICE DEPARTMENTS * DIRECTOR OF EPIDEMIOLOGY, COOK COUN TY DEPARTMENT OF HEALTH * LUTHERAN GENERAL HOSPITAL EMERGENCY MEDICAL SERVICES (EMS), LUTH ERAN GENERAL EMS RESOURCE HOSPITAL FOR PARK RIDGE, NILES, MORTON GROVE, NORTH MAINE AND GL ENVIEW * PARK RIDGE HEALTHY COMMUNITY PARTNERSHIP * DES PLAINES HEALTHY COMMUNITY PARTNERS HIP * VILLAGE OF NILES * VILLAGE OF GLENVIEW * VILLAGE OF MORTON GROVE * PARK RIDGE HEALTH COMMISSION * PARK RIDGE HUMAN NEEDS TASK FORCE * PARK RIDGE CHAMBER OF COMMERCE HEALTH CA RE FORUM * JOINT COMMUNITY RECOVERY RESPONSE TEAM * PARK RIDGE COMMUNITY FUND * MEMBERS OF PARK RIDGE AND NILES MINISTERIAL ASSOCIATIONS * FAITH COMMUNITIES * DIRECTOR, COUNCIL OF ADVISORS, LUTHERAN GENERAL HOSPITAL * PATIENT ADVISORY COUNCILS, LUTHERAN GENERAL HOSPITAL * MEMBERS OF THE HEALTHIER PARK RIDGE PROJECT * COMMUNITY LEADERS, SOUTH ASIAN, KOREAN AN D POLISH COMMUNITIES * FOCUS GROUP PARTICIPANTS ADVOCATE GOOD SAMARITAN HOSPITAL IN SUPPORT OF THIS VISION AND IN ALIGNMENT WITH ADVOCATE HEALTH CARE'S STANDARDIZED APPROACH, GOOD SAMARITAN HOSPITAL CONVENED A COMMUNITY HEALTH COUNCIL TO CONDUCT ITS COMPREHENSIVE CHNA THIS COUNCIL WAS CHAIRED BY THE HOSPITAL'S COMMUNITY HEALTH LEADER AND COMPRISED OF REPRESENTATIVE(S) FROM THE EXECUTIVE TEAM, PUBLIC AFFAIRS AND MARKETING, MISSION AND SPIRITUAL CARE, AND BUSINESS DEVELOPMENT AND STRATEGY COMMUNITY MEMBERS SERVING ON THE HOSPITAL'S GO VERNING COUNCIL WERE ALSO RECRUITED AS ACTIVE PARTICIPANTS IN THE COMMUNITY HEALTH COUNCIL ADDITIONAL HOSPITAL STAFF AND COMMUNITY REPRESENTATIVES WERE ADDED AS THE PROCESS EVOLVE D TO FILL IN ANY COMMUNITY HEALTH COUNCIL GAPS IN EXPERTISE THE TITLES/CREDENTIALS AND AFFILIATIONS OF THE REPRESENTATIVES ON THE COMMUNITY HEALTH COUNCIL ARE PROVIDED BELOW COMM UNITY HEALTH COUNCIL MEMBERS (VIA FACE-TO-FACE MEETINGS) * PRESIDENT & CEO, DOWNERS GROVE AREA CHAMBER OF COMMERCE & INDUSTRY * PUBLIC INFORMATION OFFICER, DOWNERS GROVE FIRE DEPAR TMENT * LIEUTENANT FIREFIGHTER, EMT, PARAMEDIC, DOWNERS GROVE FIRE DEPARTMENT * PUBLIC EDU CATION MANAGER, DOWNERS GROVE POLICE DEPARTMENT * EXECUTIVE DIRECTOR, DUPAGE COUNTY HEALTH DEPARTMENT * EXECUTIVE DIRECTOR, DUPAGE SENIOR CITIZENS COUNCIL * EXECUTIVE DIRECTOR, IND IAN BOUNDARY YMCA * EXECUTIVE DIRECTOR, XILIN CENTER * EXECUTIVE DIRECTOR, ACCESS DUPAGE * ASSISTANT SUPERINTENDENT OF CURRICULUM AND INSTRUCTION, DOWNERS GROVE SCHOOL DISTRICT 58 * NURSE CARE MANAGER, CANTATA ADULT SERVICES * MANAGER, PEACE MEMORIAL MANOR * SENIOR SERV ICES COORDINATOR, PEACE MEMORIAL MANOR * LARC PROGRAM DIRECTOR, DUPAGE FEDERATION ON HUMAN SERVICES * ASSISTANT DIRECTOR, ADULT HEALTH, DUPAGE COUNTY HEALTH DEPARTMENT * SUPERVISOR , SENIOR ADVOCATE, ADVOCATE GOOD SAMARITAN HOSPITAL * COORDINATOR, EMERGENCY MEDICAL SERVI CES SYSTEM/CONTINUING EDUCATION, ADVOCATE GOOD SAMARITAN HOSPITAL THE PROCESS ENGAGED THE COMMUNITY HEALTH COUNCIL IN REGULAR FACE-TO-FACE MEETINGS TO REVIEW SECONDARY DATA, IDENTI FY THE COMMUNITY'S CHALLENGES AND ASSETS, AND SELECT PRIORITY NEEDS THAT THE HOSPITAL WOULD ADDRESS ADVOCATE GOOD SHEPHERD HOSPITAL THE HOSPITAL PARTNERED WITH EACH OF THE NEIGHBO RING PUBLIC HEALTH DEPARTMENTS, BOTH LAKE AND MCHENRY COUNTIES, TO PARTICIPATE IN A COMPRE HENSIVE NEEDS ASSESSMENT PROCESS EACH OF THE HEALTH DEPARTMENTS UTILIZED A VERSION OF THE MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) PROCESS TO COMPLETE THE ASSESSM ENT WHICH INCLUDED INTERVIEWS, FOCUS GRO</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>ADVOCATE SOUTH SUBURBAN HOSPITAL CONVENED A COMMUNITY HEALTH COUNCIL TO CONDUCT ITS COMPREHENSIVE CHNA. THIS COUNCIL WAS CHAIRED BY THE HOSPITAL'S VICE PRESIDENT OF MISSION AND SPIRITUAL CARE AND WAS COMPRISED OF HOSPITAL REPRESENTATIVES FROM BUSINESS DEVELOPMENT, COMMUNITY RELATIONS, VOLUNTEER SERVICES, PUBLIC AFFAIRS AND MARKETING, ONCOLOGY SERVICES AND RESPIRATORY CARE. ADDITIONALLY, COMMUNITY MEMBERS PARTICIPATED ON THE COMMUNITY HEALTH COUNCIL, INCLUDING REPRESENTATIVES FROM AUNT MARTHA'S COMMUNITY HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND FAITH LEADERS WHO ARE ALSO MEMBERS OF SOUTH SUBURBAN HOSPITAL'S GOVERNING COUNCIL. THE TITLES AND AFFILIATIONS OF THE COMMUNITY HEALTH COUNCIL'S MEMBERS ARE PROVIDED BELOW: ADVOCATE SOUTH SUBURBAN HOSPITAL COMMUNITY HEALTH COUNCIL MEMBERS * DIRECTOR, NURSING, AUNT MARTHA'S COMMUNITY HEALTH CENTER, HAZEL CREST CAMPUS * DIRECTOR, COMMUNITY RELATIONS, AUNT MARTHA'S COMMUNITY HEALTH CENTER * ASSOCIATE PASTOR, COVENANT UNITED CHURCH OF CHRIST - SOUTH HOLLAND/MEMBER, SOUTH SUBURBAN HOSPITAL GOVERNING COUNCIL * LAY FAITH LEADER, PILGRIM FAITH UNITED CHURCH OF CHRIST - OAK LAWN/MEMBER, SOUTH SUBURBAN HOSPITAL GOVERNING COUNCIL * INTERN, GOVERNORS STATE UNIVERSITY * VP, MISSION AND SPIRITUAL CARE, SOUTH SUBURBAN HOSPITAL * VP, BUSINESS DEVELOPMENT, SOUTH SUBURBAN HOSPITAL * COMMUNITY RELATIONS COORDINATOR, SOUTH SUBURBAN HOSPITAL * MANAGER, VOLUNTEER SERVICES, SOUTH SUBURBAN HOSPITAL * BREAST HEALTH SPECIALIST, SOUTH SUBURBAN HOSPITAL * MANAGER, RESPIRATORY CARE, SOUTH SUBURBAN HOSPITAL THROUGH KEY INFORMANT INTERVIEWS, THE HOSPITAL ALSO CONSULTED WITH FQHC LEADERS, SCHOOL NURSES, PARISH NURSES AND FAITH LEADERS WITHIN THE PRIMARY SERVICE AREA (PSA). MUCH OF THE EXTERNAL QUANTITATIVE DATA WAS SUPPLIED BY THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH), ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) AND UNIVERSITY OF WISCONSIN - COUNTY HEALTH RANKINGS. ADVOCATE BROMENN MEDICAL CENTER: ADVOCATE BROMENN MEDICAL CENTER RECEIVED INPUT FROM AN ARRAY OF COMMUNITY MEMBERS THROUGH ITS COMMUNITY HEALTH COUNCIL. THE PRIMARY METHOD OF OBTAINING INPUT WAS THROUGH MEETINGS. INTERVIEWS WERE ALSO CONDUCTED TO OBTAIN INFORMATION. THE TITLES AND AFFILIATIONS OF THE COMMUNITY MEMBERS THAT PARTICIPATED IN ADVOCATE BROMENN'S COMMUNITY HEALTH NEEDS ASSESSMENT ARE LISTED BELOW: * ASSISTANT ADMINISTRATOR, MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT/ADVOCATE BROMENN GOVERNING COUNCIL MEMBER * SUPERVISOR, MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT * EXECUTIVE DIRECTOR, COMMUNITY HEALTH CARE CLINIC * SUPERINTENDENT OF SCHOOLS, MCLEAN COUNTY UNIT DISTRICT #5 * DIRECTOR, AMERICAN RED CROSS OF THE HEARTLAND/ADVOCATE BROMENN GOVERNING COUNCIL MEMBER * ASSOCIATE PASTOR, CALVARY UNITED METHODIST CHURCH * PROFESSOR, ILLINOIS STATE UNIVERSITY'S MENNONITE COLLEGE OF NURSING * PRESIDENT, MCLEAN COUNTY INDIA ASSOCIATION * VICE PRESIDENT, BUSINESS DEVELOPMENT, ADVOCATE BROMENN MEDICAL CENTER * ADMINISTRATOR, ADVOCATE EUREKA HOSPITAL * MANAGER OF WELLNESS SERVICES, ADVOCATE BROMENN MEDICAL CENTER * TRUMA COORDINATOR, ADVOCATE BROMENN MEDICAL CENTER * SERVICE AREA ADMINISTRATOR FOR BEHAVIORAL HEALTH SERVICES, ADVOCATE BROMENN MEDICAL CENTER * DIRECTOR OF CRITICAL CARE SERVICES, MEDICAL AND ONCOLOGY SPECIALTY UNIT/PEDIATRICS/OUTPATIENT INFUSION, PROGRESSIVE CARE UNIT AND SURGICAL/ORTHO UNIT, ADVOCATE BROMENN MEDICAL CENTER * COORDINATOR OF CHURCH RELATIONS, ADVOCATE BROMENN MEDICAL CENTER * MANAGER, CASE MANAGEMENT, ADVOCATE BROMENN MEDICAL CENTER * CLIENT PROGRAM SPECIALIST, WOMEN'S CENTER, ADVOCATE BROMENN MEDICAL CENTER * DIETITIAN, ADVOCATE BROMENN MEDICAL CENTER * DIABETES EDUCATOR, ADVOCATE BROMENN MEDICAL CENTER * COORDINATOR, PUBLIC AFFAIRS AND MARKETING, ADVOCATE BROMENN MEDICAL CENTER. ADVOCATE BROMENN MEDICAL CENTER COLLABORATED WITH THE MCLEAN COUNTY HEALTH DEPARTMENT IN CONDUCTING ITS COMMUNITY HEALTH NEEDS ASSESSMENT AND IN SELECTING ITS KEY HEALTH PRIORITIES. THE HOSPITAL'S COMMUNITY HEALTH LEADER IN CHARGE OF THE CHNA WAS A MEMBER OF THE MCLEAN COUNTY COMMUNITY HEALTH ADVISORY COMMITTEE AND ASSISTED IN THE DEVELOPMENT OF MCLEAN COUNTY'S 2012-2017 COMMUNITY HEALTH PLAN (CHP). ADVOCATE BROMENN MEDICAL CENTER'S CHNA AND MCLEAN COUNTY'S CHP ARE VERY CLOSELY ALIGNED AND THIS SYNERGY RESULTS IN HAVING MORE COLLECTIVE IMPACT IN ADDRESSING COMMUNITY NEEDS. THE ADVOCATE BROMENN AND ADVOCATE EUREKA HOSPITALS' DELEGATE CHURCH ASSOCIATION MEMBERS WERE CONSULTED AT A SPECIAL MEETING OF THE GROUP. THE DELEGATE CHURCH ASSOCIATION IS COMPRISED OF 80 CHURCHES THAT ASSIST THE HOSPITALS IN THEIR MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY. ADVOCATE TRINITY HOSPITAL: ADVOCATE TRINITY HOSPITAL CONVENED A COMMUNITY HEALTH COUNCIL TO CONDUCT ITS COMPREHENSIVE CHNA. THIS COUNCIL WAS CHAIRED BY THE HOSPITAL'S COMMUNITY HEALTH LEADER AND COMPRISED OF REPRESENTATIVES FROM THE EXECUTIVE TEAM, PUBLIC AFFAIRS AND MARKETING, MISSION AND SPIRITUAL CARE, AND BUSINESS DEVELOPMENT AND STRATEGY. COMMUNITY MEMBERS SERVING</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>ON THE HOSPITAL'S GOVERNING COUNCIL WERE ALSO RECRUITED AS ACTIVE PARTICIPANTS IN THE COMMUNITY HEALTH COUNCIL ADDITIONAL TRINITY HOSPITAL STAFF AND COMMUNITY REPRESENTATIVES WERE ADDED AS THE PROCESS EVOLVED TO FILL IN ANY COMMUNITY HEALTH COUNCIL GAPS IN EXPERTISE THE TITLES AND AFFILIATIONS OF THE COMMUNITY HEALTH COUNCIL'S MEMBERS ARE PROVIDED BELOW T RINITY HOSPITAL COMMUNITY HEALTH COUNCIL MEMBERS * STATE REPRESENTATIVE 33RD DISTRICT, ILLINOIS GENERAL ASSEMBLY * PROGRAM SUPERVISOR, METROPOLITAN FAMILY SERVICES * PUBLIC HEALTH ADMINISTRATOR, CHICAGO DEPARTMENT OF PUBLIC HEALTH * ADMINISTRATOR PROFESSIONAL SERVICES, SOUTH SHORE HOSPITAL * PHYSICIAN, ASSOCIATES IN NEPHROLOGY * RETIRED CHICAGO PUBLIC SCHOOL S EDUCATOR, COMMUNITY REPRESENTATIVE * RETIRED HEALTHCARE ADMINISTRATOR, CHICAGO DEPARTMEN T OF PUBLIC HEALTH, COMMUNITY REPRESENTATIVE * COMMUNITY RELATIONS SPECIALIST, BLUE CROSS BLUE SHIELD OF ILLINOIS * MANAGER, COMMUNITY HEALTH PROMOTION, TRINITY HOSPITAL * MANAGER, FINANCE, TRINITY HOSPITAL * MANAGER, PLANNING, TRINITY HOSPITAL * VP, MISSION AND SPIRITUAL CARE, TRINITY HOSPITAL * ACCOUNT MANAGER, ACKERS PACKAGING/MEMBER, TRINITY HOSPITAL GOV ERNING COUNCIL * OWNER, A-DESIGN STUDIO/MEMBER, TRINITY HOSPITAL GOVERNING COUNCIL * FOUNDER, TEECH FOUNDATION/MEMBER, TRINITY HOSPITAL GOVERNING COUNCIL * ADVANCED PRACTICE NURSE, SURGERY, TRINITY HOSPITAL * ADVANCED PRACTICE NURSE, MEDICAL, TRINITY HOSPITAL * COORDINA TOR HEALTH EDUCATION, EMERGENCY DEPARTMENT, TRINITY HOSPITAL THE HOSPITAL'S COMMUNITY HEAL TH COUNCIL MEMBERS ATTENDED TWO CHNA WORKSHOPS HOSTED BY THE ADVOCATE SYSTEM THAT WERE DES IGNED TO LAUNCH THE PROCESS BY EDUCATING THEM ON HOW TO CONDUCT AN ASSESSMENT AND HOW TO F IND RELIABLE DATA SOURCES USING BOTH PRIMARY AND SECONDARY COMMUNITY HEALTH DATA, THE TEA M IDENTIFIED THE TOTAL SERVICE AREA'S KEY HEALTH NEEDS AND THEN EMPLOYED A PRIORITY-SETTIN G PROCESS TO DETERMINE KEY HEALTH NEEDS ON WHICH TO FOCUS THIS PROCESS INCLUDED AN EXAMIN ATION OF BOTH TRINITY HOSPITAL'S AND THE COMMUNITY'S ISSUES/CHALLENGES AND ASSETS, AND DIS CUSSIONS WITH EXTERNAL KEY INFORMANTS TO DETERMINE THE POTENTIAL FOR PARTNERSHIPS WITH OTH ER ORGANIZATIONS AND FOR SHARING RESOURCES TO ADDRESS COMMUNITY NEED THE HOSPITAL FACILIT Y ALSO CONSULTED WITH THE CHICAGO DEPARTMENT OF PUBLIC HEALTH TO OBTAIN DATA REPORTS FOR THE COMMUNITY AREAS SERVED BY THE HOSPITAL ADVOCATE EUREKA HOSPITAL ADVOCATE EUREKA HOSPIT AL WORKED WITH MEMBERS OF THE COMMUNITY THROUGH ITS PARTNERSHIP WITH THE WOODFORD COUNTY H EALTH DEPARTMENT TO REVIEW ITS CHNA FINDINGS STAFF MEMBERS AT ADVOCATE BROMENN MEDICAL CE NTER, LOCATED 30 MINUTES SOUTHEAST OF EUREKA IN NORMAL, WERE ALSO A PART OF THE HOSPITAL'S CHNA TEAM BOTH HOSPITALS FALL UNDER THE ADMINISTRATION OF THE SAME PRESIDENT THE PRIMAR Y METHOD OF OBTAINING INPUT WAS THROUGH MEETINGS THE TITLES AND AFFILIATIONS OF THE REPRE SENTATIVES ON THE COMMUNITY HEALTH COUNCIL ARE PROVIDED BELOW ADVOCATE EUREKA HOSPITAL - BROMENN MEDICAL CENTER COMMUNITY HEALTH COUNCIL * ADMINISTRATOR, WOODFORD COUNTY HEALTH DE PARTMENT * DIRECTOR OF HEALTH EDUCATION AND SUPPORTIVE SERVICES, WOODFORD COUNTY HEALTH DE PARTMENT * SUPERINTENDENT OF MARSHALL, PUTNAM AND WOODFORD COUNTIES, REGIONAL OFFICE OF ED UCATION * RETIRED SUPERINTENDENT, SCHOOL DISTRICT 140 EUREKA - GOODFIELD - CONGERVILLE * R EGIONAL DIRECTOR OF HEALTH INITIATIVES, AMERICAN CANCER SOCIETY * ASSISTANT DEAN/DIRECTOR OF RESIDENTIAL LIFE, EUREKA COLLEGE * MINISTER, DISCIPLES OF CHRIST CHURCH * ADMINISTRATOR , HERITAGE HEALTH NURSING HOME-SKILLED NURSING FACILITY - EL PASO * EXECUTIVE DIRECTOR, WO ODFORD COUNTY HOUSING ASSOCIATION * NUTRITION AND WELLNESS EDUCATOR, UNIVERSITY OF ILLINOI S EXTENSION * EXECUTIVE DIRECTOR, TAZEWELL-WOODFORD HEAD START * EXECUTIVE DIRECTOR, HEART HOUSE/HEARTLINE SHELTER * PRINCIPAL, EL PASO-GRIDLEY HIGH SCHOOL * DIRECTOR, ENVIRONMENTA L HEALTH, WOODFORD COUNTY HEALTH DEPARTMENT * DIRECTOR, LIVINGSTON/MCLEAN/WOODFORD COUNTY COOPERATIVE EXTENSION SERVICE * IDOT INJ</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SEC B, LINE 6A	<p>ADVOCATE GOOD SHEPHERD HOSPITAL'S CHNA WAS CONDUCTED WITH THE FOLLOWING OTHER HOSPITAL FACILITIES - ADVOCATE CONDELL MEDICAL CENTER, LIBERTYVILLE, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) - CENTEGRA HEALTH SYSTEMS, MCHENRY, IL - LOVELL FEDERAL HEALTHCARE CENTER, NORTH CHICAGO, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) - NORTHWESTERN LAKE FOREST HOSPITAL, LAKE FOREST, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) - VISTA HEALTH SYSTEMS, WAUKEGAN, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) ADVOCATE BROMENN MEDICAL CENTER'S CHNA WAS CONDUCTED WITH ADVOCATE EUREKA HOSPITAL IN EUREKA, IL ADVOCATE EUREKA HOSPITAL'S CHNA WAS CONDUCTED WITH ADVOCATE BROMENN MEDICAL CENTER IN NORMAL, IL PART V, SEC B, LINE 6B N/A PART V, SEC B, LINE 7D ADVOCATE BROMENN MEDICAL CENTER THE LINK FOR THE CHNA REPORT WAS EMAILED TO ADVOCATE BROMENN AND ADVOCATE EUREKA HOSPITALS' DELEGATE CHURCH ASSOCIATION MEMBERS WHO REPRESENT 80 CHURCHES NUMEROUS COPIES OF THE REPORT AND THE LINK FOR THE REPORT HAVE ALSO BEEN DISTRIBUTED TO THE MCLEAN COUNTY COMMUNITY HEALTH ADVISORY COMMITTEE, THE ADVOCATE BROMENN MEDICAL CENTER COMMUNITY HEALTH COUNCIL, AND OTHER APPROPRIATE COMMUNITY PARTNERS, SUCH AS THE DIRECTOR OF THE COMMUNITY HEALTH CARE CLINIC ADVOCATE EUREKA HOSPITAL THE LINK FOR THE CHNA REPORT WAS EMAILED TO ADVOCATE BROMENN MEDICAL CENTER'S AND ADVOCATE EUREKA HOSPITAL'S DELEGATE CHURCH ASSOCIATION MEMBERS, WHICH IS COMPRISED OF 80 CHURCHES A COPY OF THE REPORT WAS ALSO GIVEN TO THE ADMINISTRATOR OF THE WOODFORD COUNTY HEALTH DEPARTMENT PART V, SEC B, LINE 11 ADVOCATE CHRIST MEDICAL CENTER HEALTH NEEDS SELECTED TO ADDRESS THREE NEEDS WERE SELECTED AS KEY AREAS OF FOCUS, INCLUDING 1) CHILDHOOD OBESITY, 2) VIOLENCE REDUCTION, AND 3) ACCESS TO PEDIATRIC PRIMARY MEDICAL CARE FOR LOW INCOME, UNINSURED/UNDER-INSURED, AT-RISK CHILDREN CHILDHOOD OBESITY THE PROACTIVE KIDS (PAK) PROGRAM IS AN EIGHT WEEK WEIGHT LOSS AND FITNESS PROGRAM THAT TARGETS CHILDREN AGES 8- 18 WHO ARE IN THE 85TH PERCENTILE AND ABOVE FOR BMI, RESIDING IN THE HOSPITALS' PRIMARY AND SECONDARY SERVICE AREAS AND REFERRED BY A PHYSICIAN PAK IS OFFERED THREE TIMES EACH CALENDAR YEAR AND CAN ACCOMMODATE A MAXIMUM OF 30 CHILDREN AT EACH SESSION IN 2014, THE PAK PROGRAM IN OAK LAWN HAD 66 REGISTERED PARTICIPANTS THE PROGRAM IS DESIGNED TO INTRODUCE HEALTHIER LIFESTYLE OPTIONS TO CHILDREN AND THEIR FAMILIES THROUGH FITNESS, NUTRITION AND LIFESTYLE COACHING THE GOAL IS TO IMPROVE CHILDREN'S HEALTH BY PROVIDING TOOLS TO ACHIEVE AND MAINTAIN A HEALTHY WEIGHT, BMI AND FITNESS LEVEL PAK TRAINERS FOLLOW A FITNESS PROGRAM ESTABLISHED BY RIGHT FIT SPORT WELLNESS THAT INCLUDES THREE 45-MINUTE SESSIONS EACH WEEK DESIGNED TO INCREASE MUSCULAR ENDURANCE AND STRENGTH, CARDIOVASCULAR ENDURANCE, FLEXIBILITY AND REDUCE BODY FAT/BMI NUTRITIONAL HEALTH ACTIVITIES ARE LED BY LICENSED DIETICIANS AND A FAMILY-INCLUSIVE APPROACH IS USED TO PROMOTE MAKING LIFESTYLE CHANGES TOGETHER LEADING TO HEALTHIER EATING HABITS EACH 40-MINUTE NUTRITION LESSON ENGAGES THE ENTIRE FAMILY TO DISCUSS PROPER NUTRITION AS WELL AS TOOLS FOR MAKING HEALTHY SNACKS AND MEAL PREPARATION COUNSELORS FOLLOW A CURRICULUM DESIGNED BY MEIER CLINICS TO REINFORCE CONFIDENCE, ENCOURAGE COMMUNICATION AND TEACH VALUABLE COPING SKILLS TO EMPOWER KIDS TO TAKE CONTROL OF THEIR LIVES AND DECISIONS PROGRAM DATA IS GATHERED BY THE FITNESS TEAM PRE-PAK ENROLLMENT, WEEK 1 AND WEEK 8 USING PROGRESSION SURVEYS AND BODY COMPOSITION MEASUREMENTS INCLUDING WEIGHT, BMI, BODY FAT, FAT MASS, FAT FREE MASS, AND HIP TO WAIST RATIO THE PROGRAM OBJECTIVES WERE TO * INCREASE MUSCLE AND DECREASE BODY FAT AND BMI FOR ATTENDEES - IN 2014, FOR ALL PARTICIPANTS, BODY FAT DECREASED AN AVERAGE OF 2.5%, BMI DECREASED BY 1.23 POINTS, AVERAGE WEIGHT DECREASED BY 3.08 POUNDS SEVENTY ONE PERCENT OF PAK PARENTS REPORTED PERSONAL WEIGHT LOSS AS A RESULT OF THEIR CHILD'S PARTICIPATION IN PAK * CREATE HEALTHIER FOOD SELECTION, COOKING AND EATING HABITS - NUTRITIONISTS PROVIDED WEEKLY EDUCATION TO CHILDREN AND THEIR PARENTS REGARDING HEALTHY CHOICES AND FOOD PREPARATION ONE HUNDRED PERCENT OF FAMILY MEMBERS REPORTED AN IMPROVEMENT IN THEIR CHILD'S ATTITUDE TOWARD DIET AND NUTRITION IN THE PROGRESSION SURVEY COMPLETED AT THE END OF THE EIGHT-WEEK SESSION * BUILD CONFIDENCE AND INCREASE COMMUNICATION AND COPING SKILLS - WEEKLY LESSONS WERE TAUGHT TO GIVE PARTICIPANTS NEW SKILLS ONE HUNDRED PERCENT OF PAK PARENTS REPORTED THEIR CHILD'S CONFIDENCE, COMMUNICATION AND COPING SKILLS HAD IMPROVED IN THE PROGRESSION SURVEY COMPLETED AT THE END OF THE EIGHT-WEEK SESSION VIOLENCE IS A SIGNIFICANT PROBLEM IN MANY NEIGHBORHOODS IN CHRIST MEDICAL CENTER'S TOTAL SERVICE AREA THE COMMUNITIES WITH THE HIGHEST RATES OF VIOLENCE ARE ROSELAND, ENGLEWOOD, CHICAGO LAWN/WEST LAWN, GRAND BOULEVARD AND WOODLAWN GIVEN THAT CHRIST MEDICAL CENTER IS THE ONLY LEVEL 1 TRAUMA CENTER SERVING THESE COMMUNITIES, THE MEDICAL CENTER PROVIDES TRAUMA SERVICES TO A</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SEC B, LINE 6A	<p>HIGH VOLUME OF GUNSHOT VICTIMS TO ADDRESS GUN VIOLENCE IN CHRIST MEDICAL CENTER'S SERVICE AREA, THE MEDICAL CENTER HAS PARTNERED WITH CEASEFIRE WITH THE GOAL OF REDUCING VIOLENCE IN THESE FIVE COMMUNITIES CEASEFIRE IS A LOCAL BRANCH OF THE CURE VIOLENCE ORGANIZATION WHOSE MISSION IS TO STOP TRANSMISSION OF VIOLENCE AT THE SOURCE, WHILE ATLERING NORMS AND B EHAVIOR SO THAT FEWER PEOPLE ARE AFFECTED HIGHLY TRAINED VIOLENCE INTERRRPTERS -FORMER P ERPETRATORS - AIM TO DISRPUPT CONFLICTS BEFORE THEY HAPPEN AND EDUCATE THE COMMUNITY ABOUT THE CONSEQUENCES OF VIOLENT BEHAVIOR THE CEASEFIRE COLLABORATION'S OBJECTIVE IS TO REDUC E RETALIATORY VIOLENCE IN THE COMMUNITY FOLLOWING A VIOLENT INCIDENT CEASEFIRE HAS ONE VI OLENCE INTERRUPTER ASSIGNED EXCLUSIVELY TO CHRIST MEDICAL CENTER WITH OTHERS AVAILABLE AS NEEDED WHEN A VICTIM OF VIOLENCE IS TRANSPORTED TO CHRIST'S EMERGENCY DEPARTMENT, THE VIO LENCE INTERRUPTER MEETS WITH THE VICTIM'S FAMILY MEMBERS AND FRIENDS, PROVIDING COUNSELING BEFORE RETALIATION CAN BE INITIATED TO QUELL THE LIKELIHOOD OF ANOTHER ACT OF VIOLENCE OC CURRING IN 2014, THIS VIOLENCE INTERRUPTER MET WITH 617 PATIENTS WHO WERE VICTIMS OF VIOL ENCE NINETY PERCENT OF THESE PATIENTS WERE ASSESSED FOR FOLLOW-UP NEEDS AND 97 9% WERE CO NNECTED TO LONG-TERM COMMUNITY SUPPORT ACCESS TO CARE FOR LOW-INCOME/UNDERINSURED AT-RISK CHILDREN AS EVIDENT IN ACMC'S CHNA, ACCESS TO CARE IS DIFFICULT FOR LOW INCOME, UNINSURED /UNDER-INSURED, AT-RISK CHILDREN IN CHRIST'S PRIMARY SERVICE AREA SEVERAL DATA SOURCES US ED FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT CHNA) CONFIRM THE NEED FOR ACCESSIBLE, BASIC PEDIATRIC MEDICAL CARE IN CHRIST'S SERVICE AREA WHICH INCLUDES LARGE AREAS OF CHICAGO'S SO UTH SIDE WHERE STUDENTS ATTEND CHICAGO PUBLIC SCHOOLS (CPS) * 87% OF CPS STUDENTS ARE FRO M LOW INCOME FAMILIES, 25% OF COOK COUNTY CHILDREN ARE LIVING IN POVERTY * 37% OF CHILDR E N IN COOK COUNTY COME FROM SINGLE PARENT FAMILIES * 24% OF COOK COUNTY CHILDREN HAVE INAD EQUATE SOCIAL SUPPORT * AS OF THE FIRST DAY OF SCHOOL 2013, ONLY 40 92% OF CPS STUDENTS WERE IN COMPLIANCE WITH STATE MANDATED SCHOOL PHYSICALS AND IMMUNIZATIONS, LEAVING 158,000+ OUT OF COMPLIANCE * THE OBESITY RATE FOR CHICAGO CHILDREN IS TWICE THE NATIONAL AVERAGE AND SIGNIFICANTLY HIGHER IN BLACK AND HISPANIC CHILDREN THAN IN WHITE CHILDREN * THE RATE OF SEXUALLY TRANSMITTED DISEASES IN COOK COUNTY WAS 671 PER 100,000 POPULATION VERSUS 469 PER 100,000 FOR THE STATE OF ILLINOIS * THE RATE OF TEEN BIRTHS (15-19 YEARS) WAS 49 PER 1,000 POPULATION VS 22 IN THE U S * THE NUMBER OF PRIMARY CARE PHYSICIANS AVAILABLE WAS 736 1 IN COOK COUNTY VERSUS 976 1 IN THE STATE OF ILLINOIS * CHICAGO HAS THE HIGHEST HOMI CIDE RATE IN CITIES WITH OVER 1 MILLION POPULATION, POTENTIALLY LIMITING SAFE TRAVEL AND A CCESSIBILITY DUE, IN PART, TO PARENTAL AND PROVIDER FEAR AND CONCERN GIVEN THIS INITIAL D ATA, ACMC FURTHER REVIEWED AND PRIORITIZED THE COMMUNITIES OF HIGHEST NEED BASED ON DEMOGR APHIC DATA AND USING THE DIGNITY HEALTH COMMUNITY NEEDS INDEX (CNI) FOR THE CHNA THE RESU LTS GAVE ACMC THE ABILITY TO FOCUS ON COMMUNITIES IN ITS SERVICE AREA WITH SPECIFIC BARRIE RS TO HEALTH CARE ACCESS - NAMELY INCOME, CULTURE/LANGUAGE, EDUCATION, INSURANCE AND HOUSI NG AS A RESULT, ACMC REFOCUSED WHERE THE SERVICES OF THE RONALD MCDONALD CARE MOBILE (RMC M) ARE PROVIDED THE RMCM PROVIDES FREE PHYSICALS, IMMUNIZATIONS AND REFERRALS TO SPECIALI STS, DENTAL AND EYE CARE PROVIDERS AND PRIMARY CARE PHYSICIANS TO LOW INCOME, UNINSURED CH ILDREN THE GOAL IS TO IMPROVE CHILDREN'S HEALTH BY PROVIDING PRIMARY HEALTH CARE SERVICES AND IMPROVING RELATIONSHIPS WITH AREA FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND OTHE R HEALTH PARTNERS WHO CAN OFFER REFERRALS TO SPECIALTY CARE THE FIRST OBJECTIVE WAS TO IM PROVE COMPLIANCE FOR SCHOOL PHYSICALS & IMMUNIZATIONS AT HIGH-NEED SCHOOLS JANUARY - DECE MBER 2014, RMCM STAFF PROVIDED 3,448 VACCINES, 1,923 PHYSICALS AND 895 REFERRALS TO PRIMAR Y CARE PHYSICIANS, 84 REFERRALS TO DENTI</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HEALTH NEEDS NOT SELECTED TO ADDRESS	<p>THE KEY HEALTH NEEDS IDENTIFIED THROUGH ACMC'S CHNA THAT WERE NOT SELECTED BY THE MEDICAL CENTER TO ADDRESS WERE HEART DISEASE, CANCER AND STROKE BECAUSE THEY HAVE PREVIOUSLY BEEN, AND CONTINUE TO BE, ADDRESSED THROUGH SPECIFICALLY DESIGNED CLINICAL PROGRAMS AND COMMUNITY OUTREACH ACTIVITIES. HEART DISEASE: ACMC'S HEART AND VASCULAR INSTITUTE (HVI) IS A PREMIER CARDIAC CARE CENTER IN ILLINOIS, PROVIDING STATE-OF-THE-ART DIAGNOSTICS, INTERVENTION AND REHABILITATION TO ADULTS AND CHILDREN IN THE MEDICAL CENTER'S SERVICE AREA. HVI PERFORMS MORE OPEN HEART SURGERIES ANNUALLY THAN ANY HOSPITAL IN ILLINOIS. STUDIES SHOW THAT PERFORMING LARGE NUMBERS OF PROCEDURES PRODUCES THE BEST POSSIBLE CLINICAL OUTCOMES, ULTIMATELY BENEFITTING ALL THE PATIENTS SERVED IN ACMC'S COMMUNITY. THE MEDICAL CENTER HAS ONE OF THE NATION'S LEADING VENTRICULAR ASSIST DEVICE (VAD) PROGRAMS FOR HEART TRANSPLANT AND ASSIST DEVICE. THIS PROGRAM OFFERS A BRIDGE TO TRANSPLANT THERAPY OR DESTINATION THERAPY FOR PATIENTS WHO ARE NOT TRANSPLANT CANDIDATES. ACMC'S HEART INSTITUTE FOR CHILDREN PROVIDES OPEN AND CLOSED HEART SURGERY, AND ATRIAL FIBRILLATION ABLATION TO TREAT CONGENITAL HEART DISEASES. THE INSTITUTE IS THE LARGEST PEDIATRIC HEART CENTER IN ILLINOIS. THE CONGESTIVE HEART FAILURE CLINIC TREATS MORE THAN 1,000 PATIENTS PER YEAR AT ALL STAGES OF HEART FAILURE AND HAS EARNED DISEASE SPECIFIC CERTIFICATION FROM THE JOINT COMMISSION (TJC). THE COMPREHENSIVE CARDIAC REHABILITATION PROGRAM IS ALSO NATIONALLY CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIAC AND PULMONARY REHABILITATION. FREQUENT COMMUNITY LECTURES AND HEALTH SCREENINGS, INCLUDING BLOOD PRESSURE, BLOOD SUGAR, BODY MASS INDEX AND ANKLE BRACHIAL INDEX FOR PERIPHERAL VASCULAR DISEASE, ARE PROVIDED TO THE COMMUNITY. ACMC ALSO FINANCIALLY SUPPORTS AND PARTNERS WITH THE MUSEUM OF SCIENCE AND INDUSTRY TO PROVIDE "LIVE FROM THE HEART," A VIDEOCONFERENCE-BASED CARDIOVASCULAR EDUCATION PROGRAM FOR HIGH SCHOOL STUDENTS FROM SUBURBAN AND CHICAGO PUBLIC SCHOOLS. THE PROGRAM'S "REAL TIME" VIEWING OF OPEN HEART SURGERY IN THE OPERATING ROOM IMPRESSES UPON STUDENTS THE IMPORTANCE OF MAINTAINING GOOD CARDIAC HEALTH, AS WELL AS EXPOSING STUDENTS TO POTENTIAL INTEREST IN HEALTH CARE CAREERS.</p> <p>CANCER: CHRIST MEDICAL CENTER HAS AND WILL CONTINUE TO ADDRESS ADULT AND PEDIATRIC CANCER CARE NEEDS OF THE COMMUNITY THROUGH THE EXPERIENCE AND ADVANCED TECHNOLOGIES OF THE CANCER INSTITUTE. EACH YEAR, NEARLY 1,800 NEWLY DIAGNOSED CANCER PATIENTS SEEK CARE AT CHRIST MEDICAL CENTER. THESE VOLUMES HAVE MADE THE MEDICAL CENTER ONE OF THE MOST EXPERIENCED CANCER TREATMENT CENTERS IN ILLINOIS. ACMC IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS (ACS) AS A CANCER TEACHING MEDICAL CENTER, THE HIGHEST ACS DESIGNATION POSSIBLE FOR A NON-UNIVERSITY MEDICAL CENTER. CHRIST MEDICAL CENTER ALSO OFFERS LEADING-EDGE TECHNOLOGIES, INCLUDING MINIMALLY INVASIVE APPROACHES LIKE CYBERKNIFE RADIOSURGERY, VIDEO-ASSISTED THORACIC SURGERY (VATS) FOR LUNG TUMORS AND ENDOSCOPIC ULTRASOUND TO DETECT TUMORS TOO SMALL TO BE SEEN BY CT OR MRI SCANS. ALONG WITH THE FAMILY PHYSICIAN, ACMC ALSO COORDINATES SWIFT DIAGNOSTIC TESTING RESULTS TO HELP REDUCE PATIENT ANXIETY WHILE WAITING FOR RESULTS. COMMUNITY OUTREACH IS AN IMPORTANT COMPONENT TO CANCER CARE. CHRIST MEDICAL CENTER RECEIVED A RICE FOUNDATION GRANT, WHICH PROVIDES FOR DIRECTED EDUCATION AND SCREENING ON COLON CANCER AND COLONOSCOPY TO HIGH-RISK, LOW-INCOME POPULATIONS AS IDENTIFIED BY LOCAL RELIGIOUS CONGREGATIONS. REGULAR FREE SKIN CANCER SCREENINGS ARE ALSO PROVIDED AS WELL AS A VARIETY OF CANCER-RELATED EDUCATION PROGRAMS. GILDA'S CLUB OF CHICAGO HAS A SATELLITE SITE IN CHRIST MEDICAL CENTER'S OUTPATIENT PAVILION. THE CLUB OFFERS SUPPORT GROUPS AND SERVICES FOR PEOPLE OF ALL AGES DEALING WITH CANCER, WHETHER IT BE AS A SURVIVOR, A FAMILY MEMBER OR A FRIEND. THE ON-SITE RONALD MCDONALD HOUSE PROVIDES HOUSING AND OTHER SUPPORT PRIMARILY TO FAMILIES OF CHILDREN HOSPITALIZED FOR CANCER, HEART SURGERY OR HIGH RISK BIRTH. THE KEYSER FAMILY PEDIATRIC CANCER CENTER PROVIDES ONE OF THE LARGEST, MOST COMPREHENSIVE PROGRAMS IN THE MIDWEST TO TREAT CHILDHOOD CANCERS AND BLOOD DISORDERS INCLUDING LYMPHOMAS, LEUKEMIA, BRAIN TUMORS, KIDNEY TUMORS, SICKLE CELL DISEASE, APLASTIC ANEMIA, AND PLATELET AND WHITE CELL DISORDERS. THE KEYSER FAMILY PEDIATRIC CANCER CENTER IS AN ACTIVE MEMBER OF THE CHILDREN'S ONCOLOGY GROUP, AN INTERNATIONAL RESEARCH ORGANIZATION SPONSORED BY THE NATIONAL CANCER INSTITUTE, DEDICATED TO DEVELOPING STATE-OF-THE-ART TREATMENTS FOR CHILDHOOD CANCERS. STROKE: COMMUNITY MEMBERS WHO SUFFER A STROKE ARE GUARANTEED THAT EXPERTS AT THE CHRIST MEDICAL CENTER NEUROSCIENCES INSTITUTE WILL APPLY INNOVATIVE SOLUTIONS, INCLUDING NEURO-ENDOVASCULAR AND NEURO-INTERVENTIONAL OPTIONS. CHRIST MEDICAL CENTER IS AN ACCREDITED COMPREHENSIVE STROKE CENTER, TREATING MORE STROKE PATIENTS THAN ANY OTHER HOSPITAL IN THE CHICAGO AREA, AND IS EXPERIENCED IN RESPONDING QUICKLY TO SAVE BRAIN CELLS.</p>

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Form and Line Reference	Explanation
HEALTH NEEDS NOT SELECTED TO ADDRESS	<p>AND PRESERVE QUALITY OF LIFE THE MEDICAL CENTER WAS RATED BY U S NEWS & WORLD REPORT AS A HIGH PERFORMING MEDICAL CENTER IN THE CHICAGO METROPOLITAN REGION IN NEUROLOGY AND NEUR OSURGERY, AND HAS A DEDICATED STROKE NAVIGATOR TO GUIDE PATIENTS THROUGH DIAGNOSIS AND TRE ATMENT THE NEUROSCIENCES INSTITUTE ALSO PROVIDES SEVERAL MONTHLY STROKE SUPPORT GROUPS AN D COMMUNITY EDUCATION OPPORTUNITIES THE STROKE EDUCATORS REGULARLY PROVIDE EDUCATION REGA RDING STROKE RISK FACTORS THROUGHOUT THE MEDICAL CENTER'S SERVICE AREA ADVOCATE LUTHERAN GENERAL HOSPITAL ADVOCATE LUTHERAN GENERAL HOSPITAL (ALGH) ASSESSED AND IDENTIFIED FOUR NE EDS FROM ITS CHNA AS PRIORITIES FOR HOSPITAL ACTION 1) REDUCE CARDIOVASCULAR RISK AND DIS EASE IN THE SOUTH ASIAN COMMUNITY, 2) REDUCE FALLS IN SENIORS 65 AND OLDER IN HOSPITAL SER VICE AREA, 3) REDUCE PREVELANCE OF SMOKING IN THE HOSPITAL SERVICE AREA, AND 4) CREATE A P ROGRAM TO ADDRESS OVERALL HEALTH AND STRESS MANAGEMENT FOR WOMEN AS OF DECEMBER 2014, THE FOLLOWING ACCOMPLISHMENTS ADDRESSED THESE PRIORITIES 1)SOUTH ASIAN CARDIOVASCULAR RISK A ND DISEASE THE SOUTH ASIAN CARDIOVASCULAR CENTER (SACC) a) OFFERED COMMUNITY LECTURES ED UCATING OVER 5,000 SOUTH ASIANS ON THEIR FOUR TIMES GREATER RISK OF CARDIOVASCULAR DISEASE , b) DEVELOPED A SACC SOCIAL MEDIA PRESENCE TO INCREASE AWARENESS, c) HOSTED RED SARI EVEN T TO RAISE AWARENESS OF CARDIOVASCULAR DISEASE IN SOUTH ASIAN WOMEN, d) LAUNCHED SAHEB (SO UTH ASIAN HEALTHY EATING BENEFITS CHICAGO), e) DESIGNED AND WENT LIVE WITH YOUTUBE SOUTH A SIAN "HEALTHY COOKING SERIES" WITH MASTER CHEF SEASON 2 FINALIST AND SACC ADVISORY BOARD M EMBER, SUZY SINGH, f) ESTABLISHED A PRIMARY/SECONDARY PREVENTION PRACTICE TO PROVIDE ETHNI CALLY APPROPRIATE CARE TO OUTPATIENT SOUTH ASIANS (APPROXIMATELY 15-20 A MONTH), g) PROVID ED SOUTH ASIAN SPECIFIC DIABETES EDUCATION, h) OFFERED VISITS BY ALGH SOUTH ASIAN NURSE NA VIGATOR TO SOUTH ASIAN INPATIENTS THREE TIMES A WEEK TO PROVIDE BEDSIDE EDUCATION AND PATI ENT ADVOCACY, i) COMPLETED TWO PRESENTATIONS BY MEDICAL DIRECTOR OF THE SACC, DR SHOEB SI TAFWALLA, ON SOUTH ASIAN CARDIOVASCULAR DISEASE AT THE AMERICAN TAMIL ASSOCIATION NATIONAL CONFERENCE IN MAY 2014, AND THE NATIONAL LIPID ASSOCIATION MIDWEST CLINICAL UPDATE IN AUG UST 2014, j) PUBLISHED AN ARTICLE ON THE SOUTH ASIAN CARDIOVASCULAR EPIDEMIC IN LIPID SPIN , 6-9, SPRING 2014, k) CREATED RESEARCH COLLABORATION BETWEEN THE SACC AND LOYOLA UNIVERSI TY, ENTITLED "A POLYMORPHIC MYBPC3 MUTATION AS A MAJOR RISK FACTOR OF HEART FAILURE IN SO UTH ASIAN POPULATION " 2) FALL PREVENTION - SENIOR POPULATION a) OFFERED THREE MATTER OF B ALANCE (MOB) CLASSES IN THE COMMUNITY (WITH 30 TOTAL PARTICIPANTS), b) MADE ADDITIONAL PRE SENTATIONS TO ANOTHER 30 PEOPLE IN COMMUNITY TO INCREASE AWARENESS OF FALL RISK, c) PRE AN D POST-SURVEY FROM MATTER OF BALANCE CLASSES INDICATED A 25% INCREASE IN PARTICIPANTS CONF IDENCE IN THEIR ABILITY TO PROTECT THEMSELVES IF THEY FALL (NATIONAL AVERAGE 30%), A 19 23 % INCREASE IN PARTICIPANTS PERSONAL COMMITMENT TO EXERCISE (NATIONAL AVERAGE 15 88%), AND A 45 45% INCREASE IN PARTICIPANTS CONFIDENCE RELATED TO CONTROLLING THEIR ENVIRONMENT TO R EDUCE FALL RISKS (NATIONAL AVERAGE 23 26%) 3)SMOKING CESSATION a) ALGH BEHAVIORAL HEALTH /ADDICTION MEDICINE MADE A COMMITMENT TO DEVELOP A SMOKING CESSATION CLINIC AFTER ASSESSIN G THAT AN INITIAL 1 1 SMOKING CESSATION COUNSELING DESIGN WAS NOT MEETING OBJECTIVES, b) S ELECTED AN EVIDENCE-BASED PROGRAM FOLLOWING LITERATURE REVIEW, "STANDARD FOR TRAINING IN S MOKING CESSATION AS OUTLINED IN THE MANUAL OF SMOKING CESSATION A GUIDE FOR COUNSELORS AN D PRACTITIONERS," ANDY MCEWEN AND ROBERT WEST, c) CREATED FINAL HOSPITAL PROGRAM BASED ON ABOVE PROGRAM BY COMBINING MEDICAL MANAGEMENT AND GROUP COUNSELING SESSIONS WITH THE FIRST SESSION SET FOR JANUARY 2015 4)STRESS MANAGEMENT a) PARTNERED WITH THE PARK RIDGE PARK DISTRICT TO PROVIDE THREE SESSIONS OF "HEALTHY WOMEN A-Z," A PROGRAM DESIGNED TO ENHANCE STRESS MANAGEMENT THROUGH FITNESS AND ST</p>

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4) OTHER SPECIFIC PROGRAMS ADDRESSING CULTURAL HEALTH DISPARITIES	<p>SINCE 2011, ADVOCATE LUTHERAN GENERAL HOSPITAL HAS BEEN ON A JOURNEY TO IDENTIFY NEEDS OF SPECIFIC CULTURAL GROUPS AND DESIGN PROGRAMS TO MEET THESE NEEDS THIS INITIATIVE WILL CONTINUE ALTHOUGH THE NEED WAS NOT SELECTED AS A PRIORITY FROM THE CHNA IN MAY 2011, A KOREAN NAVIGATOR, AN ADVANCED PRACTICE NURSE, WAS HIRED TO (1) TRANSFORM THE DELIVERY OF CARE FOR THE ALGH KOREAN-AMERICAN POPULATION, (2) CREATE A KOREAN-AMERICAN HEALTH EDUCATION PROGRAM, (3) CREATE A KOREAN-AMERICAN HEALTH SCREENING PROGRAM, AND 4) BUILD A PROCESS TO CONTINUALLY ASSESS, IDENTIFY AND ADDRESS SPECIFIC HEALTH NEEDS IN THE KOREAN-AMERICAN COMMUNITY A SEPARATE IN-DEPTH COMMUNITY HEALTH NEEDS ASSESSMENT OF THE KOREAN-AMERICAN COMMUNITY WAS COMPLETED IN DECEMBER 2014 WITH THE HANUL FAMILY ALLIANCE, A COMMUNITY PARTNER THAT WILL BE THE FOUNDATION FOR NEW PROGRAMMING MOVING FORWARD IN DECEMBER 2012, A POLISH PATIENT NAVIGATOR WAS HIRED INITIALLY TO FOCUS ON BREAST HEALTH, BUT WILL BEGIN ADDRESSING COLORECTAL HEALTH AND COMPLETING A FULL HEALTH NEEDS ASSESSMENT FOR THE POLISH COMMUNITY IN THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT CYCLE WHILE THE ACCESS GENESIS CLINIC IN DES PLAINES (ORIGINALLY FOUNDED BY ADVOCATE LUTHERAN GENERAL HOSPITAL) CONTINUES TO ADDRESS THE NEEDS OF THE HISPANIC COMMUNITY IN LUTHERAN GENERAL'S PRIMARY SERVICE AREA (PSA), A MORE IN-DEPTH NEEDS ASSESSMENT WILL BE INCLUDED IN THE UPCOMING 2014-2016 CHNA CYCLE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF ORGANIZING FOR THE 2014-2016 CHNA PROCESS, THE HOSPITAL MAINTAINED ITS REGULAR MEETING SCHEDULE FOR THE COMMUNITY HEALTH COUNCIL IN 2014 AND RECRUITED A SECOND KEY INDIVIDUAL FROM THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH TO SERVE ON THE COUNCIL ADVOCATE GOOD SAMARITAN HOSPITAL THE TWO PRIORITY NEEDS SELECTED BY THE COMMUNITY HEALTH COUNCIL FOR THE HOSPITAL TO ADDRESS WERE CHILDHOOD OVERWEIGHT AND OBESITY, AND FALLS AMONG SENIORS OVERWEIGHT AND OBESITY TO ADDRESS THE NEEDS OF OVERWEIGHT AND OBESE CHILDREN, GOOD SAMARITAN HEALTH AND WELLNESS CENTER AND ADVOCATE GOOD SAMARITAN HOSPITAL (AGSAM) ARE PARTNERING WITH THE PROACTIVE KIDS (PAK) FOUNDATION AND THE FORWARD INITIATIVE (FIGHTING OBESITY REACHING HEALTHY WEIGHT AMONG RESIDENTS OF DUPAGE) PROACTIVE KIDS (PAK) PROACTIVE KIDS TEACHES KIDS AND THEIR FAMILIES' FUN WAYS TO IMPROVE HEALTH AND DECREASE WEIGHT THROUGH A THREE PART PROGRAM PAK FITNESS, PAK NUTRITION AND PAK LIFE STYLE COACHING PAK IS OPEN TO CHILDREN 8-14 YEARS OLD WHO HAVE A BMI IN THE 85 PERCENTILE OR HIGHER THIS FREE 8-WEEK PROGRAM INCLUDES PHYSICAL TRAINING, COUNSELING, NUTRITION AND GUIDED DISCUSSION PARENTS ALSO PARTICIPATE IN THE PROGRAM WHICH EDUCATES FAMILIES TOGETHER IN ENGAGING AND SUSTAINABLE WAYS TO IMPROVE THEIR HEALTH THROUGH WEEKLY PHYSICAL EXERCISE, LESSONS AND ASSIGNMENTS DATA IS COLLECTED AT THE BEGINNING AND END OF EACH 8-WEEK SESSION TO MEASURE WEIGHT, BMI, BODY FAT, FAT MASS AND FAT FREE MASS OBJECTIVE #1 INCREASE COMMITMENT TO FITNESS AMONG PROGRAM PARTICIPANTS BY IMPLEMENTING THREE PROACTIVE KIDS (PAK) PLAN SESSIONS EACH YEAR FROM 2014-2016 FOR A TOTAL OF 9 EIGHT-WEEK SESSIONS ACCOMPLISHMENTS IN 2014, 3 EIGHT-WEEK SESSIONS OF PROACTIVE KIDS WERE OFFERED (WINTER, SUMMER AND FALL) 1 IN WINTER OF 2014, 64% OF THE PARTICIPANTS (12 OF 19) ATTENDING DAY 1 COMPLETED THE 8-WEEK PROGRAM 2 IN SUMMER OF 2014, 50% OF THE PARTICIPANTS (12 OF 24) ATTENDING DAY 1 COMPLETED THE 8-WEEK PROGRAM 3 IN FALL OF 2014, 64% OF THE PARTICIPANTS (16 OF 25) ATTENDING DAY 1 COMPLETED THE 8-WEEK PROGRAM 4 IN WINTER OF 2014, 100% OF THE PARTICIPANTS (12 OF 12) THAT COMPLETED SURVEY HAD AN IMPROVED COMMITMENT TO THEIR FITNESS 5 IN SUMMER OF 2014, 89% OF THE PARTICIPANTS (8 OF 9) THAT COMPLETED SURVEY HAD AN IMPROVED COMMITMENT TO THEIR FITNESS 6 IN FALL OF 2014, 100% OF THE PARTICIPANTS (14 OF 14) THAT COMPLETED SURVEY HAD AN IMPROVED COMMITMENT TO THEIR FITNESS OBJECTIVE #2 CREATE HEALTHIER HABITS IN FOOD SELECTION, COOKING & EATING AND NUTRITION KNOWLEDGE AMONG PROGRAM PARTICIPANTS BY IMPLEMENTING THREE PROACTIVE KIDS (PAK) PLAN PROGRAMS EACH YEAR FROM 2014-2016 FOR A TOTAL OF 9 SESSIONS ACCOMPLISHMENTS 1 IN WINTER OF 2014, 100% OF THE PARTICIPANTS (12 OF 12) THAT COMPLETED SURVEY HAD A POSITIVE ATTITUDE CHANGE TOWARD THEIR DIET AND NUTRITION 2 IN SUMMER OF 2014, 89% OF THE PARTICIPANTS (8 OF 9) THAT COMPLETED SURVEY HAD A POSITIVE ATTITUDE CHANGE TOWARD THEIR DIET AND NUTRITION 3 IN FALL OF 2014, 93% OF THE PARTICIPANTS (14 OF 15) THAT COMPLETED SURVEY HAD A POSITIVE ATTITUDE CHANGE TOWARD THEIR DIET AND NUTRITION OBJECTIVE #3 BUILD CONFIDENCE, INCREASE COMMUNICATION & TEACH COPING SKILLS AMONG PROGRAM PARTICIPANTS BY IMPLEMENTING THREE PROACTIVE KIDS (PAK) PLAN PROGRAMS EACH YEAR FROM 2014-2016 FOR A TOTAL OF 9 SESSIONS ACCOMPLISHMENTS 1 IN WINTER OF 2014, 58% OF THE PARTICIPANTS (7 OF 12) THAT COMPLETED SURVEY RECOGNIZED AN IMPROVEMENT IN SOCIAL ENGAGEMENT 2 IN SUMMER OF 2014, 88% OF THE PARTICIPANTS</p>

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4) OTHER SPECIFIC PROGRAMS ADDRESSING CULTURAL HEALTH DISPARITIES	<p>(7 OF 8) THAT COMPLETED SURVEY RECOGNIZED AN IMPROVEMENT IN SOCIAL ENGAGEMENT 3 IN FALL OF 2014, 86% OF THE PARTICIPANTS (12 OF 14) THAT COMPLETED SURVEY RECOGNIZED AN IMPROVEMENT IN SOCIAL ENGAGEMENT FORWARD INITIATIVE THE FORWARD INITIATIVE IS A BROAD-BASED COMMUNITY COALITION IN DUPAGE COUNTY THAT COLLABORATES TO PROMOTE EFFECTIVE AND SUSTAINABLE POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) STRATEGIES FOR CHILDREN AND FAMILIES TO ACHIEVE A HEALTHY WEIGHT OBJECTIVE #1 IDENTIFY EVIDENCE-BASED INTERVENTIONS TO REDUCE OBESITY THROUGH EFFECTIVE AND SUSTAINABLE POLICY, SYSTEM AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO REVERSE THE TREND OF OBESITY IN DUPAGE COUNTY ACCOMPLISHMENTS PSE CHANGES 1 IN 2014-2015, ACHIEVED 15 POLICY AND ENVIRONMENTAL CHANGES WITH 5 CHILD CARE CENTERS IN AGSAM'S SECONDARY SERVICE AREA OBJECTIVE #2 REDUCE THE PREVALENCE OF OVERWEIGHT AND OBESITY AMONG DUPAGE COUNTY SCHOOL CHILDREN AND ADOLESCENTS (KINDERGARTEN, 6TH AND 9TH GRADES) FROM 2010-2011 BASELINE OF 31.1% (N=11,496) ACCOMPLISHMENTS REDUCTION IN OVERWEIGHT AND OBESITY RATES 1 THE OVERALL OVERWEIGHT AND OBESITY RATES AS MEASURED BY THE 2013-2014 BMI RATES REMAINED STEADY (29.7%, N=30,174) AFTER DUPAGE COUNTY EXPERIENCED A 1% STATISTICALLY SIGNIFICANT DECREASE, IN 2012-2013 FROM 31.1% TO 29.9% (N=27,914) 2 OVERALL OBESITY ONLY RATES WERE REDUCED FROM 15.1% IN THE 2010-2011 BASELINE YEARS, TO 14.4% BY 2013-2014, AFTER AN INCREASE IN OVERALL OBESITY OF 0.3% IN 2011-2012 SENIOR HEALTH DATA FROM THE HOSPITAL'S TRAUMA REGISTRY INDICATED FALLS AMONG SENIORS AS THE NUMBER ONE REASON FOR ADMISSION INTO THE EMERGENCY DEPARTMENT A MATTER OF BALANCE (MOB) IS AN EVIDENCE-BASED, LEADER MODEL, DEVELOPED BY BOSTON UNIVERSITY THAT IS APPROPRIATE FOR SENIORS LIVING IN PEACE MEMORIAL MANOR AND FOR SENIORS LIVING IN THE HOSPITAL'S BROADER PRIMARY SERVICE AREA (PSA) IT IS AN 8-SESSION PROGRAM THAT INCORPORATES PHYSICAL ACTIVITY, EDUCATION AND SMALL GROUP DISCUSSION THE GOALS OF THE PROGRAM ARE TO IMPROVE ATTITUDES AND ALLEVIATE A FEAR OF FALLING THROUGH INCREASING PHYSICAL ACTIVITY AS MEASURED BY PRE- AND POST-CLASS SURVEYS RESEARCH FROM BOSTON UNIVERSITY INDICATES THAT SENIORS WHO FEEL IN CONTROL OF THEIR FEAR OF FALLING ARE MORE ACTIVE AND THOSE SENIORS WHO ARE MORE ACTIVE ARE LESS LIKELY TO FALL WHILE ONLY ONE CLASS SERIES WAS IMPLEMENTED DURING 2014, THE HOSPITAL ANTICIPATES EXPANSION OF THIS PROGRAM INTO AN ADDITIONAL INDEPENDENT AND ASSISTED LIVING FACILITIES AS WELL AS DEVELOPMENT OF PARTNERSHIPS WITH COMMUNITY GROUPS TO BRING MATTER OF BALANCE TO INDEPENDENT SENIORS AT RISK FOR FALLS IN THE PSA OBJECTIVE #1 SENIORS PARTICIPATING IN MATTER OF BALANCE PROGRAM LEARN TO VIEW FALLS AND FEAR OF FALLING AS CONTROLLABLE ACCOMPLISHMENTS 1 IN MAY 2014, 100% OF THE 12 SENIORS WHO ATTENDED MATTER OF BALANCE (MOB) COMPLETED 5 OUT OF 8 CLASSES REQUIRED TO GRADUATE 2 IN NOVEMBER 2014, 89% OF THE 9 SENIORS WHO ATTENDED MATTER OF BALANCE (MOB) COMPLETED 5 OUT OF 8 CLASSES REQUIRED TO GRADUATE 3 IN MAY 2014, 100% OF THE PARTICIPANTS (12 OF 12) SELF-REPORTED FEELING MORE COMFORTABLE TALKING WITH OTHERS ABOUT HIS/HIS FEAR OF FALLING 4 IN NOVEMBER 2014, 83% OF THE PARTICIPANTS (5 OF 6) SELF-REPORTED FEELING MORE COMFORTABLE TALKING WITH OTHERS ABOUT HIS/HER FEAR OF FALLING 5 MOB COACH TRAININGS WERE CONDUCTED ON MARCH 13 AND NOVEMBER 13, 2014, FOR 6 COACHES TO LEAD MOB CLASSES OBJECTIVE #2 SENIORS PARTICIPATING IN MATTER OF BALANCE PROGRAM SET REALISTIC GOALS TO INCREASE ACTIVITY ACCOMPLISHMENTS 1 IN MAY 2014, 100% OF THE PARTICIPANTS (12 OF 12) REPORTED ON THE POST SURVEY THAT THEY PLAN TO CONTINUE EXERCISING 2 IN NOVEMBER 2014, 100% OF THE PARTICIPANTS (6 OF 6) REPORTED ON THE POST SURVEY THAT THEY PLAN TO CONTINUE EXERCISING OBJECTIVE #3 SENIORS PARTICIPATING IN MATTER OF BALANCE PROGRAM CHANGE THEIR ENVIRONMENT TO REDUCE FALL RISK FACTORS ACCOMPLISHMENTS 1 IN MAY 2014, ON THE POST SURVEY, 92% OF THE PARTICIPANTS (11 OF 12) INDICATED THEY</p>

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NEEDS NOT SELECTED TO ADDRESS	<p>THERE ARE FOUR AREAS OF NEED FOR WHICH THE COMMUNITY HEALTH COUNCIL DID NOT CHOOSE PRIORITY ACTION BECAUSE THEY HAVE PREVIOUSLY BEEN, AND CONTINUE TO BE ADDRESSED, THROUGH SPECIFICALLY DESIGNED CLINICAL PROGRAMS AND COMMUNITY OUTREACH ACTIVITIES. THESE AREAS COMPRISE MENTAL HEALTH SERVICES, ACCESS TO CARE, SUBSTANCE ABUSE AND INFECTIOUS DISEASE. MENTAL HEALTH SERVICES THE COMMUNITY HEALTH COUNCIL DECIDED NOT TO FOCUS ON MENTAL HEALTH SERVICES AT THIS TIME. WHILE GOOD SAMARITAN HOSPITAL PROVIDES SIGNIFICANT MENTAL HEALTH RESOURCES FOR ADULT AND GERIATRIC POPULATIONS, THE HOSPITAL DOES NOT HAVE EXPERTISE WITH CHILD AND ADOLESCENT BEHAVIORAL HEALTH PATIENTS. ADDITIONALLY, DUE TO A VARIETY OF REASONS, THE HOSPITAL IS CURRENTLY EXPERIENCING A SHORTAGE OF PSYCHIATRISTS AND DOES NOT HAVE THE STAFFING RESOURCES TO EXPAND COMMUNITY-BASED SERVICES AT THIS TIME. HOWEVER, GOOD SAMARITAN HOSPITAL DOES PARTNER WITH SEVERAL ORGANIZATIONS TO OFFER SUPPORT GROUPS AND PROGRAMMING DEDICATED TO PROVIDING ASSISTANCE AND ENCOURAGEMENT TO PATIENTS WITH BEHAVIORAL HEALTH CONCERNS. THESE INCLUDE * NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) CONNECTION, RECOVERY SUPPORT GROUP PROGRAM FOR ADULTS LIVING WITH MENTAL ILLNESS * NAMI FAMILY SUPPORT GROUP * FAMILIES AND MENTAL ILLNESS LEARNING, INSPIRING, EDUCATION AND SUPPORT (FAMILIES) LED BY NAMI COUNSELORS AND HELD AT ADVOCATE GOOD SAMARITAN HOSPITAL * GOOD SAMARITAN'S DOMESTIC VIOLENCE SUPPORT GROUP * DEPRESSION AND BIPOLAR SUPPORT ALLIANCE * DEMENTIA SUPPORT GROUP. ACCESS TO HEALTH CARE ACCORDING TO THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, ACCESS TO HEALTH CARE IS THE THIRD MOST IMPORTANT FACTOR NEEDED FOR A HEALTHY COMMUNITY. HOWEVER, SINCE THE HOSPITAL IS ALREADY MAKING MAJOR FINANCIAL CONTRIBUTIONS (AND WILL CONTINUE TO DO SO) AND IS COLLABORATING WITH MULTIPLE COMMUNITY PARTNERS TO ADDRESS HEALTH ACCESS NEEDS, THE COMMUNITY HEALTH COUNCIL HAS CHOSEN NOT TO EXPAND FOCUS INTO THIS AREA DURING THE 2011-2013 THREE-YEAR CHNA CYCLE. ACCESS DUPAGE FOR MORE THAN TEN YEARS, GOOD SAMARITAN HOSPITAL HAS PARTNERED WITH ACCESS DUPAGE AND HAS PROVIDED CASH DONATIONS AND CHARITY CARE FOR ACCESS DUPAGE PARTICIPANTS. ACCESS DUPAGE REPRESENTS A UNIQUE PARTNERSHIP OF HOSPITALS, PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICES AGENCIES AND COMMUNITY GROUPS WORKING TOGETHER LOCALLY TO ADDRESS THE LOCAL ACCESS TO HEALTH CARE NEEDS. QUALIFIED APPLICANTS ARE TYPICALLY ENROLLED IN THE ACCESS DUPAGE PROGRAM FOR A PERIOD OF ONE YEAR, AFTER WHICH THEY MUST RE-APPLY FOR MEMBERSHIP IN THE PROGRAM AND THEIR ELIGIBILITY MUST BE RE-VERIFIED. MEMBERSHIP IN THE ACCESS DUPAGE PROGRAM PROVIDES ACCESS TO MEDICAL SERVICES TO DUPAGE COUNTY'S LOW-INCOME, MEDICALLY UNINSURED RESIDENTS. IN ADDITION TO SUPPORTING ACCESS DUPAGE WITH DONATIONS, GOOD SAMARITAN HOSPITAL ACCEPTS QUALIFIED PARTICIPANTS AT ITS SITES OF CARE FOR DIAGNOSIS AND TREATMENT AT NO COST. THE HOSPITAL ALSO ENCOURAGES PHYSICIANS ON ITS MEDICAL STAFF TO TAKE THESE PATIENTS INTO THEIR MEDICAL PRACTICES AT NO COST. THESE PHYSICIANS THEN BECOME THE MEDICAL HOME FOR ACCESS DUPAGE MEMBERS. ELIGIBLE PARTICIPANTS MUST * RESIDE IN DUPAGE COUNTY FOR AT LEAST 30 DAYS * BE UNDER AGE 65 * HAVE A HOUSEHOLD INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL * HAVE NO MEDICAL INSURANCE * BE INELIGIBLE FOR PRIVATE OR PUBLIC HEALTH COVERAGE PROGRAMS (E.G., MEDICAID, MEDICARE, VETERANS BENEFITS, ETC.). IN 2014, THE HOSPITAL CONTRIBUTED OVER \$834,218 IN DIRECT CASH DONATIONS TO SUPPORT PROGRAM OPERATIONS AND \$2,367,026 FOR SERVICES FOR ACCESS DUPAGE PARTICIPANTS. THE DECREASE OF CASH DONATIONS AND SERVICES OF \$10,946,372 FROM 2013 REPORTED FIGURE OF \$13,310,753 IS DUE TO THE MANY ACCESS DUPAGE PATIENTS NOW ELIGIBLE FOR THE EXPANDED MEDICAID SERVICES. WHY WAIT CLINIC. A SECOND LONG-TERM COMMUNITY COLLABORATION IS THE "WHY WAIT CLINIC," IN COOPERATION WITH THE DUPAGE COUNTY HEALTH DEPARTMENT. THIS PROGRAM PROVIDES UNDERSERVED, UNINSURED, UNDERINSURED AND LOW-INCOME WOMEN ACCESS TO FREE SCREENING BREAST AND PELVIC EXAMS, PAP SMEARS, AND MAMMOGRAMS AS WELL AS DIAGNOSTIC BIOPSIES AND SURGERIES, AND TREATMENT WHEN NECESSARY. IN 2014, GOOD SAMARITAN HOSPITAL PROVIDED 239 SERVICES TO DUPAGE COUNTY WOMEN. USE OF GOOD SAMARITAN HOSPITAL'S DIAGNOSTIC IMAGING SUITES AND STAFF RESULTED IN A TOTAL COMMUNITY BENEFIT OF \$477,367. ENGAGE DUPAGE. ENGAGE DUPAGE IS A COLLABORATIVE INITIATIVE IMPLEMENTED IN OCTOBER OF 2014 BY THE DUPAGE COUNTY HEALTH DEPARTMENT AND ADVOCATE GOOD SAMARITAN HOSPITAL TO ADDRESS THE NEEDS OF SELF-PAY, MANG-PENDING AND MEDICAID PATIENTS WHO HAVE BEHAVIORAL/MENTAL HEALTH PROBLEMS, ARE CHEMICALLY DEPENDENT AND/OR ARE CONSIDERED TO BE "AT RISK" (I.E., PATIENTS WHO USE THE ED TO MANAGE THEIR CHRONIC CONDITIONS SUCH AS ASTHMA, COPD, HEART DISEASE, DIABETES, HYPERTENSION, ETC.). A COMMUNITY RESOURCE LIAISON (CRL) FROM THE DUPAGE COUNTY HEALTH DEPARTMENT (DCHD) IS PLACED IN GSAM'S EMERGENCY ROOM DURING THE DAYS AND TIMES THAT CORRESPOND TO THE HEAVIEST ED TRAFFIC. THE</p>

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NEEDS NOT SELECTED TO ADDRESS	<p>GOALS OF THE PROGRAM INCLUDE 1) IMPROVING THE HEALTH STATUS OF PATIENTS WHO ARE SELF-PAY, MANG-PENDING, AND MEDICAID BY ENROLLING PERSONS IN PROGRAMS FOR WHICH THEY ARE ELIGIBLE THROUGH A FOCUSED POPULATION-BASED HEALTH PARTNERSHIP, AND 2) CONNECTING FREQUENT ED USERS (DEFINED AS PATIENTS USING THE ED TWICE IN ONE MONTH OR MORE THAN 4 TIMES WITHIN A 6-MONTH ROLLING TIME FRAME) TO A MEDICAL HOME OR COMMUNITY PROGRAM TO HELP DECREASE THE NEED FOR UNNECESSARY ED VISITS EXPECTED RESULTS OF THE PROGRAM INCLUDE 1 HEALTH COVERAGE - FOR ALL PATIENTS THAT ATTEND A FOLLOW-UP APPOINTMENT, ACHIEVE A 50% ENROLLMENT INTO A FORM OF HEALTH COVERAGE IN THE FOURTH QUARTER OF 2014, ACHIEVED 32% ENROLLMENT (24 APPROVED ENROLLMENTS OF 74 APPOINTMENTS) 2 FREQUENT USE - PATIENTS WHO ARE FREQUENT USERS WITH COMORBIDITIES RELATED TO BH/MENTAL HEALTH AND "AT-RISK" AND ARE SELF-PAY OR MEDICAID, ACHIEVE A 50% DECREASE IN ER VISITS IN THE FOURTH QUARTER OF 2014, ACHIEVED 17.5% PATIENT DECREASE FROM BASELINE 3 ENROLLMENT IN APPROPRIATE COMMUNITY PROGRAMS - PATIENTS WHO ARE BH/MENTAL HEALTH, CHEMICAL DEPENDENCY AND "AT-RISK" AND ATTEND A FOLLOW-UP APPOINTMENT, ACHIEVE A 40% ENROLLMENT RATE INTO A COMMUNITY PROGRAM (E.G., DUPAGE COUNTY BEHAVIORAL HEALTH SERVICES) IN THE FOURTH QUARTER OF 2014, 177 PATIENT CONTACTS WERE INITIATED WITH 110 BENEFITTING APPOINTMENTS SCHEDULED OF THE 110 APPOINTMENTS SCHEDULED, 74 PATIENTS ATTENDED THEIR FOLLOW-UP APPOINTMENTS 46 OF THE 74 PATIENTS WHO ATTENDED A FOLLOW-UP APPOINTMENT (OR 62%) COMPLETED APPLICATIONS AND WERE ENROLLED IN COMMUNITY PROGRAMS 18 IN DCHD PROGRAMS, 6 IN SNAP, 1 IN ACCESS DUPAGE, AND 21 BETWEEN ADULT MEDICAID, ALL KIDS, AND MPE IT SHOULD BE NOTED THAT THE RELATIONSHIP BETWEEN GSAM AND DCHD IN THE ENGAGE DUPAGE COLLABORATIVE IS A CONTRACTUAL ONE AS PART OF THE AGREEMENT, THE CRL POSITION IS A PAID POSITION OF THE DUPAGE COUNTY HEALTH DEPARTMENT WHILE THE HOSPITAL PROVIDES THE WORKSPACE, ACCESS TO THE TECHNOLOGY NEEDED TO DO THE WORK (E.G., TELEPHONES, COMPUTER, EMR, ETC.) AND ORIENTATION TO THE WORK TEAM IN THE ED GSAM IS ALSO RESPONSIBLE FOR GATHERING PERTINENT DATA AND PROVIDING IT TO THE PUBLIC HEALTH DEPARTMENT TO ASSIST THEM IN MONITORING AND REPORTING OUTCOMES AN ADDITIONAL BARRIER TO ACCESSING HEALTH CARE IS LANGUAGE COMMUNICATION IS CRITICAL TO A PATIENT'S UNDERSTANDING OF THEIR PLAN OF CARE LACK OF COMMUNICATION DUE TO LANGUAGE BARRIERS OR DEAFNESS CAN IMPEDE THAT UNDERSTANDING INTERPRETER SERVICES ARE PROVIDED BY THE HOSPITAL, AT NO COST, TO PATIENTS WHO NEED THEM THE DUPAGE COUNTY COMMUNITY NEEDS ASSESSMENT INDICATES AN INCREASE IN ETHNIC AND CULTURAL DIVERSITY, ESPECIALLY IN THE HISPANIC POPULATION IN DUPAGE COUNTY ACCESS TO HEALTH CARE CAN BE CHALLENGING FOR A VARIETY OF REASONS, BUT THESE DIFFICULTIES ARE MULTIPLIED FOR PEOPLE WITH DECREASED COMMUNICATION CAPACITY AND VARIOUS CULTURAL DIFFERENCES DIFFICULTY COMMUNICATING CAN ALSO COMPOUND LOW HEALTH LITERACY GOOD SAMARITAN HOSPITAL CONTINUES TO EXPAND ACCESS TO CARE WITH MEDICAL INTERPRETERS FOR LIMITED ENGLISH PROFICIENT PATIENTS WHO WOULD OTHERWISE NOT BE ABLE TO COMMUNICATE AND UNDERSTAND THEIR PLAN OF CARE IN 2010, THREE FULL-TIME, ON-SITE, SPANISH INTERPRETERS, IN COMBINATION WITH OUTSIDE AGENCY INTERPRETERS, PROVIDED COMMUNICATION ASSISTANCE FOR 5,645 ENCOUNTERS SERVICES WERE PROVIDED AT THE MAIN HOSPITAL AS WELL AS AT THE LEMONT, WOODRIDGE, AND DOWNERS GROVE OUTPATIENT CENTERS AND THE HEALTH AND WELLNESS CENTER AT A COST OF \$468,379 TO THE HOSPITAL BY 2012, THE NEED FOR INTERPRETERS HAD RISEN 29%, CLIMBING TO 7,292 ENCOUNTERS AT A COST OF \$756,237 WITH REQUESTS FOR ASSISTANCE IN MORE THAN 40 DIFFERENT LANGUAGES AT THE MAIN HOSPITAL CAMPUS AND OFFSITE LOCATIONS IN 2013, THE LANGUAGE ASSISTANCE COSTS FOR THE HOSPITAL INCREASED TO \$888,077 IN 2014, THE LANGUAGE ASSISTANCE COST TO THE HOSPITAL DECREASED TO \$528,943 DUE TO AN IMPROVED CONTRACTUAL AGREEMENT WITH THE HOSPITAL'S SERVICE PROVIDER BY USING INTERPRE</p>

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INFECTIOUS DISEASE	<p>THE COMMUNITY HEALTH COUNCIL RECOMMENDED NOT FOCUSING ON INFECTIOUS DISEASE AT THIS TIME AS THE NEED FOR SEASONAL FLU VACCINES AND PNEUMOCOCCAL VACCINES IN THE COMMUNITY ARE CURRENTLY BEING FILLED BY THE RETAIL SECTOR. ADVOCATE HEALTH CARE IMPLEMENTED A MANDATORY FLU VACCINE PROGRAM IN 2011 THAT INCLUDES GOOD SAMARITAN STAFF, PHYSICIANS AND VOLUNTEERS. STUDIES HAVE SHOWN THAT WHEN HEALTH CARE WORKERS GET FLU SHOTS, THE NUMBER OF PATIENTS WITH INFLUENZA-LIKE ILLNESS GREATLY DECREASES, AS DOES PATIENT MORTALITY. SINCE THE INCEPTION OF MANDATORY FLU VACCINATION, DEATHS FROM HOSPITAL-ACQUIRED INFLUENZA HAVE BEEN ELIMINATED FOR THE PERIODS 2011-2012 AND 2012-2013. IN ADDITION, THE NUMBER OF HOSPITAL-ACQUIRED INFLUENZA CASES HAS DECREASED FROM 3.2% TO 2% OF ALL FLU HOSPITALIZATIONS ACCORDING TO THE DUPAGE COUNTY BEHAVIOR RISK FACTOR SURVEY (BRFS). THE CENTERS FOR DISEASE CONTROL'S ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES RECOMMENDS THAT ADULTS OVER AGE 65 RECEIVE ONE DOSE OF THE PNEUMONIA VACCINE IN THEIR LIFETIME. THE PNEUMONIA VACCINE IS ONLY RECOMMENDED FOR INDIVIDUALS BETWEEN THE AGES OF 19 AND 64 WHO SUFFER FROM A CHRONIC CONDITION. FOR THIS YOUNGER POPULATION, A ONE-TIME REVACCINATION IS ADVISED 5 YEARS AFTER THE INITIAL VACCINATION. THE PERCENTAGE OF ADULTS IN DUPAGE COUNTY WHO HAD EVER RECEIVED A PNEUMONIA VACCINE WAS 26.0% IN 2010. THIS PERCENTAGE IS COMPARABLE TO THE 2010 ILLINOIS PERCENTAGE OF 26.2%. ASSESSMENT DATA COMPILED BY PROFESSIONAL RESEARCH CONSULTANTS (PRC) FOR GOOD SAMARITAN HOSPITAL'S PSA INDICATES 59% OF RESPONDENTS DO NOT RECEIVE INFLUENZA VACCINES AND 77% OF RESPONDENTS DO NOT TAKE ADVANTAGE OF THE PNEUMOCOCCAL VACCINE. HOWEVER, OF ADULTS 65 YEARS OF AGE AND OLDER, 72.3% HAD A FLU VACCINE WITHIN THE PAST 12 MONTHS, A RATE HIGHER THAN THAT IN ILLINOIS IN 2010, AT 65.5%. LOCALLY, THE RETAIL SECTOR (OSCO DRUG, CVS PHARMACY AND WALGREENS IN DUPAGE COUNTY) PROMOTES THIS ENDEAVOR WITH TREMENDOUS ADVERTISING AND MAKES BOTH VACCINES READILY AVAILABLE TO THE PUBLIC FOR A LOW COST. NEW COLLABORATIONS IN 2014 TO IMPLEMENT FOR NEXT CHINA CYCLE IN 2014, ADVOCATE GOOD SAMARITAN HOSPITAL BEGAN PARTICIPATING IN IMPACT DUPAGE, A GROUP OF COMMUNITY LEADERS AND ORGANIZATIONS WORKING TOGETHER TO DETERMINE COMMUNITY NEEDS AND PRIORITIES THAT WILL IMPROVE THE WELL-BEING OF THE DUPAGE COUNTY COMMUNITY. IMPACT DUPAGE IS CO-LED BY THE DUPAGE COUNTY HEALTH DEPARTMENT AND DUPAGE FEDERATION ON HUMAN SERVICES REFORM, AND INCLUDES THE FOLLOWING ADDITIONAL PARTNERS: * ACCESS DUPAGE * ADVENTIST MIDWEST HEALTH * ADVOCATE GOOD SAMARITAN HOSPITAL * CADENCE HEALTH * DUPAGE COMMUNITY FOUNDATION * DUPAGE COUNTY COMMUNITY SERVICES * DUPAGE COUNTY REGIONAL OFFICE OF EDUCATION * DUPAGE HEALTH COALITION * DUPAGE MAYORS AND MANAGERS CONFERENCE * DUPAGE PADS * EDWARD-ELMHURST HEALTHCARE * HOPE FAIR HOUSING * LOVE CHRISTIAN CLEARINGHOUSE * METROPOLITAN FAMILY SERVICES DUPAGE * NORTHERN ILLINOIS UNIVERSITY * PEOPLE'S RESOURCE CENTER * POSITIVE PARENTING DUPAGE * UNITED WAY OF DUPAGE/WEST COOK * WEGO TOGETHER FOR KIDS * YWCA METROPOLITAN CHICAGO. ADVOCATE GOOD SHEPHERD HOSPITAL THROUGH A PRIORITY SETTING PROCESS, ADVOCATE GOOD SHEPHERD HOSPITAL'S COMMUNITY HEALTH COUNCIL RECOMMENDED, AND THE HOSPITAL ADOPTED, FOCUSING ON THREE AREAS FOR PRIORITY ACTION, INCLUDING FALLS AMONG SENIORS, CHILDHOOD OBESITY, AND CANCER PREVENTION AND DETECTION. ACCOMPLISHMENTS DURING 2014 IN THESE THREE AREAS ARE DESCRIBED BELOW. FALLS AMONG SENIORS: FALLS AMONG SENIORS (65+) ARE A SIGNIFICANT HEALTH RISK AND THE NUMBER ONE CAUSE OF TRAUMA ADMISSIONS TO ADVOCATE GOOD SHEPHERD HOSPITAL. IN 2009, THE HOSPITAL'S COMMUNITY HEALTH COMMITTEE EMBARKED ON EFFORTS TO ADDRESS THIS RISK. SINCE THAT TIME, ADVOCATE GOOD SHEPHERD HAS CONDUCTED PROGRAMMING TO ADDRESS FALLS. IN 2012, FOUR GOOD SHEPHERD ASSOCIATES (EMPLOYEES) BECAME LICENSED MASTER TRAINERS UNDER THE MATTER OF BALANCE LAY LEAD MODEL WHICH UTILIZES COMMUNITY COACHES TO TEACH THE 8 SESSION CLASSES. AS A RESULT, THE HOSPITAL WAS ABLE TO CONDUCT 15 COMMUNITY CLASSES USING THE COACHING MODEL IN 2014. THE RESULTS FROM PARTICIPANTS SHOWED A 30 PERCENT IMPROVEMENT IN THEIR ABILITY TO REDUCE FALL RISK FACTORS IN THEIR LIVES. CHILDHOOD OBESITY: IN THE 2013-14 ACADEMIC YEAR, OVER 10,000 (K-12) STUDENTS FROM 39 SCHOOLS PARTICIPATED IN ADVOCATE GOOD SHEPHERD HOSPITAL'S SCHOOL-BASED CHILDHOOD OBESITY PREVENTION PROGRAM KNOWN AS CATCH, THE COORDINATED APPROACH TO CHILD HEALTH. THIS PROGRAM ADDRESSES INTERVENTIONS TO IMPACT NUTRITION AND HEALTH. STUDENTS ARE TESTED FOR FITNESS LEVELS IN THE FALL AND SPRING AND THE RESULTS ARE COMPARED. RESULTS INDICATED A 4% IMPROVEMENT IN THE SAMPLE OF STUDENTS TESTED ACROSS 39 SCHOOLS. IN ADDITION, 44 ENVIRONMENTAL IMPROVEMENTS HAVE BEEN MADE IN SCHOOLS, SUCH AS IMPROVEMENTS IN NUTRITIONAL VALUE OF SNACKS IN VENDING MACHINES, LIMITATION ON SALE OF SUGARED BEVERAGES, AND SO FORTH. EXPANSION OF THE PROGRAM WILL CONTINUE THROUGHOUT THE HOSPITAL'S SERVICE AREA. CANCER (PREVENTION AND DETEC</p>

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INFECTIOUS DISEASE	<p>TION) ADVOCATE GOOD SHEPHERD HOSPITAL HAS A CANCER COMMITTEE IN PLACE THAT IS DEDICATED TO CANCER PREVENTION AND EARLY DETECTION IN 2014, SOME OF THE TACTICS INCLUDED CONNECTING PATIENTS AND FAMILIES TO 2-1-1 INFORMATION AND REFERRAL TO SOCIAL SERVICE RESOURCES, CONTINUING TO WORK WITH PATIENT NAVIGATORS TO IDENTIFY PATIENT NEEDS, AND HOSTING COMMUNITY LECTURES ON MULTIPLE TYPES OF CANCER TO ENCOURAGE CONVERSATIONS WITH HEALTH CARE PROVIDERS. GOOD SHEPHERD ALSO HAD COMMUNITY OUTREACH CAMPAIGNS ON COLON CANCER AWARENESS AND SCREENING, BREAST CANCER AWARENESS FOR UNDERSERVED POPULATIONS, AND E-CIGARETTES IN SCHOOLS. IN REGARDS TO COLON CANCER AWARENESS, LETTERS WERE SENT TO COMMUNITY MEMBERS REMINDING THEM TO GET THEIR BASELINE COLONOSCOPY AT AGE 50 AND NURSES ATTENDED COMMUNITY EXPOS FOR EDUCATION AND AWARENESS. IN ADDITION, MEETINGS WERE COORDINATED WITH AREA PHYSICIANS, BOTH GENERAL PRACTITIONERS AND SPECIALISTS, ABOUT PARTICIPATING IN SCREENING PROGRAMS AT THE HOSPITAL. E-CIGARETTE PREVENTION WAS ALSO ADDRESSED BY PARTNERING WITH AREA MIDDLE SCHOOLS AND HIGH SCHOOLS AND/OR ATTENDING COMMUNITY EVENTS WHERE THE TARGET AUDIENCE - YOUTHS - WERE PRESENT, NOT ONLY PROVIDING PREVENTION EDUCATION BUT ALSO TO CAPTURE FEEDBACK RELATED TO EDUCATIONAL MATERIALS. THERE WERE THREE OTHER IMPORTANT NEEDS THAT WERE NOT SELECTED AS PRIORITIES FOR NEW ACTIVITY BECAUSE THEY HAVE BEEN, AND CONTINUE TO BE ADDRESSED THROUGH EXISTING PROGRAMS OR PARTNERSHIPS. MENTAL HEALTH. MENTAL HEALTH IS ADDRESSED BY MULTIPLE COMMUNITY ORGANIZATIONS THAT THE HOSPITAL SUPPORTS, SUCH AS SAMARITAN COUNSELING CENTER AND THE PIONEER CENTER FOR HUMAN SERVICES. THE HOSPITAL IS ALSO PROVIDING COMPLIMENTARY SPACE AT TWO ADVOCATE FACILITIES TO BEHAVIORAL HEALTH PROVIDERS IN THE COMMUNITY. THE COMMUNITY HEALTH COUNCIL SET TARGETS FOR COLLABORATION AND INTEGRATION WITH COMMUNITY GROUPS TO HELP ADDRESS BEHAVIORAL HEALTH NEEDS. THE HEALTHIER BARRINGTON COALITION DEVELOPED A MENTAL HEALTH TASK FORCE TO HELP DETERMINE THE MOST PRESSING NEEDS AND HOW THE COMMUNITY MIGHT BETTER COLLABORATE TO MEET THOSE NEEDS.</p> <p>DIABETES/CHOLESTEROL/CARDIOVASCULAR DISEASE. WHEN GOOD SHEPHERD HOSPITAL'S CHNA REVEALED THAT TYPE II DIABETES WAS CONTINUING TO INCREASE IN THE HOSPITAL'S COMMUNITY, THE HOSPITAL RESPONDED BY DEVELOPING AFFORDABLE DIABETES SCREENINGS. THESE SCREENINGS WERE OFFERED TO INDIVIDUALS IN THE COMMUNITY WITH THE INTENTION OF IDENTIFYING PEOPLE WHO UNKNOWINGLY HAVE PRE-DIABETES OR DIABETES, AND TO ENCOURAGE THEM TO ADOPT LIFESTYLE CHANGES THAT HELP THEM MANAGE THEIR CONDITION. BECAUSE THE HISPANIC POPULATION IS AT A GREATER RISK FOR TYPE II DIABETES, PROMOTIONAL MATERIALS ARE AVAILABLE IN SPANISH AND THE STAFF INCLUDES BILINGUAL CLINICIANS. IN 2014, DIABETES SCREENINGS WERE OFFERED QUARTERLY TO MEMBERS OF THE COMMUNITY. NEARLY 72 PERCENT OF THOSE IDENTIFIED AS HIGH-RISK RETURNED FOR FOLLOW-UP CARE AND RE-TESTING. FOR HALF OF THESE INDIVIDUALS, THEIR A1C SCORES IMPROVED.</p> <p>MOTOR VEHICLE ACCIDENTS (TEEN). THE COUNCIL FELT THAT THE HOSPITAL IS ALREADY ADDRESSING THIS NEED BY BEING PART OF OPERATION CLICK. OPERATION CLICK IS A COMMUNITY PROGRAM THAT ADDRESSES THE RISK FOR YOUTH MOTOR VEHICLE FATALITIES. THE HOSPITAL HAS BEEN ACTIVE ON OPERATION CLICK'S BOARD OF DIRECTORS, PROVIDES FUNDING FOR ITS ANNUAL BANQUET AND RECENTLY PROVIDED FUNDING SO THE ORGANIZATION COULD HIRE A PART-TIME PROGRAM COORDINATOR FOR 24 MONTHS. THE SEED FUNDING WILL ALLOW THE COORDINATOR TO DEVELOP A FUNDING STREAM FOR SUSTAINMENT OF OPERATION CLICK IN THE FUTURE. OVERALL, OPERATION CLICK HAS BEEN IMPACTFUL AND HAS RESULTED IN IMPROVED SEAT BELT COMPLIANCE AS DOCUMENTED BY AN INCREASE IN AVERAGE COMPLIANCE RATES FROM 79% ON THE PRE-SURVEY TO 98% AS REPORTED BY PARTICIPANTS ON THE POST-PROGRAM SURVEY. NEEDS NOT SELECTED TO ADDRESS. THERE WERE TWO REMAINING IMPORTANT NEEDS IDENTIFIED THAT THE HOSPITAL IS NOT ADDRESSING- DENTAL HEALTH AND BILINGUAL LITERACY. DENTAL HEALTH. ADVOCATE GOOD SHEPHERD HOSPITAL DOES NOT HAVE ANY</p>

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ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>HEALTH NEED SELECTED TO ADDRESS ASTHMA ASTHMA AND OTHER RESPIRATORY-RELATED DISEASES WITHIN SOUTH SUBURBAN HOSPITAL'S PSA WERE SELECTED AS THE TOP HEALTH NEED TO ADDRESS AN EXAMINATION OF SOUTH SUBURBAN HOSPITAL'S INPATIENT ADMISSIONS AND EMERGENCY DEPARTMENT (ED) UTILIZATION DATA SHOWS THERE ARE A SIGNIFICANT NUMBER OF INDIVIDUALS THAT SEEK SERVICES FOR ASTHMA/RESPIRATORY HEALTH ISSUES FROM THE HOSPITAL IN FACT, PULMONARY ADMISSIONS WERE THE SECOND MOST PREVALENT TYPE OF INPATIENT ADMISSION AND THE EIGHTH MOST PREVALENT REASON FOR ED VISITS THE SEVERITY AND PREVALENCE OF ASTHMA IS MOST EVIDENT IN LOW INCOME, MINORITY COMMUNITIES, AND THE DISPARITIES IN HOSPITALIZATION RATES FOR AFRICAN AMERICAN CHILDREN ARE STAGGERING, MAKING THIS A PROMINENT COMMUNITY HEALTH ISSUE NATIONALLY, ASTHMA AFFECTS APPROXIMATELY 7.1 MILLION CHILDREN THE DISEASE IS ONE OF THE LEADING CAUSES OF SCHOOL ABSENTEEISM - ACCOUNTING FOR MORE THAN 14 MILLION MISSED SCHOOL DAYS ANNUALLY (COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, 2010) CHILDREN WITH ASTHMA MISS AN AVERAGE OF TWICE AS MANY SCHOOL DAYS AS OTHER CHILDREN (CENTERS FOR DISEASE CONTROL AND PREVENTION) MISSED SCHOOL DAYS BY CHILDREN RESULT IN MISSED WORKED DAYS BY ADULTS - SO THERE ARE BOTH SIGNIFICANT FINANCIAL AND QUALITY OF LIFE IMPLICATIONS FOR CHILDREN WITH ASTHMA AND THEIR FAMILIES THE BURDEN OF ASTHMA IN ILLINOIS MIRRORS NATIONAL TRENDS YET ILLINOIS HAS ONE OF THE HIGHEST ASTHMA MORTALITY AND MORBIDITY RATES IN THE NATION, AND IT CONTINUES TO INCREASE EACH YEAR (ILLINOIS DEPARTMENT OF PUBLIC HEALTH, 2006) THE MAJORITY OF THE STATE'S ASTHMA DEATHS OCCUR IN COOK COUNTY (CHICAGO AND SUBURBAN COOK COUNTY), THE COUNTY IN WHICH SOUTH SUBURBAN HOSPITAL IS LOCATED SOUTH SUBURBAN HOSPITAL HAS BOTH THE RESOURCES AND CAPACITY TO PARTNER WITH OTHER ORGANIZATIONS ENGAGED IN ADDRESSING ASTHMA HISTORICALLY, SOUTH SUBURBAN HOSPITAL HAS DEVELOPED COMMUNITY PROGRAMS IMPACTING ASTHMA THE HOSPITAL IS CURRENTLY CONDUCTING OUTREACH ACTIVITIES AIMED AT SCHOOLS AND CHURCHES TO ADDRESS THIS DISEASE, INCLUDING THE MOST RECENT DEVELOPMENT OF THE KICKIN' ASTHMA PROGRAM, A SCHOOL-BASED CURRICULUM THAT ADDRESSES THE NEEDS OF CHILDREN AGES 11 TO 16 WITH ASTHMA THE PROGRAM PROMOTES INDIVIDUAL RESPONSIBILITY, SELF-MANAGEMENT AND EARLY ACTION AMONG ADOLESCENTS THE OVERALL GOAL OF KICKIN' ASTHMA IS TO IMPROVE ASTHMA MANAGEMENT AND DECREASE ACUTE CARE UTILIZATION AMONG CHILDREN AGES 11 TO 16 IN ADDITION TO THE SCHOOL-BASED CURRICULUM, CONTINUING MEDICAL EDUCATION FOR LOCAL SCHOOL NURSES, PEDIATRIC HEALTH FAIRS, SCHOOL PROGRAMS PROVIDING ASTHMA SCREENINGS, EDUCATIONAL MATERIALS AND PEAK FLOW METERS, AND ASTHMA RESOURCE PACKETS INCLUDING EDUCATIONAL MATERIALS AND A RESOURCE DIRECTORY FOR LOCAL FAITH COMMUNITIES CONTRIBUTE TO THE PROGRAM'S EFFECTIVENESS AND HAVE HELPED TO LAY THE FOUNDATION FOR THE HOSPITAL'S EXPANSION OF INTERVENTIONS TO ADDRESS ASTHMA IN THE COMMUNITY ADVOCATE SOUTH SUBURBAN HOSPITAL DEVELOPED AN ASTHMA ACTION TASK FORCE TO ADDRESS THE FOLLOWING COMMUNITIES, GOALS AND OBJECTIVES TARGET POPULATION CHILDREN AGES 5-17 THAT RESIDE IN THE PRIMARY SERVICE AREA OF ADVOCATE SOUTH SUBURBAN HOSPITAL (ASSH) WHICH INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING ZIP CODES 60429 CALUMET CITY, 60411 CHICAGO HEIGHTS/FORD HEIGHTS, 60419 DOLTON, 60422 FLOSSMOOR, 60423 FRANKFORT, 60425 GLENWOOD, 60426 HARVEY, 60428 MARKHAM, 60429 HAZEL CREST, 60430 HOMEWOOD, 60438 LANSING, 60443 MATTESON, 60445 MIDLOTHIAN, 60452 OAK FOREST, 60461 OLYMPIA FIELDS, 60466 PARK FOREST, 60471 RICHTON PARK, AND 60473 SOUTH HOLLAND GOAL TO DECREASE ASTHMA RELATED EMERGENCY DEPARTMENT VISITS AND/OR HOSPITALIZATIONS OF CHILDREN AGES 5-17 THAT RESIDE WITHIN ADVOCATE SOUTH SUBURBAN HOSPITAL'S PRIMARY SERVICE AREA BY DEVELOPING AND IMPLEMENTING PROGRAMS TO INCREASE THE KNOWLEDGE BASE OF THE PEDIATRIC ASTHMA COMMUNITY TO INCLUDE ASTHMA MANAGEMENT SKILLS, TRIGGER IDENTIFICATION, AND THERAPEUTIC AND SOCIAL INTERVENTIONS THAT WILL REDUCE ASTHMA RELATED COMPLICATIONS WHILE ESTABLISHING SELF-ADVOCACY SKILLS AND ULTIMATELY CREATING A BETTER QUALITY OF LIFE FOR THOSE THE HOSPITAL SERVES OBJECTIVES OF THE PROGRAM INCLUDE 1 ADVOCATE SOUTH SUBURBAN HOSPITAL (ASSH) WILL INCREASE THE PROPORTION OF PEDIATRIC PERSONS WITH CURRENT ASTHMA WHO RECEIVE APPROPRIATE ASTHMA CARE ACCORDING TO NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM (NAEPP) GUIDELINES WHILE AN INPATIENT OR DURING AN EMERGENCY DEPARTMENT VISIT TO 100% ACCOMPLISHMENTS INITIATED AN EVIDENCE-BASED PEDIATRIC EMERGENCY DEPARTMENT ASTHMA TREATMENT ALGORITHM IN APRIL 2014 THE ALGORITHM PROVIDED ED STAFF GUIDANCE ON IDENTIFICATION, TREATMENT AND FOLLOW-UP CARE FOR A PEDIATRIC ASTHMA PATIENT * APRIL 2014 - DECEMBER 2014 25% OF ED PEDIATRIC PATIENTS WERE DISCHARGED HOME WITH AN ASTHMA ACTION PLAN AND 34% WERE DISCHARGED WITH FORMAL ASTHMA EDUCATION 100% OF ED PEDIATRIC PATIENTS DISCHARGED FROM THE ED RECEIVED A POST-DISCHARGE WELLNESS CALL CURRENTLY IN THE PROCESS OF COLLABO</p>

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ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>RATING WITH ED CASE MANAGEMENT, ED PHYSICIANS, ED STAFF, AND RESPIRATORY THERAPY TO INITIA TE DISCHARGE PLANNING IN THE ED AND A PROGRAM FOR FOLLOW UP BY A RESPIRATORY THERAPIST ON ALL PATIENTS DISCHARGED WITHOUT AN ACTION PLAN * APRIL 2014 - DECEMBER 2014 96% OF ELIGI BLE PEDIATRIC PATIENTS WITH A DIAGNOSIS OF ASTHMA IN THE ED WERE DISCHARGED HOME WITH STER OIDS * APRIL 2014 - DECEMBER 2014 94% OF PATIENTS WITH A PRIMARY DIAGNOSIS OF ASTHMA IN THE ED FILLED PRESCRIPTIONS AS IDENTIFIED ON POST-WELLNESS DISCHARGE CALL THIS IS INDICAT IVE OF THE APPROPRIATE USE OF THE ASTHMA ED TREATMENT PLAN AND DISCHARGE EDUCATION * JANU ARY 2014 - DECEMBER 2014 DECREASED THE NUMBER OF ED PEDIATRIC ASTHMA READMISSIONS FROM 43 % IN 1ST QUARTER 2014 TO 18% YEAR END 2 ADVOCATE SOUTH SUBURBAN HOSPITAL (ASSH) WILL PARTNER WITH THE COMMUNITY TO PROVIDE RESOURCES WITHIN 100% OF THE MIDDLE SCHOOLS AND DEVELOP 5 COMMUNITY COACHES WITHIN OUR PRIMARY SERVICE AREA WITH ASTHMA EDUCATION, INCLUDING HOW TO RECOGNIZE WORSENING ASTHMA, ADMINISTER QUICK-RELIEF MEDICATIONS, AND KNOW HOW AND WHEN TO CALL FOR EMERGENCY SERVICES TO CREATE SUPPORTIVE AND SAFE ENVIRONMENTS IN THE SCHOOL AN D THE COMMUNITY BY 6/30/2015 ACCOMPLISHMENTS GOAL TRAIN 5 COMMUNITY PARTNERS ON ASTHMA TRIGGERS AND RESOURCES * JUNE 2014 - MAY 2015 TRAINED 6 COMMUNITY PARTNERS INCLUDING VI CTORY APOSTOLIC CHURCH, MATTESON, ILLINOIS, ST MARK MISSIONARY BAPTIST CHURCH, HARVEY, IL , SOUTHWOOD JR HIGH SCHOOL, COUNTRY CLUB HILLS, ILLINOIS, HAZEL CREST SCHOOL DISTRICT 152 ,, HAZEL CREST PARK DISTRICT, AND BROOKWOOD JR HIGH SCHOOL * JUNE 2014 - SEPTEMBER 2014 ASSH NON-CLINICAL ASSOCIATE WAS TRAINED TO RECOGNIZE SIGNS AND SYMPTOMS OF ASTHMA AND TO ASSIST IN HEALTH FAIRS AND COMMUNITY EVENTS - WHILE AT A COMMUNITY EVENT, AN ASTHMATIC TH AT WAS HAVING DIFFICULTY MANAGING ASTHMA WAS RECOGNIZED BY THE NON-CLINICAL ASSOCIATE THE CLINICAL ASSOCIATE WAS NOTIFIED AND ON THE SPOT EDUCATION WAS CONDUCTED ALONG WITH PROVIDING A SPACER AND REFERRAL INFORMATION * JANUARY 2014 - SEPTEMBER 2014 6 RESPIRATORY CARE PRACTITIONERS WERE TRAINED BY THE AMERICAN LUNG ASSOCIATION TO IMPLEMENT THE KICKIN' ASTH MA PROGRAM * JUNE 2014 - MAY 2015 COLLABORATED WITH HOMEWOOD FLOSSMOOR PARK DISTRICT AND HAZEL CREST PARK DISTRICT TO IDENTIFY A COMMUNITY PROGRAM EDUCATION PLAN * HOMEWOOD FLOS SMOOR BASKETBALL PROGRAM ASTHMA EDUCATION IN PROGRESS * HOMEWOOD FLOSSMOOR AFTER SCHOOL P ROGRAM ASTHMA EDUCATION IN PROGRESS * HAZEL CREST YOUTH BASEBALL PROGRAM ASTHMA EDUCATION TO PARENTS GOAL PROVIDE 16 HOURS OF COMMUNITY TRAINING/MEETINGS * JANUARY 2014 - SEPT EMBER 2014 PROVIDED 6 HOURS OF COMMUNITY EDUCATION * FEBRUARY 2015 - HOSTED SCHOOL NURSE EDUCATION PROGRAM IDENTIFIED A COMMUNITY PROGRAM THROUGH THE RESPIRATORY HEALTH ASSOCIATI ON THAT IS APPROVED BY THE ILLINOIS STATE BOARD OF EDUCATION FOR ONE CERTIFIED PROFESSIONA L DEVELOPMENT CREDIT (CPDU) FOR LICENSED SCHOOL TEACHERS ASTHMA MANAGEMENT TARGETS CAREGI VERS AND PROVIDES EDUCATION ABOUT ASTHMA, SYMPTOM SEVERITY AND RECOGNITION, TRIGGERS AND A VOIDANCE, AND WHAT TO DO IN THE CASE OF AN ASTHMA EPISODE THE 1-HOUR SESSION IS ADAPTED T O THE AUDIENCE WHICH CAN INCLUDE TEACHERS, NURSES, HEALTH AIDES, SCHOOL SUPPORT STAFF, PAR ENTS AND COMMUNITY GROUPS 3 ASSH WILL IMPLEMENT A SCHOOL-BASED ASTHMA EDUCATION PROGRAM TO BE PROVIDED TO 80% OF THE MIDDLE SCHOOLS WITHIN OUR PRIMARY SERVICE AREA TO TARGET ASM ANY CHILDREN WHO HAVE ASTHMA AS POSSIBLE, TO PROVIDE AN OPPORTUNITY FOR THEM TO LEARN ASTH MA SELF-MANAGEMENT SKILLS AND TO HELP PROVIDE AN "ASTHMA-FRIENDLY" LEARNING ENVIRONMENT FO R STUDENTS WHO HAVE ASTHMA ACCOMPLISHMENTS GOAL IMPLEMENT AMERICAN LUNG ASSOCIATION EVI DENCE-BASED KICKIN' ASTHMA SCHOOL-BASED PROGRAMS * JANUARY 2014 - SEPTEMBER 2014 6 RESPI RATORY CARE PRACTITIONERS WERE TRAINED BY THE AMERICAN LUNG ASSOCIATION TO IMPLEMENT THE K ICKIN' ASTHMA PROGRAM * IMPLEMENTED THE KICKIN' ASTHMA PROGRAM TO SCHOOLS WITHIN OUR PRIM ARY SERVICE AREA INCLUDING * 2013-2014</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ACCOMPLISHMENTS	<p>* SUB-COMMITTEE OF THE ASTHMA TASK FORCE ESTABLISHED * JANUARY 2014 - SEPTEMBER 2014 VIR TUAL LEARNING CENTER CREATED VIA THE INTERNET CAN BE FOUND ON WWW.ADVOCATEHEALTH.COM/SSUB/ASTHMA, "HELPING YOU BREATHE EASIER " * PROCESS DEVELOPED TO TRACK COMMUNITY ACCESS TO TH E WEBSITE FOR DETAILED DATA AND PROGRESS NOTES, PLEASE REFER TO HTTP //WWW.ADVOCATEHEALT H.COM/DOCUMENTS/CHNA/2058_SSUB_CHILDHOOD_ASTHMA-IM PLE_PLAN-PROGRPT_F PDF HEALTH NEEDS NOT SELECTED TO ADDRESS CARDIOVASCULAR DISEASE, CANCER, DIABETES AND TEEN PREGNANCY WERE NOT SELECTED FOR SPECIAL FOCUS BECAUSE, SOUTH SUBURBAN HOSPITAL REMAINS COMMITTED TO ADDRESSIN G THESE HEALTH ISSUES AS IT HAS DONE HISTORICALLY EXISTING COMMUNITY PROGRAMS AND RESOURC ES PROVIDED BY SOUTH SUBURBAN HOSPITAL INCLUDE A CARDIAC REHABILITATION PROGRAM, VARIOUS C ARDIOVASCULAR EDUCATION AND PREVENTION PROGRAMS, INCLUDING PROVISION OF HEART RISK ASSESSM ENTS, A DIABETES WELLNESS PROGRAM INCLUDING SELF-MANAGEMENT EDUCATION, SELECTED HEALTH SCR EENINGS, CANCER HEALTH PREVENTION EDUCATION AND CANCER SUPPORT SERVICES THERE ARE A NUMBE R OF LOCAL NONPROFIT ORGANIZATIONS CURRENTLY OFFERING RESOURCES TO ADDRESS THE HEALTH ISSU ES OF TEEN PREGNANCY AND SEXUALLY TRANSMITTED DISEASES IN SOUTH SUBURBAN HOSPITAL'S PRIMAR Y SERVICE AREA THESE COMMUNITY-BASED HEALTHCARE CLINICS AND CENTERS OFFER PRIMARY CARE SE RVICES, INCLUDING FAMILY MEDICINE AND OB/GYN PHYSICIANS, AS WELL AS COUNSELING AND EDUCATI ON AIMED AT CURBING RATES OF TEEN BIRTH AND STD INFECTION RATES WITHIN THE TARGETED COMMUN ITIES TO BEST SERVE THOSE PATIENTS MOST IN NEED OF THEIR SERVICES, THESE PROVIDERS OFFER FREE AND/OR DISCOUNTED ACCESS TO UNINSURED AND UNDERINSURED PATIENTS THE PROVIDERS INCLUD E AUNT MARTHA'S FQHCS IN HAZEL CREST, CHICAGO HEIGHTS AND HARVEY, PREGNANCY AID SOUTH SUBU RBS IN TINLEY PARK, LANSING AND SOUTH HOLLAND, ACCESS COMMUNITY HEALTH, CHICAGO HEIGHTS, FAMILY CHRISTIAN HEALTH CENTER IN HARVEY, AND BETHANY CHRISTIAN SERVICES IN PALOS HEIGHTS ADVOCATE BROMENN MEDICAL CENTER SIGNIFICANT NEEDS BEING ADDRESSED BROMENN MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL SELECTED MENTAL HEALTH AND OBESITY AS ITS TOP HEALTH PRIORITIES TO ADDRESS FOR THE 2011-2013 CHNA CYCLE MENTAL HEALTH BROMENN MEDICAL CENTER MAKES SIGNIF ICANT CONTRIBUTIONS TO ADDRESS THE ISSUE OF MENTAL HEALTH IN THE COMMUNITY SINCE 2012, BR OMENN MEDICAL CENTER HAS HAD TWO STAFF MEMBERS SERVING ON THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT'S IPLAN MENTAL HEALTH TASK FORCE HISTORICALLY, BROMENN MEDICAL CENTER DID NOT HAVE A CRISIS ADMISSIONS COUNSELOR IN THE EMERGENCY ROOM IN RESPONSE TO CUTS IN STATE AND COMMUNITY FUNDING FOR MENTAL HEALTH, THE HOSPITAL IDENTIFIED AN INCREASED WAIT TIME FOR T HE PSYCHIATRIC PATIENT TO BE SEEN BY THE ON-CALL COMMUNITY CRISIS SCREENING COUNSELOR TO ADDRESS THIS ISSUE AND AT ITS OWN EXPENSE, BROMENN MEDICAL CENTER INVESTED IN HIRING A CRI SIS ADMISSIONS COUNSELOR IN 2010 THIS STAFF MEMBER PROVIDES ASSESSMENTS IN THE EMERGENCY DEPARTMENT FROM 10 00 AM TO 6 30 PM, MONDAY THROUGH FRIDAY ADDITIONALLY, THE INPATIENT ME NTAL HEALTH UNIT AT BROMENN MEDICAL CENTER IS THE ONLY ONE OF ITS KIND IN MCLEAN COUNTY, P ROVIDING CRITICAL SERVICES TO THOSE ADULTS NEEDING INPATIENT PSYCHIATRIC SERVICES THE UNI T OPERATED AT AN ANNUAL LOSS OF \$1,454,727, \$1,786,254 AND \$1,868,405 RESPECTIVELY IN 2012 , 2013 AND 2014 BROMENN MEDICAL CENTER, IN PARTNERSHIP WITH ITS DELEGATE CHURCHES AND THE MCLEAN COUNTY MENTAL HEALTH COURT, ALSO PARTICIPATES IN A PROGRAM TITLED PARTNERS IN HELP ING THIS PROGRAM PROVIDES SUPPORT TO THE COURT FOR THEIR EFFORTS TOWARDS REHABILITATING I NDIVIDUALS WITH MENTAL HEALTH CONDITIONS WHO ENTER THE CRIMINAL JUSTICE SYSTEM AS AN ALTER NATIVE TO INCARCERATION DELEGATE CONGREGATIONS COLLECT INCENTIVE ITEMS, SUCH AS GIFT CARD S TO LOCAL RESTAURANTS, WHICH ARE DESIGNATED BY THE COURT FOR PARTICIPANTS IN THE PROGRAM DONATIONS GIVEN TO THE COURT ARE USED TO INCENTIVIZE PROGRESS AND COMPLIANCE IN ITS CONT INUED EFFORTS TO ADDRESS MENTAL HEALTH IN MCLEAN COUNTY, BROMENN MEDICAL CENTER'S SERVICE AREA ADMINISTRATOR FOR BEHAVIORAL HEALTH SERVICES SERVES AS VICE PRESIDENT OF THE BOARD FO R THE MCLEAN COUNTY MENTAL HEALTH COURT PROGRAM, WHICH IS AIMED AT KEEPING INDIVIDUALS WIT H MENTAL HEALTH ISSUES OUT OF PRISON THIS ADMINISTRATOR ALSO SERVED ON A COUNTY BOARD MEN TAL HEALTH ADVISORY PANEL FOR SEVERAL MONTHS THE ADVISORY PANEL WAS TASKED WITH 1) COMPL ETING A MENTAL HEALTH SERVICES NEEDS GAP ASSESSMENT , AND 2) IDENTIFYING THE BEST EVIDENCE- BASED PRACTICE FOR CARE OF THE MENTALLY ILL THE ADMINISTRATOR ALSO SERVED AND CONTINUES T O SERVE ON A SECOND TASK FORCE/PANEL WHICH RECOMMENDED MCLEAN COUNTY OPEN A CRISIS STABILIZATI ON UNIT THE UNIT IS NOW OPEN FOR COMMUNITY MEMBERS TO UTILIZE AS OUTLINED IN THE CHN A IMPLEMENTATION PLAN FOR MENTAL HEALTH, IN JUNE OF 2014, THE HOSPITAL OFFERED AN EVIDENCE -BASED MENTAL HEALTH PROGRAM TO THE COMMUNITY ENTITLED MENTAL HEALTH FIRST AID MENTAL HEA LTH FIRST AID IS A NATIONALLY RECOGNIZED ADULT PUB</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ACCOMPLISHMENTS	<p>LIC EDUCATION PROGRAM THAT TEACHES INDIVIDUALS HOW TO IDENTIFY, UNDERSTAND AND RESPOND TO THE SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS CERTIFIED INSTRUCTORS TEACH PARTICIPANTS TO BECOME MENTAL HEALTH FIRST AIDERS PARTICIPANTS LEARN ABOUT THE SIGNS AND SYM PTOMS OF ACUTE MENTAL HEALTH CRISES AND CHRONIC MENTAL HEALTH PROBLEMS, SUCH AS ANXIETY AN D DEPRESSION BROMENN MEDICAL CENTER HAS COLLABORATED WITH THE MCLEAN COUNTY CENTER FOR HU MAN SERVICES AND THE MCLEAN COUNTY HEALTH DEPARTMENT IN OFFERING THIS PROGRAM TO THE COMMU NITY TO DATE, 370 COMMUNITY MEMBERS FROM MCLEAN AND WOODFORD COUNTY HAVE BEEN TRAINED IN MENTAL HEALTH FIRST AID AS A RESULT OF THIS COLLABORATION, THE HEALTH DEPARTMENT HAS RECE IVED A GRANT FROM THE ILLINOIS PRAIRIE COMMUNITY FOUNDATION THAT ALLOWS THE COLLABORATIVE TO OFFER THE MENTAL HEALTH FIRST AID CLASSES TO THE COMMUNITY FOR \$10, MAKING CLASSES AFFO RDABLE TO ALL MEMBERS OF THE COMMUNITY</p>

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Form and Line Reference	Explanation
OBESITY	<p>ADVOCATE BROMENN MEDICAL CENTER (ABMC) IS PARTNERING WITH RIDGEVIEW COMMUNITY UNIT SCHOOL DISTRICT (CUSD) #19 IN COLFAX, ILLINOIS, TO ADDRESS OBESITY THROUGH IMPLEMENTATION OF THE EVIDENCE-BASED PHYSICAL EDUCATION PROGRAM SPARK APPROXIMATELY ONE HUNDRED 6TH AND 7TH GRADE STUDENTS WILL BE ENGAGED IN SPARK, WHICH HAS BEEN COUNTERING CHILDHOOD OBESITY IN SCHOOLS SINCE 1989 RIDGEVIEW PE TEACHERS RECEIVED PROFESSIONAL TRAINING, CURRICULUM AND EQUIPMENT FOR SPARK PE THROUGH THEIR PARTNERSHIP WITH THE MCLEAN COUNTY HEALTH DEPARTMENT AND THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH'S WE CHOOSE HEALTH INITIATIVE (MADE POSSIBLE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION) TWO RIDGEVIEW PHYSICAL EDUCATION TEACHERS RECEIVED HANDS-ON TRAINING FOR SPARK PE AND BEGAN IMPLEMENTING THE CURRICULUM IN THE ELEMENTARY AND JUNIOR HIGH SCHOOL PHYSICAL EDUCATION CLASSES AT THE BEGINNING OF THE 2014-2015 SCHOOL YEAR ABMC WILL ASSIST IN THE CONTINUATION OF THE COLLECTION OF BODY MASS INDEX (BMI) VALUES WHICH BEGAN FOR RIDGEVIEW LAST YEAR (2013-2014 SCHOOL YEAR) AS PART OF THE WE CHOOSE HEALTH INITIATIVE THE WE CHOOSE HEALTH GRANT OFFICIALLY ENDED ON SEPTEMBER 29, 2014 POPULATION TREND BMI DATA WILL BE TRACKED AT THE 6TH AND 7TH GRADE LEVEL ABMC WILL ALSO ASSIST WITH SPARK EDUCATIONAL EVENTS FOR THE CHILDREN AND THEIR FAMILIES IN ADDITION, THE HOSPITAL DONATED FUNDS TO RIDGEVIEW CUSD #19 TOWARD THE PURCHASE OF 26 HEART RATE MONITORS FOR STUDENTS TO MEASURE THE INTENSITY OF CARDIOVASCULAR ACTIVITY DURING PHYSICAL EDUCATION CLASSES THIS WILL ASSIST STUDENTS IN RECEIVING IMMEDIATE FEEDBACK ON EXERCISE AND THE HEALTH BENEFITS OF EXERCISING IN DIFFERENT HEART RATE ZONES THE ADDITION OF THE HEART RATE MONITORS TO THE PHYSICAL EDUCATION CLASSES HAS BEEN VERY POPULAR AND MOTIVATING TO THE STUDENTS DIRECTLY RELATED TO DECREASING OBESITY RATES IN THE COMMUNITY, THE COMMUNITY HEALTH LEADER FOR BROMENN MEDICAL CENTER SERVES ON THE MCLEAN COUNTY WELLNESS COALITION AND LEADERSHIP COMMITTEE, A GROUP COMPRISED OF CAMPUS AND COMMUNITY ORGANIZATIONS WORKING TO PROMOTE HEALTHY EATING AND ACTIVE LIVING THE COALITION HAS BEEN IN PLACE SINCE 2011 AND PROMOTES THE ADOPTION OF HEALTHY LIFESTYLE POLICIES, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGES THE COALITION HAS HAD MANY SUCCESSES WITH 17 PSE'S DEVELOPED THROUGHOUT MCLEAN COUNTY IN 2013 AND 2014 SOME EXAMPLES INCLUDE COMMUNITY GARDENS AND THE ENHANCED PE PROGRAM, SPARK, MENTIONED ABOVE BROMENN MEDICAL CENTER ALSO PARTNERED WITH THE YMCA ON THEIR YOUTH FITNESS INTERVENTION PROGRAM (Y-FI) Y-FI IS A PROGRAM TO HELP REDUCE THE NUMBER OF OVERWEIGHT AND OBESE CHILDREN THROUGH PHYSICAL ACTIVITY, EDUCATION AND NUTRITION YOUTHS ARE REFERRED TO THE PROGRAM BY THEIR PHYSICIANS PARENTS ARE ALSO INVOLVED IN THE PROGRAM AND EXERCISE ALONG WITH THEIR CHILD SINCE THE INCEPTION OF THE Y-FI PROGRAM IN SEPTEMBER 2012, 153 CHILDREN/PARENT(S) HAVE BEEN REFERRED TO THE PROGRAM BY BOTH ADVOCATE MEDICAL GROUP AND OTHER PEDIATRIC PHYSICIANS IN MCLEAN COUNTY, AND 142 CHILDREN AND THEIR PARENT(S) HAVE PARTICIPATED IN THE 16-WEEK Y-FI PROGRAM PARENTS AND CHILDREN SHOWED AN 85 PERCENT INCREASE IN PHYSICAL ACTIVITY AND AN 85 PERCENT INCREASE IN NUTRITION AND EXERCISE KNOWLEDGE ACCORDING TO THE PRE AND POST-PROGRAM SURVEY RESULTS TWO HEALTH FAIRS WITH A HEALTH SCREENING WERE HELD AT THE YMCA INSTEAD OF AT BROMENN MEDICAL CENTER COMMUNITY WELLNESS TO MAKE THE EVENT MORE EASILY ACCESSIBLE BY THE Y-FI PARTICIPANTS THE FIRST EVENT HELD ON MAY 29, 2014, WAS VERY SUCCESSFUL WITH 29 PARENTS AND CHILDREN PARTICIPATING THE SECOND EVENT ON AUGUST 7, 2014, HAD 0 PEOPLE IN ATTENDANCE THE YMCA FELT THIS MIGHT HAVE BEEN DUE TO SCHOOL REGISTRATIONS OCCURRING DURING THIS TIME THE BROMENN MEDICAL CENTER AND YMCA PARTNERSHIP ENDED IN DECEMBER 2014 THIS ALLOWED ABMC TO COLLABORATE WITH RIDGEVIEW COMMUNITY UNIT SCHOOL DISTRICT (CUSD) #19, ON THE SPARK PROGRAM, THUS REACHING A LARGER NUMBER OF CHILDREN TO MORE BROADLY IMPACT CHILDHOOD OBESITY IN THE FIGHT AGAINST OBESITY, BROMENN MEDICAL CENTER IS ALSO PARTNERING WITH THE COMMUNITY HEALTH CARE CLINIC OBESITY INCREASES THE RISK OF DIABETES AND IMPACTS THE CONTROL OF IT ACCORDING TO THE MCLEAN COUNTY IPLAN 2012-2017, 61.5 PERCENT OF THE COUNTY'S ADULTS ARE OVERWEIGHT OR OBESE IN 2013 AND 2014, BROMENN MEDICAL CENTER OFFERED 3 EXCLUSIVE FOUR-WEEK GROUP DIABETES EDUCATION CLASSES TO COMMUNITY HEALTHCARE CLINIC DIABETES PATIENTS -- SPECIFICALLY PATIENTS WITH HBA1C'S GREATER THAN 9 AND BMI'S GREATER THAN 30 EIGHT CLINIC PATIENTS TOOK ADVANTAGE OF THIS OPPORTUNITY A STAFF MEMBER OF THE CLINIC ATTENDED THE CLASS TO INCREASE COMPLIANCE AND ASSIST WITH SPANISH SPEAKING PATIENTS WHEN NEEDED OUTCOMES MEASURED OVER TIME INCLUDE HBA1C VALUES, BODY MASS INDEX, AND A PRE AND POST-SURVEY OF KNOWLEDGE ASCERTAINED AT THE SIX MONTH FOLLOW-UP APPOINTMENT, 33 PERCENT OF PATIENTS HBA1C DECREASED, 33 PERCENT OF PATIENTS HBA1C INCREASED AND 33 PERCENT OF PATIENTS OPTED NOT TO RETEST THERE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
OBESITY	<p>WAS NO CHANGE IN BMI FOR ANY OF THE PATIENTS OF THE PATIENTS THAT TOOK BOTH THE PRE AND POST DIABETES SELF-MANAGEMENT CLASS SURVEY, THE AVERAGE IMPROVEMENT WAS 25 PERCENT DUE TO LOW PARTICIPATION IN THE CLASSES, CLINIC PATIENTS ARE NOW PROVIDED WITH AN OPPORTUNITY TO MEET INDIVIDUALLY WITH DIABETES EDUCATORS AT BROMENN MEDICAL CENTER OR TO ATTEND ALREADY ESTABLISHED GROUP CLASSES AT THE HOSPITAL BROMENN MEDICAL CENTER OFFERS EXERCISE CLASSES, SCREENINGS, HEALTH EDUCATION PRESENTATIONS AND EVENTS TO THE COMMUNITY ON A RANGE OF TOPIC S PERTINENT TO OVERALL PHYSICAL AND MENTAL HEALTH, AND HEALTHY LIFESTYLE CHANGES IN 2014, APPROXIMATELY 230 COMMUNITY MEMBERS PER WEEK PARTICIPATED IN THE 18 YOGA, ZUMBA, BONE BUILDERS AND PILATES CLASSES OFFERED AT THE HOSPITAL NEEDS NOT BEING ADDRESSED ABMC DID NOT SELECT ORAL HEALTH, HEART DISEASE, CANCER OR LOW BIRTH WEIGHT AS KEY HEALTH ISSUES FOR THE REASONS IDENTIFIED BELOW ORAL HEALTH ORAL HEALTH IS AN ISSUE FOR WHICH THE HOSPITAL HAS A LIMITED SPHERE OF INFLUENCE BROMENN MEDICAL CENTER DOES NOT HAVE DENTAL RESIDENTS OR A MOBILE DENTAL VAN, BOTH OF WHICH COULD BE KEY COMPONENTS OF A SUCCESSFUL INTERVENTION HOWEVER, THE EXISTING COLLABORATION WITH THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT, THE HOSPITAL'S DELEGATE CHURCHES, LOCAL PRIMARY CARE PHYSICIANS, AREA DENTISTS AND THE COMMUNITY HEALTH CARE CLINIC MAY LESSEN THE ORAL HEALTH BURDEN IN THE COMMUNITY ALTHOUGH ORAL HEALTH IS NOT ONE OF THE SELECTED KEY HEALTH PRIORITIES, BROMENN MEDICAL CENTER COLLABORATES WITH EIGHT OF ITS DELEGATE CHURCHES TO ASSIST THE COMMUNITY WITH ITS ORAL HEALTH NEEDS A PROGRAM CALLED PARTNERS IN SMILING WAS CREATED IN 2012 THE PROGRAM CONSISTS OF DELEGATE CHURCHES COLLECTING DENTAL HYGIENE SUPPLIES BROMENN MEDICAL CENTER DELIVERS THE SUPPLIES TO THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT OR THE JOHN SCOTT HEALTH CLINIC WHERE THEY ARE GIVEN TO INDIVIDUALS IN NEED SINCE ITS INCEPTION, APPROXIMATELY \$4,350 IN DENTAL HYGIENE SUPPLIES HAVE BEEN COLLECTED AND DISTRIBUTED TO INDIVIDUALS IN NEED IN MCLEAN COUNTY BROMENN MEDICAL CENTER'S LEADERSHIP HAS ALSO MET ON SEVERAL OCCASIONS WITH THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT, AND LOCAL DENTISTS AND ORAL SURGEONS TO DISCUSS THE ISSUE OF ACCESS TO DENTAL CARE FOR UNINSURED ADULTS IN MCLEAN COUNTY ADDITIONALLY, THE HOSPITAL HAS HAD TWO STAFF MEMBERS SERVING ON THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT'S PLAN ORAL HEALTH TASK FORCE SINCE 2012 IN 2014, ABMC'S FAMILY HEALTH CARE CLINIC BEGAN EXPLORING THE POSSIBILITY OF ADDING A DENTAL RESIDENCY PROGRAM IN CONJUNCTION WITH THE COMMUNITY HEALTH CARE CLINIC HEART DISEASE AND CANCER DESPITE THEIR PERVASIVENESS, HEART DISEASE AND CANCER WERE NOT SELECTED AS KEY HEALTH ISSUES BROMENN MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL DETERMINED THAT SIGNIFICANT RESOURCES ARE ALREADY DEVOTED TO BOTH OF THESE ISSUES IN PARTICULAR, THE COMMUNITY HAS EXCELLENT RESOURCES IN BOTH THE COMMUNITY CANCER CENTER, WHICH IS A JOINT VENTURE BETWEEN BROMENN MEDICAL CENTER AND OSF SAINT JOSEPH'S MEDICAL CENTER IN THE AREA OF HEART DISEASE, BROMENN MEDICAL CENTER SCREENED APPROXIMATELY 1,475 COMMUNITY MEMBERS FOR CHOLESTEROL, BLOOD PRESSURE, PERIPHERAL ARTERY DISEASE AND/OR PERCENT OF BODY FAT IN 2013, AND 1,050 COMMUNITY MEMBERS IN 2014 IN ADDITION, APPROXIMATELY 2,275 HIGH SCHOOL STUDENTS WERE SCREENED THROUGH ADVOCATE FOR YOUNG HEARTS IN 2013 AND AN ADDITIONAL 482 IN 2014 ADVOCATE FOR YOUNG HEARTS PROGRAM SCREENS LOCAL HIGH SCHOOL STUDENTS AT NO COST FOR UNIDENTIFIED GENETIC DISORDERS THAT PLACE THEM AT HIGH RISK FOR SUDDEN CARDIAC DEATH LOW BIRTH WEIGHT INFANTS ALTHOUGH, LOW BIRTH WEIGHT WAS IDENTIFIED AS A HEALTH ISSUE IN MCLEAN COUNTY DATA, ABMC DID NOT SELECT IT AS A SIGNIFICANT HEALTH NEED TO BE ADDRESSED THE HOSPITAL HAS TAKEN STEPS TO ADDRESS THE ISSUE, HOWEVER, DUE TO THE FACT THAT THE PERCENT OF ELECTIVE INDUCTIONS WAS DEEMED TO BE HIGHER THAN WHAT WAS DEEMED ACCEPTABLE TO THE HOSPITAL IN OCTOBER 2011, A COLLABORATIVE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
2014-2016 CHNA COLLABORATIVE PARTNERSHIPS	<p>ADVOCATE BROMENN MEDICAL CENTER IS WORKING COLLABORATIVELY WITH THE MCLEAN COUNTY HEALTH DEPARTMENT, OSF SAINT JOSEPH'S MEDICAL CENTER AND THE UNITED WAY FOR ITS 2014-2016 CHNA BOTH HOSPITALS HAVE SIMILAR TIMELINES FOR THEIR CHNA'S IN ORDER TO BEST SUPPORT THE PRIORITIZATION OF THE COMMUNITY'S HEALTH NEEDS AND IMPLEMENTATION OF SUSTAINABLE PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, THE HEALTH DEPARTMENT IS ADJUSTING THE ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEED (IPLAN) COMMUNITY HEALTH PLAN AND NEEDS ASSESSMENT FOR MCLEAN COUNTY, 2012-2017, TIMELINE TO ALIGN WITH THAT OF THE HOSPITALS THE GOAL OF THE COLLABORATIVE GROUP'S EFFORTS IS TO IDENTIFY AND SELECT KEY HEALTH NEEDS, COMPOSE A UNIFIED REPORT AND WORK ON IMPACTFUL IMPLEMENTATION PLANS COLLECTIVELY FOR MCLEAN COUNTY IN ADDITION TO THIS NEWLY FORMED MCLEAN COUNTY COMMUNITY HEALTH COUNCIL, BROMENN MEDICAL CENTER'S COMMUNITY HEALTH LEADER ALSO SERVES ON THE UNITED WAY COLLECTIVE IMPACT STRATEGIC COUNCIL UNITED WAY CONDUCTED A COMMUNITY ASSESSMENT IN 2014 AND SERVES AN IMPORTANT ROLE ON THIS MCLEAN COUNTY COMMUNITY HEALTH COUNCIL ADVOCATE TRINITY HOSPITAL NEEDS SELECTED TO ADDRESS THE HOSPITAL PRIORITIZED SEVERAL KEY HEALTH NEEDS AS IDENTIFIED THROUGH THE 2013 ADVOCATE TRINITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT IMPLEMENTATION PLANS WERE CREATED IN 2013 AND APPROVED AND POSTED IN 2014 TO ADDRESS THE PRIORITIZED NEEDS IN THE AREAS OF ASTHMA, HEART DISEASE AND STROKE THE IMPLEMENTATION PLAN SET GOALS, PERFORMANCE MEASURES AND IDENTIFIED STRATEGIES FOR SUCCESSFUL PROGRAM IMPLEMENTATION PROGRAM ACCOMPLISHMENTS INCLUDE THE FOLLOWING ASTHMA * TRINITY'S ASTHMA OUTREACH PROGRAM SUCCESSFULLY ENGAGED TWO STAFF MEMBERS TO SERVE AS COMMUNITY HEALTH WORKER ASTHMA SUPPORT SPECIALISTS * THE PROGRAM HAS IDENTIFIED A FAITH-BASED ORGANIZATION THAT WILL OFFER AN ASTHMA SUPPORT PROGRAM STARTING SEPTEMBER 2015 * THE ASTHMA OUTREACH PROGRAM, MANAGED AS PART OF THE PROJECT HEALTH PROGRAM, ENROLLS PATIENTS TO PARTICIPATE IN ASTHMA SELF-MANAGEMENT, TEACHES PATIENTS HOW TO IDENTIFY TRIGGERS AND CREATES AN ASTHMA ACTION PLAN FOR PATIENTS WHO ARE ENROLLED IN THE PROGRAM * EACH ADMITTED ASTHMA PATIENT IS PROVIDED ASTHMA MANAGEMENT EDUCATION BY THE COMMUNITY HEALTH WORKERS DURING EACH HOSPITAL VISIT * ASSESSMENT PROTOCOLS WERE ESTABLISHED TO CONDUCT HOME ENVIRONMENT ASSESSMENTS WITH IDENTIFIED ASTHMA PATIENTS * SINCE 2014, 71 ASTHMATIC PATIENTS WERE ENROLLED IN THE PROJECT HEALTH PROGRAM DURING THEIR HOSPITAL STAY FROM FEBRUARY 2014 - MAY 2015 HEART DISEASE/STROKE * SINCE JANUARY 2014, THE HOSPITAL PARTNERED WITH SIX FAITH COMMUNITIES TO PROVIDE THE FIRST PLACE 4 HEALTH PROGRAM TO CONGREGANTS AND THE COMMUNITY AT LARGE * THE PROGRAM ENGAGED 6 FAITH ORGANIZATIONS THAT OFFERED BEHAVIOR MODIFICATION CLASSES FOR PHYSICAL ACTIVITY AND NUTRITION * TRINITY'S PROGRAM HAS SUCCESSFULLY ENGAGED THE COMMUNITY BY CONDUCTING WORKSHOPS AND HEALTH SCREENINGS REGARDING CARDIOVASCULAR DISEASE AND ITS RISK FACTORS * THE HOSPITAL HAS ESTABLISHED A NETWORK OF FAITH AND COMMUNITY ORGANIZATIONS THAT SUPPORT AND OFFER HEALTH SCREENINGS AND HEALTH EDUCATION PROGRAMS TO THE COMMUNITY THIS COLLABORATIVE IS NOW KNOWN AS THE PARTNERS FOR FAITH AND HEALTH NETWORK * IN 2014, THE PROGRAM OFFERED 23 HEALTH EDUCATION WORKSHOPS AND COMMUNITY SCREENINGS ASSOCIATED WITH HEART DISEASE AND STROKE NEEDS NOT SELECTED TO ADDRESS THE KEY HEALTH ISSUES THAT HAVE BEEN IDENTIFIED AND NOT SPECIFICALLY TARGETED IN TRINITY'S COMMUNITY HEALTH IMPROVEMENT PLAN ARE CANCER, ACCIDENTS AND HOMICIDE BECAUSE THEY HAVE PREVIOUSLY BEEN, AND CONTINUE TO BE ADDRESSED THROUGH SPECIFICALLY DESIGNED CLINICAL PROGRAMS AND COMMUNITY OUTREACH ACTIVITIES CANCER TRINITY HOSPITAL IS ADDRESSING THE CANCER CARE NEEDS OF THE COMMUNITY THROUGH ITS ONCOLOGY CENTER AND ONGOING COMMUNITY OUTREACH PROGRAMS DEDICATED TO THE EARLY DETECTION OF CANCER COMMUNITY OUTREACH PROGRAMS FOR THE EARLY DETECTION OF CANCER INCLUDE THE LADIES NIGHT THINK PINK EVENT FOR BREAST CANCER PREVENTION EDUCATION AND THE COLON CANCER SCREENING PROGRAM IN COLLABORATION WITH THE AMERICAN CANCER SOCIETY THE ONCOLOGY CENTER'S PROGRAMS ARE STRUCTURED TO FACILITATE A MULTIDISCIPLINARY ENVIRONMENT WHILE PROVIDING MINIMALLY INVASIVE PROCEDURES AND ADVANCED SURGICAL INTERVENTION TO TREAT CANCER THE ONCOLOGY CENTER INCLUDES ADVANCED DIAGNOSTICS, IMAGING SERVICES, INTERVENTIONAL RADIOLOGY AND AN INFUSION CENTER ACCIDENTS TRINITY HOSPITAL IMPLEMENTS VARIOUS ACTIVITIES THAT AID IN EDUCATING THE COMMUNITY REGARDING SAFETY AND HOW TO PREVENT ACCIDENTS WITHIN THE SENIOR POPULATION SERVED BY THE HOSPITAL THESE ACTIVITIES INCLUDE EDUCATION FOR SAFE DRIVING AND INJURY/FALLS PREVENTION THE HOSPITAL PARTNERS WITH THE AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) TO PROVIDE QUARTERLY WORKSHOPS ON DRIVER SAFETY TO EDUCATE SENIORS ON SAFE AND DEFENSIVE DRIVING TECHNIQUES ADDITIONALLY, THE HOSPITAL UTILIZES ADVANCE PRACTICE NURSES TO PROVIDE COMMUNITY EDUCATION</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
2014-2016 CHNA COLLABORATIVE PARTNERSHIPS	<p>ION TO PREVENT FALLS AND INJURY IN THE HOME HOMICIDE TRINITY HOSPITAL CONTINUALLY ASSESSES WHETHER ADDITIONAL PREVENTION STRATEGIES ARE NEEDED WITHIN THE COMMUNITY AND WORKS IN SUPPORT OF ITS COMMUNITY PARTNERS TO ADDRESS NEEDS SUCH AS ACCIDENTS AND HOMICIDE COMMUNITY PARTNERS SPECIFICALLY ADDRESSING THESE NEEDS INCLUDE ORGANIZATIONS SUCH AS THE NEIGHBORHOOD CHICAGO ALTERNATIVE POLICING STRATEGY (CAPS), CHICAGO POLICE DEPARTMENT THE POLICE DEPARTMENT IS WORKING WITHIN THE COMMUNITY TO ADDRESS THESE NEEDS AND TRINITY HOSPITAL PARTNERS WITH THEM TO SUPPORT THEIR ACTIVITIES SUCH AS THE NATIONAL NIGHT OUT EVENT THE NATIONAL NIGHT OUT EVENT IS DESIGNED TO INCREASE AWARENESS ABOUT POLICE AND COMMUNITY PARTNERSHIPS OR PROGRAMS THAT EDUCATE COMMUNITIES REGARDING VIOLENCE PREVENTION, DRUG PREVENTION, TOWN WATCH, NEIGHBORHOOD WATCH AND OTHER ANTI-CRIME EFFORTS ADVOCATE EUREKA HOSPITAL SIGNIFICANT NEED BEING ADDRESSED MENTAL HEALTH MENTAL HEALTH WAS CHOSEN AS A KEY HEALTH PRIORITY BY EUREKA HOSPITAL FOR THE 2011-2013 CHNA FOR SEVERAL REASONS FIRST, ACCESS TO MENTAL HEALTH SERVICES IN WOODFORD COUNTY IS SEVERELY LIMITED DUE TO THE CLOSURE OF THE TAZWOOD MENTAL HEALTH CENTER SATELLITE FACILITY IN EUREKA IN 2009, THUS CAUSING RESIDENTS TO LEAVE THE COUNTY TO FIND MENTAL HEALTH CARE SECONDLY, A STRONG CONSIDERATION WAS THE PARTNERSHIP WITH THE WOODFORD COUNTY HEALTH DEPARTMENT AND THE TAZWOOD MENTAL HEALTH CENTER FINALLY, THE RESULTS OF THE 2011 ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEED (IPLAN) COMMUNITY HEALTH PLAN AND NEED ASSESSMENT FOR WOODFORD COUNTY SHOW A GROWING NEED FOR MENTAL HEALTH SERVICES IN WOODFORD COUNTY AS OUTLINED IN THE CHNA IMPLEMENTATION PLAN FOR MENTAL HEALTH, IN JUNE OF 2014, ADVOCATE BROMENN MEDICAL CENTER, IN PARTNERSHIP WITH ADVOCATE EUREKA HOSPITAL, OFFERED AN EVIDENCE-BASED MENTAL HEALTH PROGRAM TO THE COMMUNITY ENTITLED MENTAL HEALTH FIRST AID MENTAL HEALTH FIRST AID IS A NATIONALLY RECOGNIZED ADULT PUBLIC EDUCATION PROGRAM THAT TEACHES INDIVIDUALS HOW TO IDENTIFY, UNDERSTAND AND RESPOND TO THE SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS CERTIFIED INSTRUCTORS TEACH PARTICIPANTS TO BECOME MENTAL HEALTH FIRST AIDERS PARTICIPANTS LEARN ABOUT THE SIGNS AND SYMPTOMS OF ACUTE MENTAL HEALTH CRISES AND CHRONIC MENTAL HEALTH PROBLEMS, SUCH AS ANXIETY AND DEPRESSION EUREKA HOSPITAL HAS COLLABORATED WITH BROMENN MEDICAL CENTER, THE WOODFORD COUNTY HEALTH DEPARTMENT, THE MCLEAN COUNTY CENTER FOR HUMAN SERVICES AND THE MCLEAN COUNTY HEALTH DEPARTMENT IN OFFERING THIS PROGRAM TO THE COMMUNITY TO DATE, 370 COMMUNITY MEMBERS FROM MCLEAN AND WOODFORD COUNTIES HAVE BEEN TRAINED IN MENTAL HEALTH FIRST AID THE OUTCOMES MEASURED FOR ACCESS TO MENTAL HEALTH SERVICES INCLUDE THE NUMBER OF PATIENTS VISITING THE EUREKA HOSPITAL EMERGENCY ROOM WITH A BEHAVIORAL HEALTH RELATED DIAGNOSIS THIS NUMBER HAS STEADILY DECREASED FROM 2010 TO 2013, FROM 78 PATIENTS IN 2010 TO 49 PATIENTS IN 2013 IN 2014, THE NUMBER OF PATIENTS INCREASED TO 59, HOWEVER, THIS IS STILL LOWER THAN THE BASELINE OF 78 PATIENTS IN 2010 POSITIVELY CONTRIBUTING TO THIS DECREASE IS THE COLLABORATION BETWEEN EUREKA HOSPITAL, THE WOODFORD COUNTY HEALTH DEPARTMENT AND THE TAZWOOD WELLNESS CENTER PARTICIPANTS FROM THESE ENTITIES AND OTHER COMMUNITY ORGANIZATIONS FORM THE WOODFORD COUNTY HEALTH DEPARTMENT IPLAN MENTAL HEALTH SUBCOMMITTEE AS A RESULT OF THE SUBCOMMITTEE'S EFFORTS, BEGINNING IN JANUARY 2013, THE TAZWOOD WELLNESS CENTER STAFF OFFERED COUNSELING SERVICES ONE TIME PER WEEK AND PSYCHIATRIC SERVICES ONE TIME PER MONTH AT THE WOODFORD COUNTY HEALTH DEPARTMENT TO ASSIST WITH REFERRALS TO THIS PROGRAM AND WITH EFFECTIVE COMMUNICATION, A EUREKA HOSPITAL SOCIAL WORKER COORDINATED EDUCATIONAL SESSIONS FOR LOCAL ADVOCATE MEDICAL GROUP PHYSICIANS AND THE MEDICAL STAFF SERVING EUREKA HOSPITAL'S EMERGENCY ROOM THE HOSPITAL SOCIAL WORKER ALSO COORDINATED EDUCATIONAL SESSIONS FOR THE STAFF AT NURSING HOMES AND WITH WOODFORD COUNTY CLERGY AT DELEG</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SEC B, LINE 18D	<p>N/A PART V, SEC B, LINE 19D ADVOCATE HEALTH AND HOSPITALS CORPORATION DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-C UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY PART V, SEC B, LINE 20E ADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICULTY IN PAYING YOUR BILL" ADVOCATE ALSO USES EARLY OUT AND PRECOLLECTION VENDORS TO ASSIST IN OBTAINING PAYMENTS OR COLLECTING FINANCIAL ASSISTANCE ELIGIBILITY INFORMATION THESE VENDORS HAVE THE FOLLOWING LANGUAGE IN THEIR CONTRACT "VENDOR WILL COMMUNICATE THE ADVOCATE HEALTH CARE POLICY AND GUIDELINE TO ANY PATIENT EXPRESSING A DIFFICULTY IN PAYING THEIR BILL" AND, "VENDOR WILL MAIL THE ADVOCATE HEALTH CARE FINANCIAL ASSISTANCE APPLICATION TO ANY PATIENTS EXPRESSING A DIFFICULTY IN PAYING THEIR BILL" ADVOCATE'S BAD DEBT AGENCY CONTRACTS HAVE THE FOLLOWING LANGUAGE "AGENCY SHALL EVALUATE EACH PATIENT WHOSE ACCOUNT IS REFERRED TO AGENCY, WHERE THE PATIENT EXPRESSES DIFFICULTY OR INABILITY TO PAY THEIR BILL, FOR ELIGIBILITY UNDER ADVOCATE'S FINANCIAL ASSISTANCE POLICY " VENDOR AND AGENCY CONTRACTS ARE STANDARD ACROSS ADVOCATE'S SYSTEM PART V, SEC B, LINE 21C N/A PART V, SEC B, LINE 21D N/A PART V, SEC B, LINE 22D THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO AN FAP-ELIGIBLE PATIENT FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IS BASED ON A SLIDING SCALE PERCENTAGE OF ANNUAL FAMILY INCOME WHICH IS TIED TO THE FPG FAMILY INCOME LIMIT APPLICABLE TO THE PATIENT FOR A FAMILY WITH INCOME BETWEEN TWO AND THREE TIMES THE FEDERAL POVERTY LEVEL, THE MAXIMUM EXPECTED PAYMENT IS 5% OF ANNUAL FAMILY INCOME FOR A FAMILY WITH INCOME BETWEEN THREE AND FOUR TIMES THE FEDERAL POVERTY LEVEL, THE MAXIMUM EXPECTED PAYMENT IS 10% OF ANNUAL FAMILY INCOME FOR AN UNINSURED FAMILY WITH INCOME BETWEEN FOUR AND SIX TIMES THE FEDERAL POVERTY LEVEL, THE MAXIMUM EXPECTED PAYMENT IS 25% OF ANNUAL FAMILY INCOME PART V, SEC B, LINE 23 FOR THE CURRENT TAX YEAR THERE WAS NO REQUIREMENT IN THE TAX LAW TO PROVIDE AN AGB DISCOUNT NOR DESCRIBED A METHOD CALCULATE IT IN 2014, ADVOCATE UPDATED THE CHARITY CARE DISCOUNTS TO BE COMPLIANT WITH NEW STATE REGULATIONS ISSUED IN AUGUST 2013 THE ADVOCATE CHARITY CARE POLICY EXCEEDS THE STATE REQUIREMENTS IN TERMS OF THE AMOUNT OF CHARITY CARE PROVIDED TO UNINSURED PATIENTS, INSURED PATIENTS, AND PROVIDES FOR LOWER LIMITS ON THE ANNUAL MAXIMUM PAYMENTS FROM AN INDIVIDUAL OR FAMILY ALLOWED UNDER STATE REGULATIONS AS WE PREPARED FOR IMPLEMENTATION OF 501R FOR THE 2016 TAX YEAR AND THE IRS DEFINED THE METHOD TO CALCULATE THE AGB WE HAVE LEARNED THAT IN SOME CASES PATIENTS WILL RECEIVE A MORE GENEROUS DISCOUNT USING THE AGB VS THE IL STATE (COST TO CHARGE RATIO +35%) METHOD PART V, SECTION B, LINE 24 N/A</p>

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
ABMC-BroMenn Outpatient Center 3024 E Empire Street Bloomington, IL 61704	Patient Care - Out Patient
ABMCAEH-Community Cancer Ctr-Cyberknife 407 E Vernon Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-HomeHospiceCommunity Health 407 E Vernon Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-IL Heart & Lung Cardiology Assc 1302 Franklin Ave MOB 4500 Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-Materials Management 1011-1015 E Lafayette St Bloomington, IL 61701	Patient Care - Out Patient
ABMCAEH-Mecherle Hall VA at Franklin Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-Ofc Building-Advocate Phys Ptr 3004 General Electric Road Bloomington, IL 61704	Patient Care - Out Patient
ABMCAEH-Community Healthcare Clinic 902 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-Franklin Avenue Building 900 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-Land (was apartment building) 702 W Virginia Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-Medical Office Building 1302 Franklin Normal, IL 61761	Patient Care - Out Patient
ABMCAEH-POB Building 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
ABMCAEH Landmark Dr Location 207 Landmark Normal, IL 61761	Patient Care - Out Patient
ABMG-ABMG Central Billing Office 306 Eldorado Bloomington, IL 61702	Patient Care - Out Patient
ABMG-Crossroads Medical 128 W Main St Lexington, IL 61753	Patient Care - Out Patient

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Name and address	Type of Facility (describe)
ABMG-Crossroads Medical 307 W Main St Lexington, IL 61753	Patient Care - Out Patient
ABMG-Crossroads Medical 385 S Orange St El Paso, IL 61738	Patient Care - Out Patient
ABMG-Fairbury Medical Associates 115 E Walnut Fairbury, IL 61739	Patient Care - Out Patient
ABMG-Healthpoint 1437 E College Ave Normal, IL 61761	Patient Care - Out Patient
ABMG-IL Heart & Lung Assc Pulmonologists 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
ABMG-Illinois Heart & Lung - Billing Off 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
ABMG-Illinois Heart & Lung - Pontiac Off 1508 W Reynolds Suite A Pontiac, IL 61764	Patient Care - Out Patient
ABMG-LeRoy Family Medicine 911 S Chestnut Leroy, IL 61752	Patient Care - Out Patient
ABMG-Medical Hills Internists 1401 Eastland Dr Bloomington, IL 61701	Patient Care - Out Patient
ABMG-Sugar Creek Medical I 1302 Franklin Ave Suite 1100 Normal, IL 61761	Patient Care - Out Patient
ABMG-Sugar Creek Medical II 1302 Franklin Ave Suite 2500 Normal, IL 61761	Patient Care - Out Patient
ABMG-Town & Country 105 S Major St Eureka, IL 61530	Patient Care - Out Patient
ABMG-Town & Country 415 W Front Roanoke, IL 61561	Patient Care - Out Patient
ABMG-Twin Cities Behavioral HealthEAP 303 N Hershey Rd Suite 2C Bloomington, IL 61761	Patient Care - Out Patient
ABMG-Twin Cities Behavioral HealthEAP 403 Virginia Ave Normal, IL 61761	Patient Care - Out Patient

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How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
ABMG-Twin Cities Behavioral HealthEAP 403 Virginia Ave 2nd Floor Normal,IL 61761	Patient Care - Out Patient
ACL-Lab Service Center 1775 Ballard Road LL Park Ridge,IL 60068	Patient Care - Out Patient
ACL-Lab Service Center 1870 West Galena Blvd Aurora,IL 60506	Patient Care - Out Patient
ACL-Lab Service Center 3048 N Wilton Lab Chicago,IL 60657	Patient Care - Out Patient
ACL-Lab Service Center - Parkside 1875 Dempster St Suite 504 Park Ridge,IL 60068	Patient Care - Out Patient
AHC-Beverly Health Facility-Walk-in-Care 9831 South Western Avenue Chicago,IL 60643	Patient Care - Out Patient
AHC-Burbank Health Facility 4901 West 79th Street Burbank,IL 60459	Patient Care - Out Patient
AHC- Evergreen Park Health Facility 1357 W 103rd Street Suites 100 Chicago,IL 60643	Patient Care - Out Patient
AHC-Evergreen Plaza - UM 9730 South Western Avenue Suite 73 Evergreen Park,IL 60805	Patient Care - Out Patient
AHC- Evergreen Peds 9730 South Western Avenue Suite 50 Evergreen Park,IL 60805	Patient Care - Out Patient
AHC-Frankfort AHC 328 N LaGrange Road Frankfort,IL 60423	Patient Care - Out Patient
AHC-Halsted & Blackhawk Health Facility 1460 N Halsted Avenue Chicago,IL 60614	Patient Care - Out Patient
AHC-Irving and Western 4025 North Western Avenue Chicago,IL 60618	Patient Care - Out Patient
AHC-Logan Square Health Facility 2511 North Kedzie Chicago,IL 60647	Patient Care - Out Patient
AHC-Oak Park - North Ave Health Facility 6434 West North Avenue Oak Park,IL 60639	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AHC-Orland Square Health Center WALK-IN 29 Orland Square Drive Orland Park, IL 60462	Patient Care - Out Patient
AHC-Palos 7620 W 111th Street Palos Hills, IL 60465	Patient Care - Out Patient
AHC-Six Corners AHC 4211 North Cicero Suite 308 306 Chicago, IL 60641	Patient Care - Out Patient
AHC-South Holland 100 West 162nd Street South Holland, IL 60473	Patient Care - Out Patient
AHC-Southeast Health Facility 2301 East 93rd Street Suite 117 2 Chicago, IL 60617	Patient Care - Out Patient
AHC-Southwest Highway 11824 Southwest Highway Suites 135 Palos Heights, IL 60463	Patient Care - Out Patient
AHC-Sykes Health Center - WALK-IN CARE 2545-55 South Martin Luther King Dr Chicago, IL 60616	Patient Care - Out Patient
AHC-West Suburban - UM Office 3 Erie Court Oak Park, IL 60439	Patient Care - Out Patient
AIS-Advocate Imaging Specialists-Wilmette 114 Skokie Blvd Wilmette, IL 60091	Patient Care - Out Patient
AMG-87th & Greenwood 1111 E 87th Street Suite 900A Chicago, IL 60619	Patient Care - Out Patient
AMG- Des Plaines 701 Lee Street Suites LL 100 11 Des Plaines, IL 60016	Patient Care - Out Patient
AMG- Glenview 1255 Milwaukee Road Glenview, IL 60025	Patient Care - Out Patient
AMG- Heart and Vascular of Illinois 3118 N Ashland Avenue Chicago, IL 60657	Patient Care - Out Patient
AMG- Heart and Vascular of Illinois 5151 W 95th Street 2nd Floor Oak Lawn, IL 60453	Patient Care - Out Patient
AMG- Hyde Park 1301 E 47th Street Unit 2 Chicago, IL 60615	Patient Care - Out Patient

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Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AMG- Hyde Park 1515 E 52nd Place Unit 5 Chicago, IL 60615	Patient Care - Out Patient
AMG- Lockport Primary Care 1206 E 9th Street Suite 210 Lockport, IL 60441	Patient Care - Out Patient
AMG- Mundelein Internal Medicine 550 N Lake Street Mundelein, IL 60060	Patient Care - Out Patient
AMG- Oak Lawn 4712 W 103rd Street Oak Lawn, IL 60453	Patient Care - Out Patient
AMG- Parkside Center 1875 W Dempster Street Suite 525 Park Ridge, IL 60068	Patient Care - Out Patient
AMG- Posen 2590 W Walter Zimny Drive Posen, IL 60469	Patient Care - Out Patient
AMG- Richton Park 4511 Sauk Trail Richton Park, IL 60471	Patient Care - Out Patient
AMG- Southeast Location 2301 E 93rd Street Suite 213 Chicago, IL 60617	Patient Care - Out Patient
AMG- Wauconda 224 Brown Street Wauconda, IL 60522	Patient Care - Out Patient
AMG- Metrodocs 431 Lakeview Court Mount Prospect, IL 60056	Patient Care - Out Patient
AMG- Alexian Brothers 800 Biesterfield Road Suite 645 Elk Grove Village, IL 60007	Patient Care - Out Patient
AMG- Alpine Family Medicine 350 Surryse Road Suite 100 Lake Zurich, IL 60047	Patient Care - Out Patient
AMG- Bartlett 1054 Norwood Lane Bartlett, IL 60103	Patient Care - Out Patient
AMG- Downers Grove 1341 Waren Avenue Downers Grove, IL 60515	Patient Care - Out Patient
AMG- Glenbrook 2551 Compass Drive Glenview, IL 60026	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AMG- Hampshire 1000 S State Street Hampshire, IL 60140	Patient Care - Out Patient
AMG- Huntley 12151-12199 Regency Center Huntley, IL 60142	Patient Care - Out Patient
AMG- Island Lake 27979 Converse Road Island Lake, IL 60042	Patient Care - Out Patient
AMG- Lemont 6319 S Fairview Wesmont, IL 60559	Patient Care - Out Patient
AMG- Libertyville Winchester 1870 Winchester Road Suite 143 Libertyville, IL 60048	Patient Care - Out Patient
AMG-AMG Lincolwood 6540 N Lincoln Avenue Lincolnwood, IL 60712	Patient Care - Out Patient
AMG-AMG Primary Care Specialists 150 N River Road Des Plaines, IL 60016	Patient Care - Out Patient
AMG-AMG Pulaski 10627 S Pulaski Chicago, IL 60655	Patient Care - Out Patient
AMG-AMG Riverside 7234 W Ogden Avenue Downers Grove, IL 60515	Patient Care - Out Patient
AMG-AMG Swedish Covenant 5140 N California Ave Suite 505 Chicago, IL 60625	Patient Care - Out Patient
AMG-AMG-Chicago-900 W Nelson 900 W Nelson 1st Floor Chicago, IL 60657	Patient Care - Out Patient
AMG-Amundsen School Based Health Center 5110 N Damen Avenue Rm 307 Chicago, IL 60625	Patient Care - Out Patient
AMG-Center for Advanced Cardiology 1875 Dempster Suite 580 585 590 Park Ridge, IL 60068	Patient Care - Out Patient
AMG-Doctors of the North Shore 6131 W Dempster Street Morton Grove, IL 60053	Patient Care - Out Patient
AMG-Doctors Office 3040 North Wilton Chicago, IL 60657	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AMG-Downers Grove Internists 3825 Highland Avenue Suite 5B Downers Grove, IL 60515	Patient Care - Out Patient
AMG-Family Practice - Arlington Heights 825 East Golf Road Arlington Heights, IL 60005	Patient Care - Out Patient
AMG-Family Practice at Ravenswood 4600 N Ravenswood Avenue Chicago, IL 60640	Patient Care - Out Patient
AMG-Gartner Dentistry Building 811 West Wellington Avenue Chicago, IL 60657	Patient Care - Out Patient
AMG-Grand Oaks Health Center Hollister 1800 Hollister Drive Suite G2 Libertyville, IL 60048	Patient Care - Out Patient
AMG-Great Lakes REIT (GLR) Int Medicine 27790 West Highway 22 Bldg 1 Sui Barrington, IL 60010	Patient Care - Out Patient
AMG-Illinois Masonic Physician Group 4211 N Cicero Suite 300 Chicago, IL 60641	Patient Care - Out Patient
AMG-Internal Medicine - Buffalo Grove 214 McHenry Road Suites B19 B20 Buffalo Grove, IL 60089	Patient Care - Out Patient
AMG-Ivy Physicians Group 2437 N Southport Avenue 1st Floor Chicago, IL 60614	Patient Care - Out Patient
AMG-Lakeview School Based Health Center 4015 N Ashland Avenue Rm 103 Chicago, IL 60657	Patient Care - Out Patient
AMG-Libertyville Office Building AMG 716 S Milwaukee Avenue Libertyville, IL 60048	Patient Care - Out Patient
AMG-Medical Office Building 3000 North Halsted Street Suites 2 Chicago, IL 60657	Patient Care - Out Patient
AMG-MCCAMG Cicero 10837 S Cicero Ave Suite 200 110 Oak Lawn, IL 60453	Patient Care - Out Patient
AMG-MCCAMG Hickory Cardiac Care 3611 W 183rd Street Hazel Crest, IL 60429	Patient Care - Out Patient
AMG-MCCAMG Ravinia 14741 Ravinia Drive Orland Park, IL 60467	Patient Care - Out Patient

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(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AMG-MCCAMG Ridgeland 9830 S Ridgeland Avenue Chicago Ridge, IL 60415	Patient Care - Out Patient
AMG-MCCAMG South Suburban POB 17850 S Kedzie Ave Suite 3250 Hazel Crest, IL 60429	Patient Care - Out Patient
AMG-MCCAMG Trinity POB 2301/2315 E 93rd St Suite 222 Chicago, IL 60617	Patient Care - Out Patient
AMG-MCC St James POB 3800 Burke Drive Suite 201 Olympia Fields, IL 60449	Patient Care - Out Patient
AMG-Midwest Heart Specialists Barrington 27750 W Highway 22 Suite 240 Barrington, IL 60010	Patient Care - Out Patient
AMG-Midwest Heart Specialists Downers Gr 3825 Highland Ave Suite 400 Downers Grove, IL 60515	Patient Care - Out Patient
AMG-Midwest Heart Specialists Elmhurst 133 E Brush Hill Rd Suite 202 Elmhurst, IL 60126	Patient Care - Out Patient
AMG-Midwest Heart Specialists Hoffman Es 1555 Barrington Rd Suite 3200 Hoffman Estates, IL 60194	Patient Care - Out Patient
AMG-Midwest Heart Specialists Naperville 801 S Washington 4th Floor Naperville, IL 60540	Patient Care - Out Patient
AMG-Midwest Heart Specialists Winfield 25 N Winfield Rd Suite 301 Winfield, IL 60190	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Billing 621 Plainfield Road Suite 105 Willowbrook, IL 60527	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Aurora 2020 Ogden Avenue Suite 400 Aurora, IL 60504	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Christ 4440 W 95th Street Suite 108 Oak Lawn, IL 60453	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Crest 16151 Weber Road Unit 107 Crest Hill, IL 60403	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Hope 4440 W 95th St Suite 1100H Oak Lawn, IL 60453	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AMG-Midwest Pediatric CardiologyLockprt 1206 9thStreet Suite 310 Lockport,IL 60441	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Merril 209 E 86th Place Suite D Merrillville,IN 46410	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology MHS 1555 Barrington Rd Suite 3200 Hoffman Estates,IL 60169	Patient Care - Out Patient
AMG-Midwest Pediatric CardiologyMunster 800 MacArthur Blvd Suite 3 Munster,IN 46321	Patient Care - Out Patient
AMG-Midwest Pediatric CardiologyNapervl 1020 E Ogden Ave Suite 302 Naperville,IL 60563	Patient Care - Out Patient
AMG-Midwest Pediatric Cardiology Oak Ln 4700 W 95th Street Suite 205 Oak Lawn,IL 60453	Patient Care - Out Patient
AMG-Midwest Pediatric CardiologyRockfd 5701 Strathmoor Dr Suite 1 3 Rockford,IL 61107	Patient Care - Out Patient
AMG-Park Ridge Pediatric Nephrology 1480 Renaissance Dr Suite 211 Park Ridge,IL 60068	Patient Care - Out Patient
AMG-PEDS - Deerfield 720 Osterman Avenue 103 Deerfield,IL 60015	Patient Care - Out Patient
AMG-Ravenswood Medical Group 1945 W Wilson Avenue Ste 2100 4 Chicago,IL 60640	Patient Care - Out Patient
AMG-Tinley Park Medical Office 16750 South 80th Avenue Suite B Tinley Park,IL 60477	Patient Care - Out Patient
AMG- Orland Park Clinic & Orland Park SC 9550 W 167th Street Orland Park,IL 60467	Patient Care - Out Patient
AMG-Chicago (Medicine & Surgery) AMG 11250 S Western Chicago,IL 60643	Patient Care - Out Patient
AMG-Olympia Fields AMG 4001 Vollmer Road Olympia Fields,IL 60461	Patient Care - Out Patient
AMG-Olympia Fields Cancer Care Institute 3700 W 203rd Street Olympia Fields,IL 60461	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
AMG-Olympia Fields Corporate & Physical 20110 Governors Highway Olympia Fields, IL 60461	Patient Care - Out Patient
BH-POB Building 3410 West Van Buren Chicago, IL 60624	Patient Care - Out Patient
BH-POB Building 414 South Homan Chicago, IL 60624	Patient Care - Out Patient
CH-ACMC - Outpatient Center Lockport 1206 E 9th Street Suites 110 170 Lockport, IL 60441	Patient Care - Out Patient
CH-Advocate PTOT (Christ) 12340-50 S Harlem Avenue Palos Heights, IL 60463	Patient Care - Out Patient
CH-Ambulatory Building 4440 West 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
CH-Breast Health Center 4545 W 103rd Street Oak Lawn, IL 60453	Patient Care - Out Patient
CH-Christ POB 4400 West 95th Street Suites 101 Oak Lawn, IL 60453	Patient Care - Out Patient
CH-Christ Women's Health Center 18210 South LaGrange Road Suite 20 Tinley Park, IL 60477	Patient Care - Out Patient
CH-Development Center 4546 West 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
CH-Family Practice 4140 West Southwest Highway Hometown, IL 60456	Patient Care - Out Patient
CH-High Tech Offices - Hospital 11800 Southwest Highway Palos Heights, IL 60463	Patient Care - Out Patient
CH-Physician's Offices 11745 Southwest Highway Palos Heights, IL 60463	Patient Care - Out Patient
CH-Physician's Offices 4151 Naperville Road Lisle, IL 60532	Patient Care - Out Patient
CH-Physician's Offices 9848 South Roberts Road Palos Heights, IL 60465	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
CH-Rotunda Medical Building 4340 West 95th Street Suite 104 Oak Lawn,IL 60453	Patient Care - Out Patient
FCN-Bolingbrook Quadrangle Building C 391 Quadrangle Drive N-4 Bolingbrook,IL 60440	Patient Care - Out Patient
GSAM-ADVOCATE GOOD SAMARITAN HOSPITAL OP 6840 Main Street 1st Floor Suite Downers Grove,IL 60515	Patient Care - Out Patient
GSAM-Good Samaritan Hospital Cancer Care 3745 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
GSAM-Good Samaritan POB Tower 1 3825 Highland Avenue Suites 2J 4H Downers Grove,IL 60515	Patient Care - Out Patient
GSAM-Good Samaritan POB Tower 2 3825 Highland Avenue Suites 103 1 Downers Grove,IL 60515	Patient Care - Out Patient
GSAM-Lemont Walk In ClinicRadiology 15900 W 127th Street Suites 100 Lemont,IL 60439	Patient Care - Out Patient
GSAM-Midwest Center For Day Surgery 3811 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
GSAM-North Pavilion 3743 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
GSAM-Woodridge Imaging Center 7530 Woodward Avenue Woodridge,IL 60517	Patient Care - Out Patient
GSAM-Good Samaritan Wellness Center 3551 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
GSH-Advocate Adult & Pediatric Rehab Ctr 5150 Northwest Highway Crystal Lake,IL 60014	Patient Care - Out Patient
GSH-Briarwood Building 2272 Countyline Road Suites 100 2 Algonquin,IL 60102	Patient Care - Out Patient
GSH-Good Shepherd OP Ctr & Imaging Ctr 525 Congress Parkway 1st Floor 2 Crystal Lake,IL 60014	Patient Care - Out Patient
GSH-Good Shepherd POB Building 1 27790 West Highway 22 Suite 2 5 Barrington,IL 60010	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
GSH-Good Shepherd POB Building 2 27750 West Highway 22 SuiteS G50 Barrington,IL 60010	Patient Care - Out Patient
GSH-Imaging Center 2284 W Countyline Road Algonquin,IL 60014	Patient Care - Out Patient
GSH-LZ Breast Imaging CTR Pediatric CTR 350 Surryse Road Suites 140 150 Lake Zurich,IL 60047	Patient Care - Out Patient
GSH-North Suburban Clinic 2575 Algonquin Road Algonquin,IL 601029403	Patient Care - Out Patient
GSH-Advocate GSH Health & Fitness Ctr 1301 South Barrington Road Barrington,IL 60005	Patient Care - Out Patient
LGHS-Parkside Center 1875 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-Nesset Health Center 1775 Ballard Road Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-Yacktman Children's Pavillion 1675 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-CTR for Advanced Care 1700 Lutheran Lane Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-Adult Down Syndrome Clinic 1610 Luther Lane Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-Cardiac Risk 8820 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-East Pavillion (Old Science Bldg) 1775 Western Avenue Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-Vacant 1999 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
LGHS-Golf Surgical Center 8901 Golf Road Des Plaines,IL 60016	Patient Care - Out Patient
OHC-Downers Grove Center 3551 Highland Avenue Suite 200 Downers Grove,IL 60515	Patient Care - Out Patient

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
OHC-Elk Grove Center 1502 Elmhurst Road Elk Grove Village,IL 60007	Patient Care - Out Patient
OHC-Hazel Crest Center 17850 South Kedzie Avenue Suite 11 Hazel Crest,IL 60429	Patient Care - Out Patient
OHC-Lake Zurich Center 350 Surryse Road Lake Zurich,IL 60047	Patient Care - Out Patient
OHC-LGOHC-I 7255 Caldwell Niles,IL 60714	Patient Care - Out Patient
OHC-Tinley Park Center - Occ Health 18210 South LaGrange Road Suite 21 Tinley Park,IL 60477	Patient Care - Out Patient
SSHS-Frankfort Medical Office 20325 South Graceland Lane Frankfort,IL 60423	Patient Care - Out Patient
SSHS-South Suburban Hospital - Crete loc 1024-1036 E Steger Road 4 Suites Crete,IL 60417	Patient Care - Out Patient
SSHS-South Suburban Hospital Cancer Ctr 17750 S Kedzie Hazel Crest,IL 60429	Patient Care - Out Patient
SSHS-South Suburban Med Ofc & Sleep Ctr 16532 Oak Park Avenue Suite LL1 Tinley Park,IL 60477	Patient Care - Out Patient
SSHS-South Suburban POB 17850 South Kedzie Suites LL 1 2 Hazel Crest,IL 60429	Patient Care - Out Patient
TH-Sleep Center 1111 E 87th Street Suite 500 Chicago,IL 60617	Patient Care - Out Patient
TH-Trinity POB 2301-2315 East 93rd StreetSuites 1 Chicago,IL 60617	Patient Care - Out Patient
TH-Wound Care Clinic 8751 S Greenwood Suite600 100 Chicago,IL 60619	Patient Care - Out Patient
Advanced MRI (AMRI) 2204 Eastland Drive Suite 200 Bloomington,IL 61701	Patient Care - Out Patient

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number

36-2169147

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 65

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Grants and Other Assistance to Domestic Organizations and Domestic	Governments Schedule I, Part I and II For amounts reported on Schedule I, Advocate Health and Hospitals Corporation reports only support provided to organizations that are tax-exempt under section 501(c)(3) of the Internal Revenue Code and that are consistent with and complimentary to the mission and charitable, tax-exempt purposes of Advocate Health and Hospitals Corporation Cash contributions are not made to individuals, for profit businesses, or private providers Grants made to non-501(c)(3) entities, such as schools and government, are not detailed on Schedule I but included on Form 990, Part IX, Line 1 The purpose of these grants is to support community programs

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: Advocate Health And Hospitals Corp

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAEL55 E Monroe Suite 2710 Chicago, IL 60603	13-2890752	501c3	10,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
METROPOLITAN CHICAGO SYNOD 1420 West Dickens Avenue SUITE 800 Chicago, IL 60614	41-1568278	501c3	19,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHWESTERN UNIVERSITY 2001 Sheridan Road Rm 453 Evanston, IL 60208	36-2167817	501c3	9,075				MARKETING CURRICULUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN DIABETES ASSOCIATION 55 E Monroe Suite 3420 Chicago, IL 60603	13-1623888	501c3	25,650				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHHSM-UCC700 Prospect Ave Cleveland, OH 44115	13-1957221	501c3	10,500				LEGACY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY 225 North Michigan Avenue Chicago, IL 60601	13-1788491	501c3	121,800				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL KIDNEY FOUNDATION 215 West Illinois Suite 1C Chicago, IL 60654	13-1673104	501c3	14,391				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN HEART ASSOCIATION PO Box 4002902 SUITE 1100 Des Moines, IA 503402902	13-5613797	501c3	98,430				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CRISIS CENTER SO SUBURBIA CORPPO Box 39 Tinley Park, IL 60477	36-3039964	501c3	9,636				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ILLINOIS WESLEYAN UNIVERSITY PO Box 2900 Bloomington, IL 617029845	37-0662594	501c3	20,000				EXPANSION PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARCH OF DIMES FOUNDATION 111 W Jackson Blvd Chicago, IL 60604	13-1846366	501c3	68,780				MARCH FOR BABIES/LEADERSHIP AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
IHREF1151 E Warrenville Rd Naperville, IL 60563	23-7421930	501c3	702,793				HOSPITAL MUTUAL ASSIST PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHICAGO URBAN LEAGUE 4510 S Michigan Avenue Chicago, IL 60653	36-2225483	501c3	5,250				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY HEALTH2611 West Chicago Avenue Chicago, IL 60622	36-3831793	501c3	23,824				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NAMI OF GREATER CHICAGO 53 W Jackson Blvd Ste 510 Chicago, IL 60604	36-3075407	501c3	6,256				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WELLNESS HOUSE131 N County Line Rd Hinsdale,IL 60521	36-3636933	501c3	9,485				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA 801 North Dearborn Street Chicago, IL 60610	36-2179782	501c3	6,980				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
IL CHAPTER OF AMERICAN ACAD OF PEDIATRICS 1400 W Hubbard STE 100 Chicago, IL 60642	51-0183494	501c3	92,551				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIV OF ILL AT CHICAGO MAB 3rd Fl M/C 511 Chicago, IL 60612	37-6000511	501c3	25,000				GRANT FOR CEASEFIRE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OPERATION CLICK427 W Virginia St Crystal Lake,IL 60014	20-2208637	501c3	25,000				SUPPORT OPERATION CLICK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTH SUBURBAN PADS 414 W Lincoln Hwy Chicago Hts, IL 60430	36-3744405	501c3	9,054				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY HEALTH PTR CLINIC401 E Congress Pkwy Crystal Lake,IL 60014	36-4277029	501c3	11,560				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LUTHERAN SOCIAL SERVICES IL1001 E Touhy Ave Des Plaines, IL 60018	36-2584799	501c3	14,250				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS DUPAGEDUPAGE HLTH COAL511 Thornhill Drive Carol Stream, IL 60188	36-4448208	501c3	610,400				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
IOMC25 NW Point Blvd Elk Grv Village, IL 60007	36-2217993	501c3	24,100				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ILLINOIS PERFORMANCE 1415 W Diehl Rd Naperville, IL 60563	36-3952696	501c3	60,475				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROTARY DISTRICT 6450 FDNPO Box 256 Downers Grove, IL 60515	36-4219154	501c3	7,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GROVE FOUNDATION 2455 Warrenville Rd Downers Grove, IL 60515	36-3755536	501c3	9,325				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ANIMA YOUNGGLEN ELLYN CHILDREN 501 Hill Ave Ste 207 Glen Ellyn, IL 60137	36-3159041	501c3	7,500				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORLD BUSINESS CHICAGO 177 N State St Ste 500 Chicago, IL 60601	36-4313685	501c3	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CANCER SUPPORT CENTER 2028 Elm Rd MS 514 Homewood, IL 60430	36-3880404	501c3	25,018				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARRINGTON AREA UNITED WAY 200 S Hough Street Barrington, IL 60010	23-7123024	501c3	7,165				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARRINGTON AREA COUNCIL 6000 Garlands Lane Barrington, IL 60010	36-3337705	501c3	9,610				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHSIDE PREGNANCY CENTER 5450 W 95th Street Oak Lawn, IL 60453	36-3367445	501c3	20,000				SUPPORT EXEMPT MISISON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALZHEIMERS ASSOC- GREATER IL8430 W Bryn Mawr Ave Chicago,IL 60631	13-3039601	501c3	6,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PASS PREGNANCY CARE CENTER 17214 Oak Park Avenue ROOM 3101 Tinley Park, IL 60477	36-3345840	501c3	20,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST BALDRICKS FOUNDATION 1333 S Mayflower Ave Monrovia, CA 91016	20-1173824	501c3	15,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DUPAGE CHILDRENS MUSEUM 301 N Washington St Naperville, IL 60540	36-3565001	501c3	10,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONCORDIA PLACE3300 N Whipple STE 1C Chicago,IL 60618	32-0033719	501c3	5,960				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOX VALLEY VOLUNTEER HOSPICE 200 Whitfield Drive Geneva, IL 60134	36-3111451	501c3	8,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UCAN3737 North Mozart Street Chicago, IL 60618	36-2167937	501c3	9,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CRISTO REY WORK STUDY PROGRAM 1852 West 22nd Place Chicago, IL 60608	04-3730980	501c3	58,220				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAMARITAN COUNSELING CENTER 1000 Hart Road Barrington, IL 60010	26-3135503	501c3	14,625				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JDRF1 North LaSalle St Chicago, IL 60602	23-1907729	501c3	10,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARRINGTON AREA COMMUNITY FND421 N NW Hwy Ste 210 Barrington,IL 60010	36-4244673	501c3	6,375				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES INC6660 W College Dr Palos Hts,IL 60463	38-1405282	501c3	7,500				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JOURNEY CARE FOUNDATION 405 Lake Zurich Road Barrington, IL 60010	36-3820916	501c3	8,095				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MAKE A WISH FOUNDATION 640 N LaSalle Dr Chicago, IL 60654	36-3422138	501c3	20,750				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MORaine VALLEY COMMUNITY 9000 W College Pkwy Palos Hills, IL 60465	36-3191202	501c3	5,938				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SSEEPOPO Box 855 Lombard, IL 601480855	27-1925734	501c3	10,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHWEST CHICAGO PADS414 W Lincoln Hwy Chicago Heights, IL 60430	36-3744405	501c3	7,500				FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRINITY INTL UNIVERSITY 2065 Half Day Road Deerfield, IL 60015	36-2216176	501c3	10,000				ANNUAL CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MOSQUE FOUNDATION 7360 W 93rd Street Bridgeview, IL 60455	36-2693172	501c3	7,500				FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARSON SCHOLARS FUND INC 305 W Chesapeake Ave Towson, MD 21204	52-1851346	501c3	67,500				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KELLY CARES FOUNDATION 1251 N Eddy St South Bend, IN 46617	26-3591070	501c3	25,000				BREAST CANCER INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CURE IT FOUNDATIONPO Box 4500 Oak Park,IL 60304	45-3824750	501c3	5,850				SPONSOR TO CURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARBARA J TIMMER FAMILY FND219 Austin Avenue Park Ridge, IL 60068	36-7602887	501c3	5,500				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEALTHY SCHOOLS CAMPAIGN175 N Franklin Ste 300 Chicago,IL 60606	36-4308068	501c3	20,750				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALVATION ARMY5040 North Pulaski Avenue Chicago,IL 60630	36-2167910	501c3	29,500				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SILVER CRESCENT FOUNDATION 590 Ready Pond Road Batesburg, SC 29006	57-1039538	501c3	24,650				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROACTIVE KIDS FOUNDATION1101 Belter Drive Wheaton, IL 60189	37-1556796	501c3	68,648				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BNAI BRITH INTERNATIONAL 4605 Lankershim Blvd N Hollywood, CA 91602	53-0179971	501c3	25,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BRIDGE TEEN CENTER 15555 S 71st Court Orland Park, IL 60462	20-3802111	501c3	9,500				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SYRIAN AMERICAN MEDICAL PO Box 1015 Canfield, OH 44406	16-1717058	501c3	15,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KISH HEALTH SYSTEM FOUNDATION1 Kish Hospital Dr DeKalb,IL 60115	36-3649077	501c3	7,600				SPONSOR EVENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number

36-2169147

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

4 During the year, did any person listed 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?

b Any related organization?

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?

b Any related organization?

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

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

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

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

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Supplemental Compensation Information	<p>PART I, LINE 1A HOUSING ALLOWANCE/SOCIAL CLUB DUES/PERSONAL SERVICES REV KATHIE BENDER SCHWICH, SENIOR VICE PRESIDENT-MISSION AND SPIRITUAL CARE, RECEIVED AN ANNUAL HOUSING ALLOWANCE OF \$95,000 FROM ADVOCATE HEALTH AND HOSPITALS CORPORATION JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, IS A MEMBER OF SEVERAL LUNCHEON CLUBS WHERE HE CONDUCTS BUSINESS MEETINGS ON BEHALF OF AHHC JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, RECEIVES AS PART OF HIS BENEFITS PACKAGE FINANCIAL PLANNING SERVICES JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, WAS PERMITTED TO USE FIRST CLASS TRAVEL IN ACCORDANCE WITH THE ORGANIZATION'S POLICY PART I, LINE 4B SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN GAIL HASBROUCK, SENIOR VICE PRESIDENT-GENERAL COUNSEL AND CORPORATE SECRETARY, IS VESTED IN A NON-QUALIFIED RETIREMENT PLAN AS SUCH ANY CONTRIBUTIONS ARE TAXED CURRENTLY THERE IS NO DEFERRED COMPONENT THE CURRENT YEAR CONTRIBUTION AMOUNT IS \$44,003 ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2 JAMES SKOGSBERGH \$724,471, WILLIAM SANTULLI \$301,001, GAIL HASBROUCK \$134,329, LEE SACKS M D \$229,403, DOMINIC NAKIS \$216,494, BRUCE SMITH \$138,871, KEVIN BRADY \$142,002, SCOTT POWDER \$103,372, JAMES DAN M D \$168,324, KATHIE BENDER SCHWICH \$162,245, KELLY JO GOLSON \$98,317, RISHI SIKKA M D \$52,005, DAVID FOX \$137,892, JONATHON BRUSS \$45,540, KAREN LAMBERT \$120,279, KENNETH LUKHARD \$158,496, RICHARD HEIM \$74,903, RICK FLOYD \$74,847, MICHELLE GASKILL \$32,348, AND MICHAEL ENGLEHART \$112,398 THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION MICHAEL FARRELL \$168,563, COLLEEN KANNADAY \$79,482, VINCENT BUFALINO M D \$117,377, AND SUSAN CAMPBELL \$60,650 JAMES SKOGSBERGH AND WILLIAM SANTULLI ARE PARTICIPANTS IN SECTION 457(F) RETENTION INCENTIVE BENEFIT PLANS THE PLANS ARE CURRENTLY NOT VESTED THE PLANS ARE CONTINGENT ON EMPLOYMENT AND VEST WHEN THE PARTICIPANT REACHES 60 YEARS OF AGE THE CURRENT YEAR AMOUNTS EARNED ARE JAMES SKOGSBERGH \$747,465, WILLIAM SANTULLI \$223,547 PART I, LINE 7 INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY</p>

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: Advocate Health And Hospitals Corp

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James Skogsbergh, PRESIDENT & CEO, DIRECTOR	(i) (ii)	1,463,355 0	2,891,534 0	1,238,079 0	2,060,036 0	29,752 0	7,682,756 0	765,371 0
1 Gail D Hasbrouck, SVP, Gen Counsel & Corp Sec	(i) (ii)	469,637 0	392,669 0	288,426 0	166,445 0	22,172 0	1,339,349 0	154,711 0
2 William P Santulli, EXEC VP, COO	(i) (ii)	871,072 0	1,090,000 0	531,406 0	748,459 0	30,781 0	3,271,718 0	432,420 0
3 Lee B Sacks MD, EXEC VP, CHIEF MEDICAL OFFICER	(i) (ii)	705,908 0	773,328 0	411,509 0	325,841 0	21,943 0	2,238,529 0	323,744 0
4 James Doheny, VP, Sys Contr & Asst Treasurer	(i) (ii)	315,161 0	109,226 0	29,777 0	24,011 0	30,240 0	508,415 0	0 0
5 James Dan MD, PRES PHYSICIAN/AMBULATORY SVCS	(i) (ii)	516,652 0	568,516 0	297,133 0	241,684 0	21,514 0	1,645,499 0	233,483 0
6 Rev K Bender Schwich, SVP, Mission & Spiritual Care	(i) (ii)	133,723 0	195,777 0	218,738 0	122,408 0	101,482 0	772,128 0	32,554 0
7 Kevin Brady, SVP, Chf Human Resources offc	(i) (ii)	439,537 0	515,662 0	244,304 0	223,628 0	29,100 0	1,452,231 0	214,125 0
8 Vincent Bufalino, SVP, CARDIO/SR MED DIR CARDIO	(i) (ii)	405,908 0	380,274 0	48,861 0	285,645 0	27,304 0	1,147,992 0	51,828 0
9 Susan Campbell, SVP OF PATIENT CR-CHF NRS OFFC	(i) (ii)	343,471 0	133,933 0	44,254 0	173,422 0	19,959 0	715,039 0	0 0
10 Kelly Jo Golson, SVP, Chief Marketing Officer	(i) (ii)	363,898 0	267,317 0	170,646 0	116,479 0	2,920 0	921,260 0	99,154 0
11 Dominic J Nakis, SVP, CFO & TREASURER	(i) (ii)	622,258 0	773,328 0	379,183 0	325,841 0	22,752 0	2,123,362 0	323,744 0
12 Scott Powder, SVP, Chief Strategy Officer	(i) (ii)	380,269 0	304,156 0	172,492 0	148,436 0	31,052 0	1,036,405 0	86,720 0
13 Bruce D Smith, SVP, Information Systems, CIO	(i) (ii)	481,588 0	409,443 0	245,908 0	174,433 0	31,720 0	1,343,092 0	161,321 0
14 Jonathan Bruss, President, Trinity Hosp Jan-14	(i) (ii)	96,889 0	239,114 0	55,253 0	43,918 0	3,158 0	438,332 0	99,232 0
15 Michael Farrell, PRESIDENT -ADV CHILDREN'S HOSP	(i) (ii)	666,095 0	510,040 0	73,962 0	458,973 0	22,427 0	1,731,497 0	81,738 0
16 David Fox, President, Good Samaritan Hosp	(i) (ii)	453,676 0	434,798 0	240,362 0	191,397 0	27,769 0	1,348,002 0	179,499 0
17 Michelle Gaskill, President, Trnity Hospital	(i) (ii)	296,977 0	31,929 0	68,355 0	99,381 0	10,047 0	506,689 0	0 0
18 Richard Heim, President, South Suburban Hosp	(i) (ii)	298,619 0	219,897 0	126,569 0	133,648 0	27,022 0	805,755 0	30,277 0
19 Colleen Kannaday, President, BroMenn Medical Ctr	(i) (ii)	396,707 0	324,659 0	26,522 0	237,937 0	27,450 0	1,013,275 0	124,142 0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
21 Karen Lambert, President, Good Shepherd Hosp	(i)	408,808	369,287	202,998	158,455	32,629	1,172,177	144,166
	(ii)	0	0	0	0	0	0	0
1 Kenneth Lukhard, Mkt President, Chrst Med Ctr	(i)	569,724	626,727	301,356	255,913	26,808	1,780,528	281,880
	(ii)	0	0	0	0	0	0	0
2 Rick Floyd, President, Lutheran Gen Hosp	(i)	557,406	138,628	135,677	222,961	30,596	1,085,268	0
	(ii)	10,398	0	22,241	0	0	32,639	0
3 Thomas Grobelny, Physician-Neuroint Radiology	(i)	990,323	370	-6,917	21,411	19,353	1,024,540	0
	(ii)	0	0	0	0	0	0	0
4 Caleb Lippman, Neurosurgeon	(i)	828,658	11,306	-7,880	24,011	27,526	883,621	0
	(ii)	0	0	0	0	0	0	0
5 Thom Lobe, Physician - General Surgery	(i)	965,769	0	334	24,011	8,361	998,475	0
	(ii)	0	0	0	0	0	0	0
6 Kenji Muro, Neurosurgeon	(i)	914,779	0	24,150	24,011	24,868	987,808	0
	(ii)	0	0	0	0	0	0	0
7 John Song, Neurosurgeon	(i)	1,006,004	4,156	36,739	24,011	4,836	1,075,746	0
	(ii)	0	0	0	0	0	0	0
8 Michael Englehart, FMR PRES, SOUTH SUBURBAN HOSP	(i)	0	0	0	0	0	0	0
	(ii)	385,609	349,614	187,516	158,455	27,792	1,108,986	125,300
9 Ben Grigaliunas, Senior VP, Human Resources	(i)	0	215,578	0	0	0	215,578	178,794
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS HEALTH FACILITIES AUTHORITY	36-2780046	45200PXH5	10-29-2003	115,000,000	SEE SCHEDULE K, PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FED7	01-24-2013	51,134,288	SEE SCHEDULE K, PART VI		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FEE5	02-01-2013	43,219,722	SEE SCHEDULE K, PART VI		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FEF2	05-01-2012	51,142,165	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		76,340,000		0		0		0
2 Amount of bonds legally defeased		0		0		0		0
3 Total proceeds of issue		116,432,024		51,134,288		43,219,722		51,142,165
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		0		0		0		0
7 Issuance costs from proceeds		1,034,454		0		0		0
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		111,807,084		0		0		0
11 Other spent proceeds		0		51,134,288		43,219,722		51,142,165
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion	2005		2009		2009		2009	
14 Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 100 %		0 110 %		0 110 %		0 110 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 100 %		0 110 %		0 110 %		0 110 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 600 %		0 %		0 %			
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X			X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Schedule K, Part II-13, Line 3	<p>PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003 FORM 990, SCHEDULE K, PART 1(F) (CUSIP # 45200PXH5) THE PROCEEDS OF THE ILLINOIS HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 2003A, 2003B AND SERIES 2003C (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK PURPOSE OF BOND SERIES 2008C ISSUED 10/10/2007 FORM 990, SCHEDULE K, PART I (F) (CUSIP #45200FAZ2) THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2007B-1, SERIES 2007B-2 AND SERIES 2007B-3 (ADVOCATE HEALTH CARE NETWORK), WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK, AND OF REFUNDING ALL OR A PORTION OF THE ORGANIZATION'S SERIES 1997A BONDS, SERIES 1997B BONDS, SERIES 2003B BONDS AND SERIES 2005 BONDS WHICH WERE ISSUED ON JANUARY 9, 1997, OCTOBER 23, 2003, AND JULY 7, 2005, RESPECTIVELY THE SERIES 2007B BONDS WERE EXCHANGED FOR THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008C-1, SERIES 2008C-2A, SERIES 2008C-2B, SERIES 2008C-3A, AND SERIES 2008C-3B (ADVOCATE HEALTH CARE NETWORK) ON APRIL 25, 2008 BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING THE SERIES 2008C BONDS AS THE SAME ISSUE AS THE SERIES 2007B BONDS FOR FEDERAL INCOME TAX PURPOSES PURPOSE OF BOND SERIES 2008A-1 ISSUED 1/24/2013 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45200FED7) THE SERIES 2008A-1 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON JANUARY 24, 2013 PURPOSE OF BOND SERIES 2008A-2 ISSUED 2/1/2013 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45200FEE5) THE SERIES 2008A-2 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON FEBRUARY 1, 2013 PURPOSE OF BOND SERIES 2008A-3 ISSUED 5/1/2012 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45200FEF2) THE SERIES 2008A-3 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON MAY 1, 2012 PURPOSE OF BOND SERIES 2008D ISSUED 12/01/2008 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45200FSB6) THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008D (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COSTS OF PURCHASING ASSETS OF CONDELL MEDICAL CENTER AND THE COSTS OF CONSTRUCTING AND EQUIPPING A NEW PATIENT TOWER FOR ADVOCATE CONDELL MEDICAL CENTER THE ACQUIRED ASSETS INCLUDE CONDELL MEDICAL CENTER, A 283-LICENSED BED ACUTE CARE HOSPITAL LOCATED IN LIBERTYVILLE, ILLINOIS PURPOSE OF BOND SERIES 2010 ISSUED 1/06/2010 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45200FK65) THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2010 (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING THE ORGANIZATION'S SERIES 2008B-1, SERIES 2008B-2, SERIES 2008B-3, SERIES 2008B-4 AND SERIES 2008B-5 BONDS, OF FINANCING THE COSTS RELATED TO THE MERGER WITH BROMENN HEALTHCARE SYSTEM AND THE COSTS RELATED TO THE CONSTRUCTING AND EQUIPPING A NEW PATIENT TOWER FOR ADVOCATE BROMENN MEDICAL CENTER AS WELL AS FINANCING CERTAIN CAPITAL EXPENDITURES AT OTHER HEALTH CARE FACILITIES OF THE ORGANIZATION THE MERGED ASSETS INCLUDE BROMENN REGIONAL MEDICAL CENTER, A 221-LICENSED BED ACUTE CARE HOSPITAL LOCATED IN BLOOMINGTON, ILLINOIS AND EUREKA COMMUNITY HOSPITAL, A 25-LICENSED BED GENERAL ACUTE CARE HOSPITAL LOCATED IN EUREKA, ILLINOIS PURPOSE OF BOND SERIES 2011 ISSUED 9/21/2011 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203HCA8) THE PROCEEDS OF THE SERIES 2011A-2, SERIES 2011B, SERIES 2011C AND SERIES 2011D BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING A NINE STORY AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER PURPOSE OF BOND SERIES 2012 ISSUED 11/29/2012 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203HNJ7) THE PROCEEDS OF THE SERIES 2012 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN OUTPATIENT CENTER AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AN AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER PURPOSE OF BOND SERIES 2013A ISSUED 8/8/2013 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203HUC4) THE PROCEEDS OF THE SERIES 2013A BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN ICU EXPANSION PROJECT AT ADVOCATE TRINITY HOSPITAL, A CAMPUS MODERNIZATION PROJECT AT ADVOCATE GOOD SHEPHERD HOSPITAL, AN EMERGENCY DEPARTMENT/SURGERY EXPANSION PROJECT AT ADVOCATE LUTHERAN GENERAL HOSPITAL, AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER PURPOSE OF BOND SERIES 2014 ISSUED 12/18/2014 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203HE40) THE PROCEEDS OF THE SERIES 2014 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING CERTAIN OF THE SERIES 2008D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER AND ADVANCE REFUNDING THE SERIES 2007A BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF ADVOCATE SHERMAN HOSPITAL PURPOSE OF BOND SERIES 2011A-1 ISSUED 9/21/2011 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203HCM2) THE PROCEEDS OF THE SERIES 2011A-1 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING ALL OF THE ORGANIZATION'S SERIES 1998A AND SERIES 1998B BONDS FORM 990, SCHEDULE K, PART II, LINE 3 FOR THOSE BOND ISSUES WHERE THE TOTAL PROCEEDS LISTED IN PART II, LINE 3 ARE NOT IDENTICAL TO THE ISSUE PRICE FOR THE RELATED BOND ISSUE SHOWN IN PART I, COLUMN (E), THE DIFFERENCE REPRESENTS INVESTMENT EARNINGS SERVICE CONTRACTS AND RESEARCH AGREEMENTS FORM 990, SCHEDULE K, PART III, LINE 3B, ALL BOND ISSUES INTERNAL COUNSEL REVIEWS ALL MANAGEMENT OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS THEREFORE, THE ORGANIZATION DOES NOT ROUTINELY ENGAGE OUTSIDE BOND COUNSEL TO REVIEW THE CONTRACTS BOND COUNSEL DOES REVIEW CONTRACTS RELATED TO THE FINANCED PROPERTY DURING DUE DILIGENCE PRIOR TO A BOND TRANSACTION PRIVATE BUSINESS USE PERCENTAGE FORM 990, SCHEDULE K, PART III, LINES 4-6, ALL BOND ISSUES PRIVATE BUSINESS USE PERCENTAGE WAS CALCULATED BASED ON NEW MONEY PORTION OF THE BOND ISSUE ONLY PRIVATE SECURITY AND PAYMENT TEST FORM 990, SCHEDULE K, PART III, LINE 7, ALL BOND ISSUES ADVOCATE MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS ARBITRAGE REBATE COMPUTATION FORM 990, SCHEDULE K, PART IV, LINE 2C (BOND SERIES 2003, CUSIP # 45200PXH5) THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 29, 2013 SCHEDULE K PART IV LINE 2C (BOND SERIES 2008C, CUSIP # 45200FAZ2) THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 10, 2012 SCHEDULE K PART IV LINE 2C (BOND SERIES 2008D, CUSIP # 45200FSB6) THE REBATE COMPUTATION WAS PERFORMED AS OF DECEMBER 1, 2013 SWAP PROVIDERS FORM 990, SCHEDULE K, PART IV, LINE 3B ON DECEMBER 28, 2011 THE ORIGINAL SWAP RELATING TO THESE BONDS WITH CITIBANK N A WAS SEPARATED INTO TWO TRANCHES AND NOVATED (ASSIGNED TO) TWO SEPARATE SWAP COUNTERPARTIES, WELLS FARGO BANK, N A AND PNC BANK, NATIONAL ASSOCIATION</p>

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FAZ2	10-10-2007	348,300,000	SEE SCHEDULE K, PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FSB6	12-01-2008	175,920,559	SEE SCHEDULE K, PART VI	X			X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FK65	01-06-2010	243,746,239	SEE SCHEDULE K, PART VI		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCA8	09-21-2011	201,774,238	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Amount of bonds retired			5,030,000		25,220,000		24,455,000		0
2 Amount of bonds legally defeased			0		136,010,000		0		0
3 Total proceeds of issue			352,851,959		176,137,450		243,841,007		202,235,524
4 Gross proceeds in reserve funds			0		0		0		0
5 Capitalized interest from proceeds			0		0		0		0
6 Proceeds in refunding escrows			0		0		0		0
7 Issuance costs from proceeds			2,331,125		2,640,929		2,992,121		1,649,390
8 Credit enhancement from proceeds			3,418,607		0		0		0
9 Working capital expenditures from proceeds			0		0		0		0
10 Capital expenditures from proceeds			154,520,722		173,462,191		62,581,188		200,461,255
11 Other spent proceeds			192,581,505		0		127,075,000		0
12 Other unspent proceeds			0		0		0		0
13 Year of substantial completion	2009		2010		2012		2013		
14 Were the bonds issued as part of a current refunding issue?	X			X	X			X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X	
16 Has the final allocation of proceeds been made?	X		X		X			X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 090 %		2 420 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 090 %		2 420 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 500 %		0 %		0 %		0 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X			X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?	X			X		X		X
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	SEE PART VI		0		0			
c Term of hedge	268							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	TRINITY PLUS FUNDING		0		0		0	
c Term of GIC	2 1							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HNJ7	11-29-2012	150,003,863	SEE SCHEDULE K, PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HUC4	08-08-2013	103,136,955	SEE SCHEDULE K, PART VI		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HE40	12-18-2014	341,558,564	SEE SCHEDULE K, PART VI		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCM2	09-21-2011	12,453,367	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		1,155,000		0		5,765,000
2 Amount of bonds legally defeased		0		0		0		0
3 Total proceeds of issue		150,184,694		103,146,877		341,558,564		12,453,367
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		0		0		338,892,855		0
7 Issuance costs from proceeds		1,646,514		1,285,192		2,255,551		130,427
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		148,493,974		101,849,526		0		0
11 Other spent proceeds		0		0		0		12,360,328
12 Other unspent proceeds		0		0		410,157		0
13 Year of substantial completion	2014		2015		2015		2011	
14 Were the bonds issued as part of a current refunding issue?		X		X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?		X		X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		1 400 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		1 400 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %		0 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Advocate Health And Hospitals Corp

Employer identification number 36-2169147

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total 102,368

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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
(1) Julie Nakis	FAMILY MBR - D NAKIS	63,947	EMPLOYMENT		No
(2) Michael Mahoney	FAMILY MBR - D NAKIS	54,583	EMPLOYMENT		No
(3) James Richardson	FAMILY MBR - M RICHARDSON	401,642	EMPLOYMENT		No
(4) BRIAN MCKENNY	FAMILY MBR - JAMES DAN	16,168	EMPLOYMENT		No
(5) ANNE KATZ MD	FAMILY MBR - LEE SACKS	279,560	EMPLOYMENT		No
(6) Emily Heim	FAMILY MBR - RICHARD HEIM	16,093	EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE L, PART II, LINE 1(C)	Relationship Gary Stuck, Director of AHHC is an owner of Lawn Medical Center PURPOSE OF LOAN TO BRING NEW PHYSICIAN INTO PRACTICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2014

**Open to Public
Inspection**

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number

36-2169147

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>PROVIDING INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY INCLUDED IN THESE HEALTH CARE SERVICES 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, UNDERINSURED AND LOW INCOME AN EXAMPLE OF THIS IS ADVOCATE'S PROVISION OF CHARITY CARE ADVOCATE OFFERS A VERY GENEROUS CHARITY CARE PROGRAM - REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL, AND TO INSURED PATIENTS EARNING UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL ADVOCATE ALSO CONSIDERS AN INDIVIDUAL'S EXTENUATING CIRCUMSTANCES TO QUALIFY PATIENTS FOR CHARITY CARE FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE CHARITY CARE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY AND, IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION IF PRESUMPTIVE CRITERIA IS NOT AVAILABLE FOR UNINSURED PATIENTS, THEN FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL, ALSO TAKING INTO CONSIDERATION THE INSURED INDIVIDUAL'S EXTENUATING CIRCUMSTANCES ALTHOUGH ADVOCATE'S CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE WHEN THEY NEED IT TO THOSE WHO NEED HELP ADVOCATE HOSPITALS MAINTAIN HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS INFORMATION ABOUT ADVOCATE'S CHARITY CARE PROGRAM AND CHARITY APPLICATIONS IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND IS MAILED TO THEM IN ADVANCE OF THE FIRST PATIENT BILLING AFTER THAT, EACH UNINSURED PATIENT BILL INCLUDES SUMMARY INFORMATION REGARDING THE CHARITY CARE PROGRAM ADVOCATE IS ALSO ONE OF THE LARGEST PROVIDERS OF HEALTH CARE SERVICES TO MEDICAID AND MEDICARE PATIENTS IN CHICAGO AND THE SURROUNDING SUBURBS IN THE AREA OF TRAUMA CARE, ADVOCATE HEALTH CARE IS DEDICATED TO PROVIDING EXPERT EMERGENCY CARE - TODAY AND IN THE FUTURE ADVOCATE'S FIVE LEVEL I TRAUMA CENTERS, THE HIGHEST DESIGNATION LEVEL FOR TRAUMA CENTERS, CARE FOR THE MOST SERIOUSLY INJURED PEOPLE IN CHICAGO AND AS IS THE CASE WITH ALL ILLINOIS LEVEL I TRAUMA CENTERS, ADVOCATE'S TRAUMA CENTERS ARE STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS, FEATURE 24-HOUR SURGICAL AND NONSURGICAL SERVICES, SUCH AS RADIOLOGY AND ANESTHESIA, AND CAN ACCOMMODATE HELICOPTER TRANSPORTS ADVOCATE OPERATES NEARLY ONE-QUARTER OF ALL LEVEL I TRAUMA CENTERS IN ILLINOIS AND IS THE LARGEST TRAUMA SYSTEM IN THE STATE OF ILLINOIS TWENTY PERCENT OF TRAUMA PATIENTS IN METROPOLITAN CHICAGO ARE TREATED IN AN ADVOCATE TRAUMA CENTER ANNUALLY FORM 990, PART III, LINE 4B HEALTH CARE SERVICES PROVIDED BY PHYSICIANS EMPLOYED BY THE ORGANIZATION AS PART OF ADVOCATE'S BROAD ARRAY OF SERVICES AND PROGRAMS DESIGNED TO MEET COMMUNITY HEALTH NEEDS, ADVOCATE PHYSICIANS FOCUS ON ADDRESSING THE MOST SIGNIFICANT ISSUES IMPACTING PUBLIC HEALTH IN ADVOCATE'S SERVICE AREA THROUGH THIS FOCUSED APPROACH, PHYSICIANS ALSO CONCENTRATE ON PROVIDING PROGRAMS AND SERVICES THAT TARGET UNIQUE HEALTH ACCESS NEEDS OF THE UNINSURED, UNDERINSURED, UNDERSERVED, LOW INCOME AND SPECIAL NEEDS INDIVIDUALS LIVING IN CHICAGO AND CENTRAL ILLINOIS COMMUNITIES DOWN SYNDROME CENTER - AT THE ADULT DOWN SYNDROME CENTER ON THE ADVOCATE LUTHERAN GENERAL HOSPITAL CAMPUS, FOR EXAMPLE, ADVOCATE PHYSICIANS PROVIDE CRUCIAL PSYCHOSOCIAL AND MEDICAL SERVICES TO ADOLESCENTS AND ADULTS WITH DOWN SYNDROME LIVING IN ALL AREAS OF ILLINOIS MANY INDIVIDUALS IN THIS UNIQUE POPULATION RECEIVE PUBLIC ASSISTANCE AND, IN MOST INSTANCES, THERE ARE FEW SOURCES OF REIMBURSEMENT FOR THESE MUCH NEEDED SERVICES IN 2014, THE CENTER HAD NEARLY 3,000 ACTIVE PATIENTS AND 7,000 PATIENT VISITS SCHOOL-BASED HEALTH CENTER - A COMMUNITY PARTNERSHIP WITH MAINE TOWNSHIP DISTRICT 207 PLACES ADVOCATE PHYSICIANS AT THE MAINE EAST HIGH SCHOOL-BASED HEALTH CENTER TO PROVIDE UNINSURED AND UNDERINSURED STUDENTS FROM ALL MAINE TOWNSHIP HIGH SCHOOLS - EAST, WEST AND SOUTH - WITH FREE OR LOW-COST PHYSICALS, IMMUNIZATIONS, BEHAVIORAL HEALTH TREATMENT, NUTRITIONAL EDUCATION AND COUNSELING THESE SERVICES HELP THE STUDENTS MEET STATE-MANDATED PHYSICAL AND IMMUNIZATION REQUIREMENTS THE CENTER'S MEDICAL DIRECTOR AND STAFF HAVE HAD MORE THAN 22,000 STUDENT CONTACTS SINCE THE FACILITY'S INCEPTION IN 2003 IN 2014, FOR THE 17TH YEAR IN A ROW, ADVOCATE MEDICAL GROUP (AMG) SPONSORED MEDFEST - A COLLABORATIVE WITH SPECIAL OLYMPICS OF ILLINOIS MEDFEST PROVIDES PEOPLE WITH INTELLECTUAL DISABILITIES OPPORTUNITIES TO PARTICIPATE IN SPORTS TRAINING AND COMPETITIONS, CREATING AVENUES</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>FOR INCLUSION AND ACCEPTANCE FOR THIS UNDERSERVED POPULATION AMG PROVIDED 1,651 FREE ATHLETIC PHYSICALS TO SPECIAL OLYMPIANS IN 2014, ALLOWING THEM OPPORTUNITIES TO PARTICIPATE IN COMPETITIONS THROUGHOUT THE YEAR IN ADDITION TO THE EXAMPLES PROVIDED ABOVE, ADVOCATE PHYSICIANS ALSO PROVIDE YEAR ROUND HEALTH EDUCATION, LECTURES AND SCREENINGS AND CONSULTATIONS AT COMMUNITY HEALTH EVENTS THROUGHOUT THE METROPOLITAN CHICAGO AREA FORM 990, PART III, LINE 4C GRADUATE MEDICAL EDUCATION ADVOCATE IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF SPECIALTIES NOTABLY, ADVOCATE HEALTH CARE IS THE LEADING TRAINER OF PRIMARY CARE PHYSICIANS IN ILLINOIS ADVOCATE'S PRIMARY ACADEMIC AFFILIATIONS ARE WITH THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE IN CHICAGO, ROSALIND FRANKLIN UNIVERSITY OF HEALTH SCIENCES/CHICAGO MEDICAL SCHOOL AND MIDWESTERN UNIVERSITY/CHICAGO COLLEGE OF OSTEO PATHIC MEDICINE PARTICIPATION IN MEDICAL EDUCATION OCCURS AT THE UNDERGRADUATE, GRADUATE AND FELLOWSHIP LEVELS IN 2014, 2,464 MEDICAL STUDENTS COMPLETED ROTATIONS AND 632 RESIDENTS AND FELLOWS RECEIVED HANDS-ON TRAINING AT ADVOCATE'S FOUR TEACHING HOSPITALS - ADVOCATE BROMENN MEDICAL CENTER, ADVOCATE CHRIST MEDICAL CENTER, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER AND ADVOCATE LUTHERAN GENERAL HOSPITAL NOT INCLUDED IN THE ABOVE EXPENSE AND REVENUE AMOUNTS BUT IMPORTANT TO THE ORGANIZATION'S ROLE IN TRAINING HEALTH CARE PROFESSIONALS, IS THE NURSING RESIDENCY PROGRAM AT ADVOCATE GOOD SAMARITAN HOSPITAL, AS WELL AS PROGRAMS WHICH TRAIN OTHER UNDERGRADUATE STUDENTS IN NURSING, RESPIRATORY CARE, RADIOLOGIC TECHNOLOGY, PHYSICAL THERAPY, PHARMACEUTICAL SERVICES AND OTHER DISCIPLINES AT ADVOCATE SITES OF CARE ADDITIONALLY, ADVOCATE'S SPIRITUAL LEADERS OVERSEE A NATIONALLY ACCREDITED CLINICAL PASTORAL EDUCATION PROGRAM TRAINING OVER 175 STUDENTS EACH YEAR, THIS PROGRAM IS ONE OF THE LARGEST IN THE COUNTRY, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS AND LOCAL HEALTH LEADERS TO GROW AND DEVELOP SPIRITUAL CARE MINISTRY SKILLS FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES ADVOCATE HEALTH CARE IS RANKED ONE OF THE NATION'S TOP FIVE INTEGRATED DELIVERY NETWORKS BY IMS HEALTH AND HAS EARNED 100 TOP HOSPITALS RECOGNITION BY TRUVEN HEALTH ANALYTICS AT FIVE OF ITS HOSPITALS, INCLUDING ADVOCATE CHRIST MEDICAL CENTER, ADVOCATE CONDELL MEDICAL CENTER, ADVOCATE GOOD SAMARITAN HOSPITAL, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AND ADVOCATE LUTHERAN GENERAL HOSPITAL ADVOCATE IS THE LARGEST INTEGRATED HEALTH CARE SYSTEM IN ILLINOIS AND ONE OF THE LARGEST HEALTH CARE PROVIDERS IN THE MIDWEST IN 2014, AS PART OF A NETWORK WITH OVER 250 SITES OF CARE, ITS MORE THAN 35,000 ASSOCIATES PROVIDED CARE AT ADVOCATE'S ELEVEN FULL-SERVICE ACUTE CARE HOSPITALS, AND A CHILDREN'S HOSPITAL LOCATED ON TWO CAMPUSES (OAK LAWN AND PARK RIDGE), FOR A TOTAL OF 3,300 BEDS ADVOCATE'S HOSPITALS HAD A COMBINED TOTAL OF 168,077 INPATIENT ADMISSIONS, 1,878,528 OUTPATIENT VISITS AND 531,663 EMERGENCY DEPARTMENT VISITS IN 2014 ADVOCATE PROVIDES EXPERT EMERGENCY CARE TO THE CHICAGO AREA'S SERIOUSLY INJURED PEOPLE THROUGH ITS FIVE LEVEL I TRAUMA CENTERS (THE STATE'S HIGHEST DESIGNATION IN TRAUMA CARE), WHICH COMPRISE THE LARGEST EMERGENCY AND LEVEL 1 TRAUMA NETWORK IN ILLINOIS, AND THREE LEVEL II TRAUMA CENTERS IN 2014, ADVOCATE'S LEVEL I TRAUMA CENTERS HANDLED 7,876 TRAUMA AND 307,326 EMERGENCY ROOM VISITS, AND THE LEVEL II TRAUMA CENTERS HANDLED 1,104 TRAUMA AND 129,447 EMERGENCY ROOM VISITS IN ADDITION, FOUR OF ADVOCATE'S HOSPITALS ARE DESIGNATED LEVEL III (THE STATE'S HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNITS (NICU) AND IN ADDITION TO HANDLING THE MOST ILL BABIES FROM OTHER ADVOCATE HOSPITALS, ALSO TAKE TRANSFERS FROM NON-ADVOCATE HOSPITALS IN AND AROUND THE CHICAGO AREA ADVOCATE TREATS MORE PEDIATRIC PATIENTS THAN ANY OTHER HOSPITAL OR SYSTEM IN THE STATE, AND MORE PEOPLE TRUST THEIR HEARTS TO ADVOCATE THAN TO ANY OTHER HOSPITAL OR SYSTEM IN THE STATE ADDITIONALLY, ADVOC</p>

Return Reference	Explanation	
<p>GOAL 1 OPTIMIZE ADVOCATE'S ABILITY TO LEVERAGE ITS COMMUNITY HEALTH</p>		<p>RESOURCES AND CONTINUE PROGRAMS THAT BENEFIT THE COMMUNITY BY PROSPECTIVELY ALIGNING SYSTEM AND SITE PLANS AND ACTIVITIES THROUGH ADVOCATE'S OWN PROGRAMS AND SERVICES, AS WELL AS ITS PARTICIPATION IN THE COMMUNITY, ADVOCATE PROMOTES A SHARED APPROACH TO COMMUNITY BENEFITS. EXAMPLES INCLUDE HEALTHY STEPS PROGRAM-THROUGH ADVOCATE'S SYSTEM-LED HEALTHY STEPS PROGRAM IN 2014, HEALTHY STEPS SPECIALISTS TOUCHED THE LIVES OF 6,248 YOUNG CHILDREN THROUGH CHILDHOOD PROGRAMS WITHIN PEDIATRIC/FAMILY PRACTICE RESIDENCIES, AND ADVOCATE CHILDREN'S HOSPITAL - OAK LAWN AND ADVOCATE CHILDREN'S HOSPITAL - PARK RIDGE (AND ALSO AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER WHICH HAS ITS OWN FEIN NUMBER AND IS REPORTED SEPARATELY AS THE NORTHSIDE NETWORK ON IRS FORMS 990) THIS SYSTEM-WIDE PROGRAM USES A NATIONAL MODEL TO ENGAGE PARENTS AS PARTNERS WITH PHYSICIANS IN THEIR CHILDREN'S HEALTH. HEALTHY STEPS SPECIALISTS HELP BRIDGE THE TWO GROUPS BY PREPARING PARENTS TO TAKE AN ACTIVE ROLE IN, AND PHYSICIANS TO ASSESS AND MEET MORE EFFECTIVELY, A RANGE OF CHILD DEVELOPMENT NEEDS. IN 2014, 9,981 DEVELOPMENTAL SCREENINGS WERE PROVIDED AND 411 FAMILIES WERE REFERRED TO COMMUNITY SERVICES. IN ADDITION, HEALTHY STEPS HAS TRAINED AND PROVIDED TECHNICAL ASSISTANCE TO PRIMARY CARE PROVIDERS ACROSS THE STATE TO IMPROVE PREVENTIVE PRACTICES IN THEIR SITE AROUND TOPICS SUCH AS USE OF VALIDATED TOOLS FOR DEVELOPMENTAL AND SOCIAL EMOTIONAL CONCERNS, AS WELL AS FAMILY RISK FACTOR SCREENINGS (SUCH AS POSTPARTUM DEPRESSION, DOMESTIC VIOLENCE, TRAUMA, AND PSYCHOSOCIAL ISSUES) PRIMARY CARE PROVIDERS AND THEIR STAFF ARE TAUGHT HOW TO WORK CLOSELY WITH LOCAL COMMUNITY RESOURCES FOR REFERRAL AND FOLLOW-UP CARE. DURING 2014, ADVOCATE HEALTHY STEPS CONSULTANTS PROVIDED 91 PRESENTATIONS IN 42 PRIMARY CARE SITES TO 585 PHYSICIANS AND THEIR STAFFS THROUGHOUT THE STATE OF ILLINOIS. THESE PROVIDERS CARE FOR APPROXIMATELY 78,715 CHILDREN BETWEEN BIRTH AND AGE THREE. CURRENTLY, HEALTHY STEPS IS FOCUSING ON DEVELOPMENTAL BEHAVIORAL MENTAL HEALTH TRAINING FOR PRIMARY CARE PROVIDERS. THE STAFF ALSO MEETS REGULARLY WITH APPROXIMATELY 20 COMMUNITY ORGANIZATIONS, AND WORKS WITH PEDIATRIC AND FAMILY MEDICINE RESIDENCY PROGRAMS, PEDIATRIC NURSE PRACTITIONERS AND PHYSICIAN ASSISTANT PROGRAMS THROUGHOUT THE STATE. MISSION AND SPIRITUAL CARE-SINCE 1995, ADVOCATE HEALTH CARE'S OFFICE FOR MISSION AND SPIRITUAL CARE HAS PROVIDED PROFESSIONALLY TRAINED CLINICAL CHAPLAINS AND ETHICISTS WHO OFFER SUPPORT AND SERVICES TO INDIVIDUALS AND FAMILIES EXPERIENCING MEDICAL CHALLENGES. THE OFFICE ALSO DEVELOPS PARTNERSHIPS WITH COMMUNITIES AND CONGREGATIONS TO HELP ADDRESS LOCAL HEALTH CARE NEEDS THROUGH ITS CONGREGATIONAL HEALTH PARTNERSHIPS AND PARISH NURSE MINISTRY PROGRAMS, ADVOCATE EXTENDS ITS REACH INTO THE COMMUNITY BY WORKING WITH CHURCHES, SOCIAL SERVICE ORGANIZATIONS, GOVERNMENTAL AGENCIES AND OTHER COMMUNITY PARTNERS TO ADDRESS SPIRITUAL NEEDS. ADVOCATE'S CO-SPONSORSHIP OF 18 ADVOCATE PARISH NURSES SERVING 24 CONGREGATIONS AND 13 NETWORK NURSES SERVING 13 CONGREGATIONS, SUPPORTS THEIR WORK TO PROVIDE HEALTH EDUCATION, WELLNESS PROMOTION, HEALTH SCREENINGS, ADVOCACY AND SPIRITUAL SUPPORT TO FAITH COMMUNITIES IN ADVOCATE'S CITY AND SUBURBAN HOSPITAL SERVICE AREAS. ADVOCATE'S SPIRITUAL LEADERS ALSO OVERSEE A NATIONALLY ACCREDITED CLINICAL PASTORAL EDUCATION PROGRAM SUPERVISING OVER 180 STUDENT UNITS EACH YEAR, THE PROGRAM IS ONE OF THE LARGEST IN THE COUNTRY, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS AND LOCAL HEALTH LEADERS TO GROW AND DEVELOP SPIRITUAL CARE MINISTRY SKILLS.</p> <p>GOAL 2 UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND WELLNESS SERVICES WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES. A FEW EXAMPLES OF ADVOCATE'S LEADERSHIP IN SERVING UNINSURED AND UNDERINSURED INDIVIDUALS AND FAMILIES ARE CHARITY CARE-ADVOCATE OFFERS A VERY GENEROUS CHARITY CARE PROGRAM - REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL, AND TO INSURED PATIENTS EARNING UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL. ADVOCATE ALSO CONSIDERS AN INDIVIDUAL'S EXTENUATING CIRCUMSTANCES TO QUALIFY PATIENTS FOR CHARITY CARE. FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE CHARITY CARE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY AND, IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION. IF PRESUMPTIVE CRITERIA IS NOT AVAILABLE FOR UNINSURED PATIENTS, THEN FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING. ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL, ALSO TAKING INTO CONSIDERATION THE INSURED INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE HOSPITALS MAINTAIN HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS. INFORMATION ABOUT ADVOCATE'S CHARITY CARE PROGRAM AND C</p>

Return Reference	Explanation	
	<p>GOAL 1 OPTIMIZE ADVOCATE'S ABILITY TO LEVERAGE ITS COMMUNITY HEALTH</p>	<p>HARITY APPLICATIONS ARE PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION. IN ADDITION, THE FINANCIAL ASSISTANCE POLICY AND CHARITY APPLICATION IS MAILED TO THEM AT HOME PRIOR TO THE FIRST BILL. AFTER THAT, EACH UNINSURED PATIENT BILL INCLUDES SUMMARY INFORMATION REGARDING THE CHARITY CARE PROGRAM. INFORMATION IS ALSO PROMINENTLY DISPLAYED ON ADVOCATE'S WEBSITE. FOR INSURED PATIENTS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND AN APPLICATION IS SENT WITH THE FIRST PATIENT BILLING. ADVOCATE ALSO OFFERS FREE INTERPRETIVE SERVICES IN MANY LANGUAGES AT ITS HOSPITALS AND OWNED PHYSICIAN PRACTICES THROUGH ON-SITE AGENCY MEDICAL INTERPRETERS OR TELEPHONIC INTERPRETATION. FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)-MANY OF ADVOCATE'S HOSPITALS HAVE RELATIONSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) OR OTHER COMMUNITY CLINICS WITHIN THEIR SERVICE AREAS FOR THE PURPOSE OF PROVIDING UNINSURED OR UNDERINSURED INDIVIDUALS THE HEALTH CARE SERVICES THEY NEED. FOR EXAMPLE, ADVOCATE SOUTH SUBURBAN HOSPITAL HAS A PARTNERSHIP WITH AUNT MARTHA'S YOUTH SERVICE CENTER, A FQHC, TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDERINSURED INDIVIDUALS. ADVOCATE BROMENN MEDICAL CENTER, ON THE OTHER HAND, MAINTAINS A COMMUNITY HEALTH CLINIC IN COLLABORATION WITH OSF ST. JOSEPH'S HOSPITAL (ST. JOSEPH), WHEREBY BROMENN IS RESPONSIBLE FOR A PORTION OF THE HOSPITAL CARE FOR THE CLINIC'S PATIENTS THROUGHOUT THE YEAR. BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AS WELL AS THE SPACE OCCUPIED BY THE CLINIC. AS PART OF THIS RELATIONSHIP, EACH PATIENT WHO IS SERVED BY THE CLINIC IS ASSIGNED TO A HOSPITAL - EITHER ST. JOSEPH OR BROMENN - AND SERVICES FROM LAB TESTS TO INPATIENT CARE ARE PROVIDED TO THESE PATIENTS WHEN THEY NEED IT. AN OTHER EXAMPLE IS ADVOCATE CHRIST MEDICAL CENTER'S PARTNERSHIP WITH THE ACCESS TO CARE ORGANIZATION WHEREBY THE HOSPITAL PROVIDES DIAGNOSTIC RADIOLOGY SERVICES, SUCH AS MAMMOGRAMS, TO AREA UNINSURED AND LOW-INCOME INDIVIDUALS. ACCESS DUPAGE COMMUNITY PROGRAM - WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAMARITAN HOSPITAL PROVIDES SUPPORT THROUGH THE DUPAGE HEALTH COALITION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM - A COMMUNITY COLLABORATION DESIGNED TO PROVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDICALLY UNINSURED RESIDENTS OF DUPAGE COUNTY. IN ADDITION, THE HOSPITAL PARTNERS WITH THE DUPAGE COUNTY HEALTH DEPARTMENT FOR INDIGENT PATIENT FINANCIAL ELIGIBILITY IN THE EMERGENCY ROOM AND TO ASSIST WITH OUTPLACEMENT SERVICES FOR THOSE PATIENTS WHO COULD BENEFIT FROM TREATMENT PROGRAMS, PLACEMENT WITH A PRIMARY CARE PROVIDER (PCP), DENTAL CARE, ETC. IN ADDITION AND IN PARTNERSHIP WITH THE DUPAGE COUNTY HEALTH DEPARTMENT, ADVOCATE GOOD SAMARITAN HOSPITAL PROVIDES UNDERPRIVILEGED WOMEN ACCESS TO BREAST AND PELVIC EXAMS, PAP SMEARS, ROUTINE AND DIAGNOSTIC MAMMOGRAMS, AND BIOPSIES/SURGERY WHEN INDICATED. IN 2014, 249 SERVICES WERE ADMINISTERED THROUGH THE HOSPITAL'S SUPPORT. FREE MAMMOGRAMS - ADVOCATE CHRIST'S BREAST CENTER PARTICIPATES IN THREE PROGRAMS FOR FREE MAMMOGRAMS TO PATIENTS INCLUDING THE METROPOLITAN CHICAGO TASK FORCE "BEYOND OCTOBER" FOR WHICH FREE MAMMOGRAMS ARE PROVIDED TO 50 WOMEN, A SILVER LINING FOUNDATION "BUY YOUR MOM A MAMMOGRAM" PROVIDING UNINSURED AND UNDERINSURED WOMEN AND MEN WITH MAMMOGRAMS (SCREENING OR DIAGNOSTIC), ULTRASOUND, IMAGED GUIDED BIOPSIES AND MRIS (THE HOSPITAL RECEIVES REIMBURSEMENT FROM THE FUND), AND THE LOIS B. GA. STEYER FUND WHICH PROVIDES SCREENING MAMMOGRAMS FOR UNINSURED WOMEN. THE HOSPITAL IS REIMBURSED BY FOUNDATION FUNDS FOR THE LATTER TWO SERVICES. COUNTY CHINA COLLABORATIVES - ADVOCATE GOOD SHEPHERD HOSPITAL PARTNERED WITH THE MCHENRY COUNTY HEALTH DEPARTMENT ON THE ENROLL MCHENRY GRANT TO GIVE HEALTHCARE ACCESS TO THOSE THAT ARE UNINSURED. ADVOCATE GOOD SHEPHERD HOSPITAL HIRED TWO IN-PERSON COUNSELORS DURING THE DURATION OF THE FIRST YEAR OF THE ENROLL MCHENRY GRANT THROUGH THE MCHENRY</p>

Return Reference	Explanation	
	EMERGENCY MEDICAL SERVICES SYSTEM	<p>DUPAGE COUNTY RESIDENTS WHO CALL 911 FOR EMERGENCY HELP CAN REST ASSURED SOME OF THE BEST TRAINED RESPONDERS WILL COME TO THEIR AID FOR MORE THAN 30 YEARS, ADVOCATE GOOD SAMARITAN HOSPITAL'S EMERGENCY MEDICAL SERVICES SYSTEM HAS RUN THE COUNTY'S PARAMEDIC TRAINING PROGRAM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH APPROVED PROGRAM PROVIDES YEAR-ROUND CONTINUING EDUCATION AND TESTING FOR 24 PROVIDERS AND FIRE SERVICES IN LOCAL COMMUNITIES, INCLUDING OVERSIGHT, QUALITY ASSURANCE AND RELICENSING FOR NEARLY 600 PARAMEDICS, 1,000 EMERGENCY MEDICAL TECHNICIANS AND 200 911 DISPATCHERS GOAL 4 LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY OUTREACH EFFORTS BY BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS ADVOCATE MAINTAINS AND CONTINUES TO ACTIVELY EXPAND ITS PARTNERSHIPS AND RELATIONSHIPS WITH A WIDE VARIETY OF ORGANIZATIONS, INCLUDING RELIGIOUS ORGANIZATIONS, NEIGHBORHOOD GROUPS AND OUTREACH AND RESOURCE PROGRAMS EXAMPLES INCLUDE ADULT DOWN SYNDROME CENTER - AN EXAMPLE OF BUILDING AND FOSTERING COMMUNITY PARTNERSHIPS TO MAXIMIZE RESOURCES IS ADVOCATE'S ADULT DOWN SYNDROME CENTER ESTABLISHED IN THE EARLY 1990'S THROUGH A PARTNERSHIP BETWEEN ADVOCATE LUTHERAN GENERAL HOSPITAL AND THE NATIONAL ASSOCIATION FOR DOWN SYNDROME (NADS), IT IS ONE OF THE LARGEST CENTERS OF ITS KIND IN THE WORLD THE CENTER PROVIDES CRUCIAL PSYCHOSOCIAL AND MEDICAL SERVICES TO ADOLESCENTS AND ADULTS WITH DOWN SYNDROME LIVING IN ALL AREAS OF ILLINOIS MANY IN THIS UNIQUE POPULATION ARE ON PUBLIC ASSISTANCE AND FOR MOST OF THESE INDIVIDUALS THERE ARE FEW SOURCES OF REIMBURSEMENT FOR THESE MUCH-NEEDED SERVICES THE CENTER'S MULTIDISCIPLINARY APPROACH TO COMPREHENSIVE MEDICAL CARE, WITH A STRONG EMPHASIS ON PREVENTIVE MEDICINE, PROVIDES PRACTICAL APPROACHES TO HEALTH EDUCATION AND HEALTH RISK REDUCTION INCLUDING SUPPORTING PEOPLE WITH DOWN SYNDROME IN THEIR OWN HEALTH PROMOTION EFFORTS EACH YEAR, THE CENTER CONTINUES TO PROVIDE FOR APPROXIMATELY 3,000 INDIVIDUALS WITH DOWN SYNDROME PATIENTS ARE TREATED AT THE CENTER, BUT CARE IS ALSO PROVIDED TO PATIENTS THAT ARE HOMEBOUND, AT RESIDENTIAL FACILITIES OR NURSING HOMES, OR ARE AT THE HOSPITAL IN 2014, THE CENTER EXPERIENCED OVER 7,000 PATIENT VISITS ACTIVE FOR YOUR HEALTH AND "FIRST PLACE 4 HEALTH - ADVOCATE TRINITY HOSPITAL'S DEDICATION TO EXPANDING ITS PARTNERSHIPS HAS RESULTED IN A NETWORK OF MORE THAN 80 COMMUNITY ORGANIZATIONS, KEY LEADERS, ELECTED OFFICIALS AND THE FAITH COMMUNITY TO IMPLEMENT AND ENHANCE COMMUNITY OUTREACH PROGRAMS THE HOSPITAL IS WORKING WITH OVER 45 CHURCHES TO IMPLEMENT THE PARTNERS FOR FAITH AND HEALTH NETWORK PROGRAM WHICH INCLUDES HEALTH SCREENINGS, HEALTH FAIRS AND PROGRAMS, SUCH AS THE HEALTHY LIFESTYLE BEHAVIOR MODIFICATION PROGRAMS ACTIVE FOR YOUR HEALTH AND FIRST PLACE 4 HEALTH, THAT TEACH HEALTHY LIVING PRINCIPLES THE HOSPITAL ALSO WORKS WITH GRASSROOTS COMMUNITY ORGANIZATIONS AND NEIGHBORHOOD GROUPS TO ADDRESS THE COMMUNITY'S HEALTH NEEDS AND CONCERNS RONALD MCDONALD CARE MOBILE - THROUGH A PARTNERSHIP BETWEEN ADVOCATE CHILDREN'S HOSPITAL AND RONALD MCDONALD HOUSE CHARITIES OF CHICAGO AND NORTHWEST INDIANA, THE RONALD MCDONALD CARE MOBILE (RMCM) DELIVERS FREE, HIGH LEVEL PRIMARY CARE SERVICES TO LOW-INCOME AND UNINSURED FAMILIES WITHIN THE CHICAGO AND AREA BY GOING INTO THE COMMUNITY, THE CARE MOBILE ELIMINATES FINANCIAL AND TRANSPORTATION CHALLENGES THAT OFTEN PROHIBIT PARENTS FROM ACCESSING CARE AS A RESULT OF A RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), POCKETS OF LOW-INCOME, UNINSURED CHILDREN WERE DISCOVERED IN SEVERAL ZIP CODES WITHIN CLOSE PROXIMITY TO ADVOCATE CHILDREN'S HOSPITAL AFTER REDIRECTING THE CARE MOBILE'S EFFORTS TO FOCUS ON REACHING THESE VULNERABLE CHILDREN, INCLUDING EXPANSION OF THE PROGRAM INTO THE NORTH SUBURBAN AREA, THE RMCM CLINICAL TEAM WAS ABLE TO INCREASE THEIR COMMUNITY IMPACT IN 2014, THE TEAM SAW 2,537 PATIENTS, GAVE NEARLY 4,000 VACCINES AND PERFORMED CLOSE TO 3,000 PHYSICALS AT 161 GRAMMAR SCHOOLS, HIGH SCHOOLS, DAY CARE CENTERS AND COMMUNITY HEALTH FAIRS - ALL PROVIDED FREE OF CHARGE CEASEFIRE - YET ANOTHER EXAMPLE IS THE UNIQUE PARTNERSHIP BETWEEN CEASEFIRE, A COMMUNITY OUTREACH ORGANIZATION SEEKING TO REDUCE THE INCIDENCE OF DEADLY STREET VIOLENCE IN CHICAGO NEIGHBORHOODS AND ADVOCATE CHRIST MEDICAL CENTER, A LEVEL I TRAUMA CENTER SERVING THE SOUTH AND SOUTHWEST PORTIONS OF CHICAGO AND THE SUBURBS NEARLY ONE-THIRD OF THE 4,500 TRAUMAS AT THE HOSPITAL EACH YEAR ARE VICTIMS OF INTENTIONAL VIOLENCE, SUCH AS GUNSHOTS, STABBINGS AND/OR BATTERY APPROXIMATELY 40 PERCENT OF PATIENTS TREATED FOR INTENTIONAL VIOLENCE IN THE EMERGENCY DEPARTMENT ARE NOT ADMITTED TO THE HOSPITAL - MAKING A STRONG CASE FOR EARLY INTERVENTION VIOLENCE, LIKE OTHER EPIDEMICS, IS PREDICTABLE AND OFTEN ENGAGED IN AS AN ACT OF RETALIATION IMMEDIATE INTERVENTION IS NECESSARY WHEN VIOLENTLY INJURED PATIENTS ARE TRANSPORTED TO ADVOCATE CHRIST MEDICAL CENTER FROM THE CHICAGO AREA, CHICAGO POLICE IN THE TRAUMA CENTER NOTIFY CEASEFIRE WHILE</p>

Return Reference	Explanation	
	EMERGENCY MEDICAL SERVICES SYSTEM	<p>E THE PATIENT IS STILL IN THE EMERGENCY DEPARTMENT CEASEFIRE HOSPITAL RESPONDERS PROVIDE COUNSELING TO THESE PATIENTS AND THEIR LOVED ONES AIMING TO REDUCE ONGOING CONFLICT IN THE COMMUNITY AND RISK OF RETALIATION IN ADDITION, CEASEFIRE VIOLENCE INTERRUPTERS QUELL TEN SION IN THE COMMUNITY IMMEDIATELY FOLLOWING A VIOLENT INCIDENT CEASEFIRE'S CASE MANAGER S EES THESE PATIENTS IN THE TRAUMA CLINIC AFTER DISCHARGE ENSURING COMPREHENSIVE FOLLOW-UP C ARE IN 2014, CEASEFIRE RESPONDED TO 894 VIOLENTLY INJURED PATIENTS AND 1,000 ACCOMPANYING FAMILY MEMBERS AND FRIENDS IN ADVOCATE CHRIST MEDICAL CENTER'S EMERGENCY DEPARTMENT COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVES - ADVOCATE'S HOSPITALS EITHER WERE WORKING AND CONTINUED TO DO SO OR BEGAN WORKING IN COUNTY CHNA COLLABORATIVES FOR THE 2014-2016 CHNA CYCLE THESE COLLABORATIVES INCLUDE AREA PUBLIC HEALTH DEPARTMENTS, OTHER HOSPITALS AND OTHER COMMUNITY STAKEHOLDERS WHO ACKNOWLEDGE THAT ADDRESSING THEIR COMMUNITIES NEEDS IS BES T DONE IN PARTNERSHIP THERE IS THE POTENTIAL FOR THESE ORGANIZATIONS TO NOT ONLY EXPERIENCE COST SAVINGS IN NOT DUPLICATING THEIR ASSESSMENT EFFORTS IN COLLECTING DATA FOR THEIR O VERLAPPING SERVICE AREAS BUT ALSO IN THEIR ABILITY TO HAVE MORE IMPACT COLLECTIVELY THAN T HEY WOULD HAVE ALONE IN ADDRESSING KEY COMMUNITY HEALTH PRIORITIES AS AN EXAMPLE, ADVOCAT E GOOD SHEPHERD HOSPITAL HAS AVIDLY WORKED TO IMPROVE THE HEALTH OF ITS COMMUNITY WITH ITS FINANCIAL AND LEADERSHIP SUPPORT OF THE LAKE AND MCHENRY COUNTY MAPP ASSESSMENTS AND THE HEALTHIER BARRINGTON AND WAUCONDA HEALTH PARTNERSHIP COALITIONS THE HOSPITAL USES THE DAT A GATHERED THROUGH THESE ASSESSMENTS FOR ITS COMMUNITY HEALTH INITIATIVES, SOME OF WHICH I NCLUDE EXPANSION OF OBESITY PREVENTION, FALL PREVENTION AMONG SENIORS, EARLY DETECTION OF CANCER (ESPECIALLY BREAST AND THE UNDERSERVED POPULATION), TEEN HEALTH AND SAFETY, AND DI ABETES DETECTION AND MANAGEMENT COOK COUNTY COLLECTIVE IMPACT CHNA INITIATIVE - IN 2014, PLANNING WAS UNDERWAY TO MORE EFFECTIVELY ADDRESS THE NEEDS OF CHICAGO AND THE SURROUNDING COMMUNITIES THROUGH DEVELOPMENT OF A COOK COUNTY COLLECTIVE IMPACT CHNA INITIATIVE REPRESENTATIVES FROM ADVOCATE HEALTH CARE, PRESENCE HEALTH, THE COOK COUNTY PUBLIC HEALTH DEPAR TMENT AND THE ILLINOIS INSTITUTE OF PUBLIC HEALTH (IPHI) BEGAN LAYING THE GROUNDWORK TO CR EATE A BEST-PRACTICE, HIGHLY COMMUNITY-ENGAGED COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESS MENT ITS FOCUS IS TO ACHIEVE COLLECTIVE IMPACT ON POPULATION HEALTH IMPROVEMENT ACROSS TH E COUNTY, PARTICULARLY AMONG UNDERSERVED GROUPS THE INITIATIVE AS PLANNED WOULD CONVEI NTERESTED NON-PROFIT HOSPITALS AND THE SIX HEALTH DEPARTMENTS WITHIN COOK COUNTY TO WORK O N COLLABORATIVE CHNAS AND IMPLEMENTATION PLANS AS REQUIRED BY THE IRS PARTICIPATING HOSPI TALS WOULD THEN BE DIVIDED INTO SEVERAL GEOGRAPHIC CLUSTERS TO UNDERTAKE A MODIFIED MAPP P ROCESS LEVERAGING THE CURRENT PLANNING ACTIVITIES OF THE CDPH AND CCDPH THIS WOULD INCLUD E FOLLOWING A COMMON TIMELINE AND PROCESS, USING COMMON INDICATORS AND COMMON COMMUNITY IN PUT INSTRUMENTS, AND OTHER SHARED METHODS AND RESOURCES WITH THE SUPPORT OF THE IPHI, THE HOSPITALS IN EACH CLUSTER, IN PARTNERSHIP WITH RELEVANT HEALTH DEPARTMENTS, WOULD COLLABO RATIVELY ENGAGE COMMUNITY STAKEHOLDERS TO PRODUCE THE CHNA AND IMPLEMENTATION PLAN THE PL ANNING TEAM IDENTIFIED THREE GOALS OF THE INITIATIVE INCLUDING 1 BETTER ENGAGEMENT WITH THE COMMUNITY - WITH OVERLAPPING SERVICE AREAS, HOSPITALS ARE DRAWING ON THE SAME COMMUNITY PARTNERS TO UNDERTAKE MULTIPLE CHNA INITIATIVES THIS CONFUSES STAKEHOLDERS, AND DOES NOT EFFECTIVELY USE THE TIME, TALENTS AND RESOURCES OF VOLUNTEER PARTNERS 2 MORE EFFECTIVE SOLUTIONS - THE HOSPITALS' IMPACT MAY BE LIMITED BY WORKING IN ISOLATION BY WORKING TOGET HER WITH OTHER HOSPITALS AND THE HEALTH DEPARTMENTS TO ASSESS NEEDS, DETERMINE PRIORITIES AND COLLABORATE TO ADDRESS THOSE PRIORITIES, HOSPITALS CAN HAVE A MORE PROFOUND EFFECT ON THE HEALTH OF THEIR COMUNITIES 3 STEWA</p>

Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 1A		<p>BOARD DELEGATING POWERS TO EXECUTIVE COMMITTEE THE CORPORATE MEMBER'S EXECUTIVE COMMITTEE HAS NINE MEMBERS, CONSISTING OF THE CHAIRPERSON, THE VICE CHAIRPERSON, THE PRESIDENT, THE CHAIRPERSONS OF THE FINANCE, PLANNING, HEALTH OUTCOMES AND MISSION AND SPIRITUAL CARE COMMITTEES, AND TWO OTHER DIRECTORS THE PAST CHAIRPERSON OF THE BOARD OF DIRECTORS MAY SERVE AS AN EX-OFFICIO MEMBER OF THE COMMITTEE, WITH VOTE EACH OF THE EXECUTIVE COMMITTEE'S MEMBERS IS ON THE BOARD THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY INCLUDES BE RESPONSIBLE FOR PLANNING EDUCATIONAL PROGRAMS FOR THE BOARD OF DIRECTORS, CONDUCT AN EVALUATION OF THE MEMBERS OF THE BOARD OF DIRECTORS, HAVE SUCH AUTHORITY AS SHALL BE DELEGATED BY THE BOARD OF DIRECTORS, AND ACT ON BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS THE EXECUTIVE COMMITTEE IS ACCOUNTABLE AS A BODY TO THE BOARD OF DIRECTORS FORM 990, PART VI, LINE 2 OFFICER BUSINESS RELATIONSHIP AS DR JAMES DAN, GAIL HASBROUCK, JAMES DOHENY, AND DOMINIC NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 AS DR JAMES DAN, GAIL HASBROUCK, JAMES DOHENY, AND SCOTT POWDER ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 AS DR JAMES DAN AND DR LEE SACKS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 AS DR JAMES DAN, GAIL HASBROUCK, JAMES DOHENY, SCOTT POWDER, AND WILLIAM SANTULLI ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 FORM 990, PART VI, QUESTION 6 DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS BY LAWS PROVIDE FOR CORPORATE MEMBERS FORM 990, PART VI, QUESTION 7A DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS DIRECTORS OF THE BOARD ARE CORPORATE MEMBERS OF ADVOCATE HEALTH AND HOSPITAL BOARD, WHICH ELECTS THE BOARD OF DIRECTORS FORM 990, PART VI, QUESTION 7B DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE FOLLOWING RESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBER, ADVOCATE HEALTH CARE NETWORK APPOINT OUTSIDE AUDITORS AND ESTABLISH AND REVISE ALL FINANCIAL CONTROL POLICIES, AND ANY CHANGES TO SUCH POLICIES, BEFORE SUCH POLICIES OR CHANGES BECOME EFFECTIVE, CAUSE THE CORPORATION TO PAY, LOAN OR OTHERWISE TRANSFER PROPERTY AND FUNDS TO OTHER ENTITIES AFFILIATED WITH THE CORPORATE MEMBER, AMEND THE BYLAWS WITHOUT ACTION OR APPROVAL BY THE BOARD OF DIRECTORS (AFTER TEN DAYS NOTICE TO THE CORPORATION'S BOARD OF DIRECTORS OF THE PROPOSED AMENDMENT(S) WITH AN OPPORTUNITY FOR BOARD MEMBERS TO CONSULT WITH THE CORPORATE MEMBER REGARDING THE PROPOSED AMENDMENT, APPROVAL OF THE OVERALL MISSION, PHILOSOPHY AND VALUES STATEMENTS AND ANY AMENDMENTS OR SUPPLEMENTS TO SUCH STATEMENTS, APPROVAL OF THE OVERALL STRATEGIC PLANS, APPROVAL OF ALL OVERALL OPERATING AND CAPITAL BUDGETS BEFORE ANY EXPENDITURE, PURSUANT TO SUCH BUDGETS ARE MADE OR COMMITTED, AND APPROVAL OF ALL EXPENDITURES ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF THE INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS FOR BORROWED MONEY WHICH HAS NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR WHICH IS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF ALL TRANSFERS OF OWNERSHIP OR DONATIONS OF ASSETS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION BEFORE THEY BECOME EFFECTIVE, APPROVAL OF ANY MERGER, CONSOLIDATION, OR DISSOLUTION, AND APPROVAL OF THE CREATION OF OR AFFILIATION WITH ANY SUBSIDIARY OR AFFILIATE, BEFORE SUCH ENTITY IS CREATED OR THE ENTRANCE INTO ANY JOINT VENTURE IF THE CONTEMPLATED ACTIVITY WILL INVOLVE THE EXPENDITURE OF FUNDS OR THE ASSUMPTION OF OBLIGATIONS WHICH HAVE NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR REQUIRE MEMBER APPROVAL UNDER THE FINANCIAL CONTROL POLICIES FORM 990, PART VI, QUESTION 11B DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 ADVOCATE'S TAX PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990 THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE, TAX, AND LEGAL ASSOCIATES AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990 THE FORM 990 IS REVIEWED BY FINANCE MANAGEMENT, THE TAX MANAGER, THE VP OF FINANCE/ CORPORATE CONTROLLER, THE CHIEF FINANCIAL</p>

Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 1A		<p>OFFICER, AND ADVOCATE'S OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL PRIOR TO PRESENTING THE FORM 990 TO THE BOARD OF DIRECTOR'S AUDIT COMMITTEE IN NOVEMBER, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM 990 AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE VP OF FINANCE / CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER COORDINATED A REVIEW OF THE FORM 990 WITH COMMITTEE MEMBERS, AS THE AUDIT COMMITTEE IS THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH OVERSIGHT OF AUDIT AND TAX MATTERS THE VP OF FINANCE / CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER RESPONDED TO THE AUDIT COMMITTEE MEMBERS' QUESTIONS AND PROVIDED THE OPPORTUNITY FOR DETAILED DISCUSSION OF THE FORM 990 THE CHANGES IDENTIFIED WERE INCORPORATED, AND THEN A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE THE FORM 990 WAS FILED FORM 990, PART VI, QUESTION 12C DESCRIBE THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO VARIOUS PEOPLE, INCLUDING MEMBERS OF ADVOCATE'S BOARD OF DIRECTORS, GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS WITH ADMINISTRATIVE RESPONSIBILITIES ANNUALLY, THE COMPLIANCE DEPARTMENT SENDS THIS POLICY AND THE ADVOCATE CODE OF BUSINESS CONDUCT TO A RANGE OF INDIVIDUALS WHO MAY BE IN A POSITION TO EXERCISE SUBSTANTIAL INTEREST OVER A PARTICULAR MATTER (DEFINED AS INTERESTED PERSONS) THEY ARE REQUIRED TO READ THE POLICIES AND PROVIDE A DISCLOSURE STATEMENT TO THE COMPLIANCE DEPARTMENT, WHICH IDENTIFIES ACTIVITIES AND RELATIONSHIPS THAT COULD POTENTIALLY GIVE RISE TO A CONFLICT OF INTEREST THE CHIEF COMPLIANCE OFFICER REVIEWS THE DISCLOSURES AND PROVIDES A REPORT TO THE SYSTEM BUSINESS CONDUCT (COMPLIANCE) COMMITTEE, EXECUTIVE MANAGEMENT TEAM AND THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW THE REPORT IS THEN PROVIDED, IN RELEVANT PART, TO THE SITE CHIEF EXECUTIVE OFFICERS POTENTIAL CONFLICTS ARE REVIEWED BY THE COMPLIANCE DEPARTMENT ON A CASE-BY-CASE BASIS FOLLOW UP PROCEDURES CONDUCTED ARE UNIQUE TO THE GIVEN CIRCUMSTANCE, AND MAY INCLUDE REVIEWING THE POTENTIAL CONFLICT WITH THE INTERESTED PERSON, OR INVESTIGATING THE MATTER IN CONSULTATION WITH THE INTERESTED PERSON'S SUPERVISOR AND/OR SITE MANAGEMENT IN CIRCUMSTANCES WHERE THE INTERESTED PERSON IS NOT A MEMBER OF THE BOARD, OR GOVERNING COUNCIL, OR A COMMITTEE THEREOF, OR A PERSON OF INTEREST, IF IT IS DETERMINED THAT THERE IS AN ACTUAL CONFLICT OF INTEREST, THE SUPERVISOR OF THE INDIVIDUAL IS RESPONSIBLE FOR MAKING AN APPROPRIATE RESPONSE, POTENTIALLY INCLUDING A RESTRICTION OF THE INDIVIDUAL'S JOB DUTIES WITH RESPECT TO THE MATTER GIVING RISE TO THE CONFLICT</p>

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15 A & B	<p>OFFICES & POSITIONS FOR WHICH PROCES WAS USED, & YEAR PROCESS WAS BEGUN EXECUTIVE COMPENSATION AT ADVOCATE HEALTH AND HOSPITAL CORPORATION IS BASED ON A BOARD OF DIRECTORS' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPORTUNITIES FOR EXECUTIVES, MANAGERS, PROFESSIONALS AND ALL EMPLOYEES IN THIS STRATEGY, SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIRED LEVELS OF COMPETITIVENESS IN THOSE MARKETS SPECIFIED IN ADDITION, THE LINKAGE OF EXECUTIVE PAY TO PERFORMANCE IS ARTICULATED AND HOW THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED THESE ELEMENTS ARE -A SOLID, RELIABLE AND TESTED JOB EVALUATION METHODOLOGY -ACCURATE, QUALITY AND RELEVANT COMPENSATION SURVEY INFORMATION -A CONSISTENT ANNUAL PROCESS FOR UPDATING THE COMPENSATION LEVELS -AN ACTIVE BOARD REVIEW PROCESS THAT ASSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING REVIEW OF THE PERFORMANCE OF THE ORGANIZATION, AND -ACTIVE, EXTERNAL REVIEW AND AUDITING OF COMPENSATION BY EXTERNAL INDEPENDENT CONSULTANTS FORM 990, PART VI, QUESTION 19 THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING WEB SITES DACBOND.COM (DIGITAL ASSURANCE CERTIFICATION LLC) EMMA.MSRB.ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FORM 990, PART XI, LINE 9 FASB 158 ADJUSTMENTS (\$55,948,752)</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Advocate Health And Hospitals Corp

Employer identification number

36-2169147

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DREYER MERCY AMBULATORY SURGRY CTR PSHP 1221 N HIGHLND AURORA, IL 60506 36-3890298	MEDICAL SERVICES	IL	NA					No			No	
(2) ADVOCATE SW AMB SUR CTR 18200 LA GRANGE RD TINLEY PARK, IL 60487 36-4437931	MEDICAL SERVICES	IL	NA					No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r	Yes	
1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 36-2169147
Name: Advocate Health And Hospitals Corp

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167779	PARENT CORP	IL	501(c)(3)	11-III-FI	NA		No
(1) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3297360	Fundraising	IL	501(c)(3)	7	AHCN		No
(2) ADVOCATE CONDELL MEDICAL CENTER 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2525968	HEALTH CARE	IL	501(c)(3)	3	AHHC	Yes	
(3) EHS HOME HEALTH CARE SERVICE INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(c)(3)	9	AHHC	Yes	
(4) MERIDIAN HOSPICE 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(c)(3)	9	EHSHHCS		No
(5) HISPANOCARE INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3606486	HEALTH CARE	IL	501(c)(3)	9	ANSHN		No
(6) ADVOCATE SHERMAN HOSPITAL 3075 Highland Parkway Ste 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(c)(3)	3	AHCN		No
(7) SHERMAN WEST COURT 3075 Highland Parkway Ste 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(c)(3)	9	ASH		No
(8) SHERMAN HOME HEALTH CARE CORPORATION 901 Center Street Suite 2001A Elgin, IL 60120 36-3330085	HOME CARE	IL	501(c)(3)	9	ASH		No
(9) ADVOCATE NORTH SIDE HEALTH NETWORK 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196629	HEALTH CARE	IL	501(C)(3)	3	AHHC	Yes	

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	(i) Section 512(b)(13) controlled entity?
Yes	No							
ADVOCATE HEALTH CENTERS INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4217291	MEDICAL SERVICES	IL	NA	C Corp				No
EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3208101	MANAGEMENT SVCS	IL	NA	C Corp				No
ADVOCATE INSURANCE SPC 878 West Bay Road PO Box 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	NA	C Corp			Yes	
ADVOCATE HOME CARE PRODUCTS INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3315416	HEALTH SERVICES	IL	NA	C Corp				No
HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3368224	MEDICAL SERVICES	IL	NA	C Corp				No
MIDWEST HEART SPECIALISTS LTD 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2841923	MEDICAL SERVICES	IL	NA	C Corp			Yes	
PARKSIDE CENTER CONDO ASSOCIATION 1775 West Dempster Street Park Ridge, IL 60068 36-3452486	PROPERTY MGMT	IL	NA	C Corp				No
DREYER CLINIC INC 1877 W Downer Place Aurora, IL 60506 36-2690329	MEDICAL SERVICES	IL	NA	C Corp				No
BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 37-1313150	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMAN HEALTH INSURANCE COMPANY LTD 878 West Bay Road PO Box 1159 GRAND CAYMAN KY1-1102 CJ 98-0703036	INSURANCE	CJ	NA	C Corp				No
HEALTH VISIONS INC 3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3780082	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMAN GROUP PRACTICE INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2891035	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMAN PHYSICIAN GROUP INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-4800497	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMANCHOICE INC 1425 N Randall Road Elgin, IL 60123 36-4058392	PHYS-HOSP-ORG	IL	NA	C Corp				No
THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST MGT	IL	NA	C Corp				No

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	(i) Section 512(b)(13) controlled entity?
Yes SHERMAN VENTURES INC 934 Center Street ELGIN, IL 60123 36-4292309	No HOLDING COMPANY	IL	NA	C Corp				No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Advocate North Side Health Network	1-K	1,156,750	Cost
Advocate Condell Medical Center	1-K	86,315	Cost
Advocate North Side Health Network	1-M	2,382,370	Cost
Advocate Condell Medical Center	1-M	1,539,689	Cost
EHS Home Health Care Service Inc	1-M	408,791	Cost
Advocate North Side Health Network	1-P	33,071,633	Cost
Advocate Condell Medical Center	1-P	10,745,111	Cost
Midwest Heart Specialists Ltd	1-P	1,054,035	Cost
Advocate Insurance SPC	1-P	2,567,969	Cost
EHS Home Health Care Service Inc	1-P	821,158	Cost
Advocate North Side Health Network	1-R	25,124,790	Cost
Advocate Condell Medical Center	1-R	3,792,867	Cost
Advocate North Side Health Network	1-A	96,118	Cost
Advocate Condell Medical Center	1-A	103,636	Cost
EHS Home Health Care Service Inc	1-A	17,237	Cost
Advocate North Side Health Network	1-J	145,587	Cost
Advocate Condell Medical Center	1-J	136,185	Cost
Advocate North Side Health Network	1-L	55,354,544	Cost
Advocate Condell Medical Center	1-L	52,814,989	Cost
EHS Home Health Care Service Inc	1-L	2,015,430	Cost
Advocate North Side Health Network	1-Q	81,190,498	Cost
Advocate Condell Medical Center	1-Q	42,347,933	Cost
Midwest Heart Specialists Ltd	1-Q	127,887	Cost
Advocate Insurance SPC	1-Q	2,736,900	Cost
EHS Home Health Care Service Inc	1-Q	9,253,295	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Advocate North Side Health Network	1-S	9,415,839	Cost
Advocate Condell Medical Center	1-S	869,189	Cost
Advocate Charitable Foundation	1-C	16,849,938	Cost